2011 – 2012 Reflections

BCANDS 2011 – 2012 ANNUAL REPORT

Within British Columbia, many Aboriginal persons living with a disability are faced with daily challenges in their everyday lives. Whether it is health issues, housing, accessing required disability or medical services, obtaining specialized technologies and equipment, education, dealing with funding and legal matters or other situations that are equally important, the British Columbia Aboriginal Network on Disabilities Society (BCANDS) is committed to assisting our clients and to our client success.

Removing barriers and creating possibilities is the personal mandate of each BCANDS Board Member, each BCANDS team member, each BCANDS volunteer and each BCANDS student.

During the 2011 – 2012 fiscal year BCANDS remained true to its course of continuing to improve client services, ensuring sound Society operations and engaging ongoing stakeholder development, collaboration and partnerships.

We've had great success during the 2011 – 2012 year but, as in every year, there is still much work to be done and we must challenge ourselves to continue to be innovative in our work, ensure that we are respectful in our actions and always remember that the people and organizations we serve are not only our clients, but they are neighbours, our friends and our family.




About the British Columbia Aboriginal Network on Disability Society (BCANDS)

- BCANDS provincial disability services can be requested by any eligible Aboriginal person (First Nation, Métis, Inuit) their guardian or associated support organization anywhere from within British Columbia regardless of client age, disability type, client location or Aboriginal ancestry.
- BCANDS operates a provincial Health and Information Resource Centre which is available to First Nation organizations within British Columbia and consists of printed materials, DVD's, posters and electronic resources. BCANDS researches and sends requested information and materials, should it not be available within the Centre, at no cost for eligible organizations, as able.
- During the 2011 – 2012 fiscal year BCANDS Disability Case Managers worked with over 200 Aboriginal persons living with a disability from across British Columbia.
- During any year BCANDS team members routinely engage in over 3,700 phone calls and emails in relation to our disability case management and health resources and information services.
- Established in 1991, BCANDS is the only stand-alone Aboriginal organization of its type in Canada.

ABOUT BCANDS

The British Columbia Aboriginal Network on Disability Society, or as we are more commonly known, BCANDS, is a provincial, not for profit, charitable Society serving the unique and diverse health, disability and informational needs of the First Nation and disabled Aboriginal population of British Columbia. BCANDS is a "stand alone" organization and the only organization of its type in Canada.

Based out of Victoria, British Columbia, with our office located within the Esquimalt Nation, the BCANDS provides services within two main areas, these are:

1) **Disability Case Management** – disability / health related support, assistance, referral, information and more, through comprehensive and coordinated individual client services. BCANDS works respectfully, together, with individuals, families and other agencies to ensure client that our clients' needs are met.

2) **BCANDS Health Resource Centre** – provision of an array of information and resources to Aboriginal communities throughout British Columbia covering a wide range of health areas and topics with the overall goals of assisting to enhance and support awareness and healthy lifestyles. BCANDS Resource Centre clients include: Community Health and Home Care Nurses, Community Health Representatives, LPN's, Social Workers, Alcohol and Drug Workers, Child & Family Service Workers, government agencies, interested individuals, etc. and others who work directly with or for Aboriginal people.

BCANDS goal is to be both the leader in Aboriginal disability services and in the provision of health information and support through our Resource Centre. This will be achieved through our ongoing trusting, effective and collaborative relationships and through the quality of BCANDS services.

For additional information on BCANDS, please visit us online at www.bcands.bc.ca

Message from the Board President

On behalf of the Board of Directors for the British Columbia Aboriginal Network on Disability Society (BCANDS), I am pleased to present our Annual report for the 2011 – 2012 fiscal year.

It has been a great privilege for me to serve on the BCANDS Board of Directors and to have been a part of, and witness to, the transformation of BCANDS which has occurred over the past three years. Improved services to our clients, increased collaborations and the ongoing transparency and accountability to our membership and stakeholders has been some of our goals for the 2011 – 2012 year, and of which I am happy to report we have seen much success. But there is much more to do.

The invisible, but often impregnable, line between accessing provincial and federal services, limited or no access to disability information and support and the all too common "that's not within our mandate" are the barriers faced by many Aboriginal persons living with a disability when trying to access necessary services and support. The reality that we live with these invisible lines and with the varying mandates and bureaucracies of governments, their employees and their services, give little solace to the individual, their child, spouse, grandparent or sibling when they find themselves in need or in crisis.

