



## Position Statement

# The Role of Physiotherapy in Aboriginal Health Care

**Health care priorities identified by Aboriginal communities should be matched to the appropriate health professionals and funded to ensure the delivery of effective and efficient health care. This includes physiotherapy, an important component in the care of acute illness and injury, as well as in the prevention and/or management of chronic diseases.**

Aboriginal<sup>1</sup> peoples in Canada face unique health challenges and have poorer health outcomes than non-Aboriginal persons. Although the Aboriginal population is on average younger than the general population<sup>1</sup>, there is a higher prevalence of injury, illness and chronic disease<sup>2-5</sup>.

The physiotherapy profession acknowledges the influence of the broader determinants of health on Aboriginal peoples in Canada at both the individual and population level, from socioeconomic status and migration to urban centres to the longer term impact of colonization and self-determination<sup>6</sup>. These well documented health inequities have been associated with poorer health outcomes.

Increased access to healthcare services provided by Aboriginal health care professionals, or a workforce trained to deliver culturally competent and safe care, can improve these outcomes.

Physiotherapists are health care professionals who have the skills to collaborate with clients, other health care providers and funders to deliver services based on the unique, specific needs identified by Aboriginal communities. The physiotherapy profession's focus on lifestyle modifications and exercise prescription is consistent with the promotion of health and wellness. Physiotherapy interventions maintain or improve function, mobility, independence, and quality of life. Early treatment by physiotherapists results in better health outcomes for patients and is a cost-effective, efficient use of health human resources<sup>6</sup>.

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<sup>1</sup> In this document, the term *Aboriginal* or *Aboriginal peoples* refers to Indian (First Nations), Inuit and Métis peoples as defined under s. 35(2) of the Constitution Act, 1982.

## **Background**

### First Nations Peoples

The Regional Health Survey (RHS) is a national First Nations longitudinal survey that gathers information regarding health, wellness, health determinants and broad issues experienced by First Nations communities in Canada over time. The 2008/2010 RHS provided information about health conditions in First Nations and their predisposing factors. Findings of the RHS include:

- over 62% of First Nation adults report having at least one chronic health condition.
- the most commonly reported health conditions were: arthritis, diabetes, high blood pressure, back pain and allergies.

### Métis Peoples

The 2006 Aboriginal Peoples Survey (APS) conducted by Statistics Canada found that 54% of the Métis population aged 15 and over reported being diagnosed with a chronic condition. One quarter of the respondents reported one chronic condition, and 28% reported two or more chronic conditions. The chronic conditions identified most frequently by those 15 and over included arthritis or rheumatism (21%), high blood pressure (16%), asthma (14%), and stomach problems or intestinal ulcers (12%).

### Inuit Peoples

According to the APS, 44% of Inuit adults have one or more chronic conditions. Arthritis/rheumatism and high blood pressure were the most commonly reported chronic conditions for this population. Additionally, diabetes is a rapidly growing diagnosis for Inuit populations; increasing from 2% to 4% over a five year period.

### **Funding and delivery of health care to Aboriginal peoples:**

Federal funding for First Nations and Inuit peoples is delivered through multiple programs by health condition, setting and reserve status, and may be administered through varying arrangements with the provinces or through First Nations Band Councils, Tribal Councils or Regional Health Authorities. The table below, excerpted from *First Nations and Inuit Health Strategic Plan – A Shared Path to Improved Health (2012)* summarizes current health care delivery to aboriginal Canadians.

### **A Complex Environment for First Nations and Inuit Health<sup>9</sup>**

**Provinces** deliver hospital, physician and public health programs to all Canadians, including First Nations and Inuit, but, generally do not operate direct health services on-reserve.

**Health Canada** funds primary care in 85 remote/isolated First Nations communities, public health nursing, health promotion/disease prevention programming and environmental health services and home and community care in well over 600 communities.

**Health Canada** also provides eligible First Nations and Inuit people, regardless of where they live, with supplementary health benefits for certain medically required services where these individuals do not have coverage from other public or private programs (prescription drugs, medical supplies and equipment, dental care, vision care, short-term mental health crisis counselling and medical transportation).

**First Nations and Inuit** have taken on various levels of responsibility to direct, manage and deliver a range of federally funded health services.

**Territories** deliver insured health services and programs to all their citizens, including First Nations and Inuit. However, the First Nations and Inuit Health

Branch (FNIHB) provides additional funding for home and community care, and health promotion and disease prevention programs (but not physiotherapy) to First Nations (including those that are self-governing) and Inuit in the Territories. In the Yukon, FNIHB delivers the full NIHB program to eligible First Nations, whereas in the Northwest Territories and Nunavut, the program is delivered in partnership with the Territorial Governments.

The First Nations and Inuit Health Branch (FNIHB) primarily funds public health and prevention programs on reserves and in traditional territories. FNIHB also manages the Non-Insured Health Benefits program (NIHB) offered to registered First Nations and Inuit people whether or not they live on reserves or in traditional territories. NIHB provides coverage for a limited number of medically necessary services, including medical supplies, medical transportation, dental care and mobility aids. However funding for and access to physiotherapy varies across provinces.

Until the January 2013 Federal Court ruling, the Métis population, non-status First Nations and Inuit peoples no longer living in traditional territories did not have access to these programs. Changes resulting from the Federal Court ruling have not yet been implemented. Currently, health care for Métis is funded through the provincial and territorial programs in the jurisdictions in which they live. The Northwest Territories is the only provincial/territorial health care program with funding for Métis people in Canada. It is similar to the NIHB program available to First Nations and Inuit peoples and excludes physiotherapy services.

Despite Health Canada's reporting in 2008 that increasing physiotherapy services would improve continuing care in First Nation and Inuit communities<sup>7</sup>, funding for physiotherapy is not included in the Non Insured Health Benefits Program (NIHB) through the First Nations and Inuit Health Branch<sup>8</sup> and provincial funding does not cover physiotherapy outside hospitals<sup>9</sup>.

### **Role of Physiotherapy:**

Physiotherapy is an important component of care in the prevention and/or management of acute and chronic diseases, in maintaining and improving mobility and function, in reducing referrals to specialists, reducing surgical wait times and reducing absenteeism from work for musculoskeletal injuries. Physiotherapy interventions, including exercise prescription, have a positive effect on function, mobility, independence, and quality of life.

Through collaboration with their clients, other health care providers and funders, physiotherapists can play a significant role in service development and planning that is based on the unique and specific needs of Aboriginal populations.

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### National Office

Canadian Physiotherapy Association  
955 Green Valley Crescent, Suite 270  
Ottawa, ON K2C 3V4  
T: 613-564-5454  
TF: 1-800-387-8679  
F: 613-564-1577  
[www.physiotherapy.ca](http://www.physiotherapy.ca)