Aboriginal persons living with a disability, their families and support systems too often fall into the gaps of today's social service, disability and health service models, often becoming invisible members within an already marginalized population. Frustration, isolation, desperation and incarceration are terms, emotions and conditions too often experienced by our people who are living with a disability.

The BCANDS Disability Case Management and the BCANDS Health Information and Resource Centre have proven to be much needed, effective and much sought after programs, bridging many of the gaps in today's service models and through their work, effecting a positive change in the lives of our clients and we will continue this work into the future.

I would like to take this opportunity to sincerely thank our funding partners and to say we look forward to our continued and expanded relationships, to thank our membership and external stakeholders for their ongoing support and collaboration, the BCANDS Board of Directors for their insight and leadership, our dedicated BCANDS employees, who are our most importance resource, and finally to our clients. Your courage, your knowledge and your sharing of your experiences, both good and those not so good, have helped us become a better organization, a better service and assisted to build a strong BCANDS foundation for the future and in raising awareness of the issues and barriers facing Aboriginal persons living with a disability, not only within British Columbia but across Canada. I applaud each of you.

Respectfully.

Frazer Smith
President – BCANDS Board of Directors

Message from the Executive Director

The 2011 – 2012 fiscal year continued to be a time of change seeing increased and improved services, increased community and stakeholder collaboration and the introduction of new methodologies to improve and increase access to BCANDS programs and services for our clients and associated organizations.

During this year, BCANDS saw a number of internal changes with some long-term employees and Board Members transitioning away from their service to the Society or assuming other roles internally.

We were pleased to hire Ms. Alison (Ali) Davies as a new BCANDS Disability Case Manager, Ali's extensive knowledge, experience, professionalism and passion for her work and for the success of our clients is the standard that we all strive for at BCANDS.

Carrie Tom accepted the new position of Resource and Support Worker, assuming the responsibility of the operations of the BCANDS Health and Information Centre, which provides health information research and the resulting provision of information and materials to First Nation communities or organization making requests. Carrie is well versed in the Centre's operations and is BCANDS most senior employee having worked for the Society for over nine years. Carries resource knowledge and organizational contacts brings a much needed resource and benefit to our communities and organizations in relation to their health informational needs.

Trina Lohr (CGA) accepted the position of BCANDS Finance Manager, working part-time overseeing the financial operations and health of the Society, in conjunction with myself and the BCANDS Board of Directors. During the 2011 – 2012 fiscal year BCANDS remained true to our direction of providing maximum services to our clients within our limited financial resources. This included evaluating existing BCANDS service provider costs and making necessary changes without compromising core services. Through the efforts and knowledge brought to the Society by Trina, BCANDS has maintained the lowest organizational "risk" rating from Aboriginal Affairs and Northern Development Canada (AANDC) and her financial ability has been noted by the BCANDS external auditor.

Finally, BCANDS saw the retirement of Annie Morgan and Pat Aguilar from the Board of Directors and the election of Ms. Trudy Spiller. I would like to thank Pat and Annie for their service and support over the years and to say welcome to Trudy.

The 2011 – 2012 fiscal year has been a great success for BCANDS and the clients who have been provided services. This is no small matter when we consider that commencing in the 2009 – 2010 fiscal year; the Society endured a reduction in core funding in the amount of over $200,000 per annum.

Despite this, we challenged ourselves to move forward, to continue to provide our valuable and essential programs and be true to our mission to provide services that would assist in "the betterment of Aboriginal persons living with a disability" within British Columbia and the provision of timely and relevant health related information and materials, and we succeeded.

During the 2011 – 2012 fiscal year through our community and organizational out-reach, our client successes and the development and implementation of a new interactive BCANDS website, we saw requests for BCANDS Disability Case Management services, both in Aboriginal communities and in urban and rural settings, increase by over 100% and requests for BCANDS Health Information and Resource services and participation at community and organization events increase by over 30%.

We anticipate that as we continue our work that these figures will be consistent, or more probably higher, in future years thus illustrating the need for increased and sustained funding both from current and new partner agencies.

When we consider the most recent data and statistics available pertaining to Aboriginal persons, rates of disability, frequency of disability with age, research, etc., within British Columbia, the estimated rate of Aboriginal persons living with a least one disability is between 16% and 32% of the total population.

From the 2006 census, using the lower disability rate estimate of 16%, this would equate to approximately 31,360 Aboriginal persons living with a disability within British Columbia and 62,720 persons at the higher 32% estimated disability rate. If we conservatively estimate that 30% of those Aboriginal persons living with a disability within British Columbia require related disability support and services, this would equate to between 9,400 and 18,800 persons.

The Resource Centre continues to be a valuable venue and for First Nations organizations and persons seeking up-to-date and relevant health information and materials necessary to assist them in addressing their community and personal health needs. Over the past 3 years the Resource Centre has seen significant changes including; reviewing and up-dating inventory, establishing an interactive on-line presence through the Society's website and increase community engagement and participation.

At BCANDS we see the Resources Centre as a program with boundless opportunities for future expansion and we have just begun to scratch the surface regarding the incorporation and provision of resources, materials and information through the internet and video-conferencing. We don't see the Resource Centre limited to the provision of printed resources we see it as a future program for accessing equipment, health professionals and organizations, assisting to address our client holistic health needs. With the support of our funding partners, communities, membership and partner agencies we will continue to move in this direction.

In closing, I would like to sincerely thank our Board of Directors, team members, our partner agencies, funders and our clients for you assistance, guidance and hard work over the past year, you made BCANDS the organization it is today

Respectfully,

Neil Belanger
Executive Director

Financial Report

Dear Members,

Once again, it is a pleasure to be here today.

My name is Trina Lohr and I am a Certified General Accountant. I have now worked at BCANDS for over 3 years on a part-time basis.

During this time, I have seen significant positive changes within the organization.

However, as client demands increase we are continually faced with growing demands on limited resources. In this regard, we have addressed all of our suppliers to ensure we are getting the best value for money.

Some recent changes have included:

- Changing our telephone/internet provider from Telus to Shaw;
- Changing our licensing agreement with QuickBooks Intuit to minimize cost;
- Addressing our waste removal with Alpine Disposal to negotiate a better rate.

We will continue to explore the most cost efficient use of resources.

Please find attached copies of our audited financial statements for the fiscal 2012 year end for your review.

In closing, I would like to say that I will continue to endeavour to do my best to ensure the success of BCANDS in delivery of its programs and services.

BC ABORIGINAL NETWORK ON DISABILITY SOCIETY

FINANCIAL STATEMENTS

MARCH 31, 2012

CARLYLE SHEPHERD & CO.
CHARTERED ACCOUNTANTS

SECOND FLOOR
4544 LAKELSE AVENUE
TERRACE BC V8G 1P8
TELEPHONE 250-635-6126
FACSIMILE 250-635-2182

AUDIT REPORT

To the Board of Directors
BC Aboriginal Network on Disability Society

We have audited the Schedule of Federal Government Funding for the year ended March 31, 2012. This Schedule is the responsibility of the Society's management. Our responsibility is to express an opinion on this Schedule based on our audit.

For purposes of understanding our involvement with the Schedule, please note that:

- We have audited and separately reported on the financial statements of the Society;
- The audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole;
- The attached Schedule is presented for the purpose of additional information for the reader and does not form part of the financial statements; and
- The Schedule has been subjected to the auditing procedures applied to the audit of the financial statements taken as a whole.

We conducted the audit in accordance with Canadian generally accepted auditing standards. These standards require that we plan and perform an audit to obtain reasonable assurance whether the Schedule is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Schedule. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation.

In our opinion, the Schedule presents fairly, in all material respects, the Federal Government Funding received for the year ended March 31, 2012.

Terrace, BC
July 18, 2012

Carlyle Shepherd & Co.

BC ABORIGINAL NETWORK ON DISABILITY SOCIETY

BALANCE SHEET

MARCH 31

ASSETS

	2012	2011
	$	$
CURRENT		
Cash	52 962	87 634
Accounts receivable	82 976	42 906
Prepaid expenditure	3 451	4 332
	139 389	134 872
EQUIPMENT (note 1)		
Office	48 335	48 335
Automotive	23 407	23 407
	71 742	71 742
Accumulated amortization	55 421	45 962
	16 321	25 780
	155 710	160 652

LIABILITIES AND EQUITY

CURRENT		
Accounts payable and accruals	15 385	29 779
Deferred revenue	-	54 000
	15 385	83 779
EQUITY		
Surplus	124 004	51 093
Equity in equipment (note 2)	16 321	25 780
	140 325	76 873
	155 710	160 652

APPROVED BY THE DIRECTORS

Director

Director

BC ABORIGINAL NETWORK ON DISABILITY SOCIETY

STATEMENT OF REVENUE AND EXPENDITURE

YEAR ENDED MARCH 31

	2012	2011
	$	$
REVENUE		
Health Canada	45 568	47 874
AANDC	160 000	160 000
Province of BC	186 005	198 969
Other	8 566	26 216
	400 139	433 059
EXPENDITURE		
Contract services	15 053	3 250
Equipment purchases	-	30 236
Insurance	5 055	2 506
Materials and supplies	16 044	26 438
Professional services	11 084	6 988
Promotion	4 060	-
Rent and utilities	41 579	39 980
Telephone and internet	9 433	7 899
Travel and workshops	14 287	4 445
Wages and benefits	202 563	183 742
Website design and maintenance	8 070	-
	327 228	305 484
REVENUE OVER EXPENDITURE	72 911	127 575
OPENING SURPLUS (DEFICIT)	51 093	-76 482
CLOSING SURPLUS	124 004	51 093

BC ABORIGINAL NETWORK ON DISABILITY SOCIETY

NOTES

MARCH 31, 2012

1. SIGNIFICANT ACCOUNTING POLICIES

Equipment is reported at cost with a corresponding increase in equity in equipment. Amortization is calculated using the straight line method over three and five years.

Equipment purchases are expensed in the operating fund at the time of purchase.

Revenue is recorded in the period in which the transactions or events that give rise to the revenue occur. Funding from external parties restricted by agreement or legislation is reported as deferred revenue until used for the purposes specified. Investment revenue is recognized when earned.

Expenditures are accounted for in the period when the goods and services are acquired and the liability is incurred.

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported. Actual results could differ from those estimates.

It is management's opinion that the Society's financial instruments are not exposed to significant interest rate, liquidity, market or other price risks.

Budget information is not reported.

2. EQUITY IN EQUIPMENT

Opening balance	$ 25 780
Amortization	9 459
Closing balance	$ 16 321

3. PURPOSE OF ORGANIZATION

The Society was formed in 1991 with a specific mandate to promote the betterment of aboriginal people with disabilities.

4. FUNDING

Core funding agreements with the Province of BC, Health Canada and AANDC are negotiated annually.

CARLYLE SHEPHERD & CO.
CHARTERED ACCOUNTANTS

SECOND FLOOR
4544 LAKELSE AVENUE
TERRACE BC V8G 1P8
TELEPHONE 250-635-6126
FACSIMILE 250-635-2182

July 21, 2012

Mr. N. Belanger
Executive Director
BC Aboriginal Network on Disability Society
1179 Kosapsum Crescent
Victoria, BC V9A 7K7

Dear Mr. Belanger:

Re: BC Aboriginal Network on Disability Society

With reference to your request for a letter of support on the financial strength and capabilities of the Society for a funder, we offer the following comments.

For the year ending March 31, 2012, the Society is in a strong financial position. The Society has worked in achieving a high level of internal control over its financial activities. The accounting staff led by Trina Lohr, CGA, are capable in their responsibilities and fully co-operate with our firm. The Society follows proper fund accounting methods for allocating revenue and expenditures.

Please call if there are any questions on the above.

Yours truly

CARLYLE SHEPHERD & CO.

Ernie Dusdal, CMA

General Assessment Report

As Of 2012/06/08

Recipient: 9513 - BRITISH COLUMBIA ABORIGINAL NETWORK ON DISABILITY SOCIETY

Assessment #: 1112-09-000199

Approval Date: 2012/06/06

I-a) Organizational Risk Rating

Governance	Low
Planning	Low
Financial Management	Low
Program Management	Low

Overall	Low

Notice to Reader: This report has been prepared by the Department of Indian Affairs and Northern Development (DIAND) only for the purpose of communicating to an existing or potential recipient of DIAND transfer payments to which it is directed, DIAND's assessment of potential risks associated with any such transfer payments and DIAND's identification of potential risk mitigation activities. It is not intended to be relied upon for any other purpose or to be further disclosed, and is not intended for any other reader. It may contain information that the recipient or others may consider to be confidential or sensitive. DIAND disclaims any responsibility or liability associated with this report, any disclosure of its contents, and any loss caused by reliance on its contents. The preparation and release of this report does not indicate that any transfer payment will be made.

BCANDS Disability Case Management Report- March 2013

My name is Ali Davies, Disability Case Manager with BCANDS. I started fulltime in August of 2011. Larissa Williams started part time in June of 2012, she is currently working 2 days a week.

I have worked within the Disability communities for over 20 years. I have also raised a daughter living with a developmental disability. She is now married to a wonderful young man who lives with FASD. I am caring for my mother who lives with Vascular Dementia and Parkinson's Disease and live with a disability myself. I have a strong belief that each of us has the potential for greatness, sometimes we just need a little help along the way!

Since the time I started here, the client numbers have grown exponentially. BCANDS currently provides Disability Case Management to over 300 clients. This includes clients currently in our inactive files, approximately 130, which are clients which will likely require our services again, however have not received any for a period of 4 months or more. Our active clients, 176, which are people requiring something from us, this week. Additionally we have a waitlist of approximately 32 people which are waiting for supports from us. We realize that we have only scratched the surface of those requiring supports. The cutbacks to funding for Aboriginal people living with Disabilities is heart breaking!

However, there is good news! We are providing much needed services to many people. Some of the areas we have assisted in have been:

- Disability Tax Credit Certificates- We have assisted clients in receiving thousands of dollars they did not know they were eligible for.
- PWD and CPP Disability applications and appeals
- Mobility Equipment
- IAP (Individual Assessment Process) applications
- Counselling referrals
- FNHH (First Nation House of Healing) referrals and travel arrangements
- Employment assistance and referrals
- Educational assistance (applications, assistance in securing funding)
- Housing applications
- Release plans for incarcerated clients
- Travel arrangements not covered by Non Insured for clients travelling outside the province for surgery
- Home sharing applications through CLBC
- Liaise with health care professionals providing supports and case management, especially critical where jurisdictional issues arise
- RDSP (Registered Disability Savings Plan) applications and referrals
- Medication exception applications and appeals
- Funding applications for a variety of adaptive equipment not covered by Non Insured Health Benefits

Our approach is a very holistic model where we make certain to give the client space to tell their whole story. We have found that most of our clients have very complex disability and health care needs. Most of our clients are living with multiple barriers, they are exhausted from their day to day lives. Trying to navigate through a rather unsystematic system has left many of them feeling that it is not worth trying anymore. When we work with a client we look at the whole person and look for ways to increase their quality of life.

We have been invited to participate with other agencies in Health fairs as well as to some communities to present some of what BCANDS does. This year we have been to:

- Nuu Chah Nulth Health and Ability Fair (Port Alberni)
- Naden Health Fair (CFB Esquimalt)
- Ford Mountain Correctional Facility Informational Fair (Chilliwack)
- Health and Literacy Fair (Victoria)
- Little Shuswap First Nation (Presentations and Intakes)
- Family Support Institute AGM (Naramata)
- Cheslatta and Skin Tyee Nations (Presentations and Intakes)
- South Island Aboriginal Health Care Working group
- ITHC Nurses Working Group

BCANDS also has practicum students from both the University of Victoria's Social Work program and Camosun College's Indigenous Family Support Worker program. These students have brought wonderful fresh perspectives, life experience and a willingness to roll their sleeves up and get to work at whatever needed to be done. What the students will take away into their professional careers will mould and shape they way they are able to provide services to their clients in the future.

In closing, I would like to thank the Board of Directors and my colleagues at BCANDS for their support to not only BCANDS, but to me personally in making it possible for me to do what I do.

H'ychka
Kleco Kleco
Thank You

Ali

BCANDS 2011-2012 AGM Report

Health & Information Centre Services

Greetings Members:

My name is Carrie Tom and I am a member of the Gisgaast Clan (Fireweed / Killer Whale) in the House of Guxsan within the Gitxsan First Nation of Sik-E-Dak. I am married into the Hesquiaht First Nation and have been given the Nuu-Chah-Nulth name- Nanahamis which means "generous".

I have worked for BCANDS for several years in a variety of different roles including administration, finance, and client services. Most recently, I have had the opportunity to work in the Health Resource and Information Centre as the Resource and Support Worker.

Through the Health Resource and Information Centre we provide information that covers a wide range of health issues resources to Aboriginal communities, individuals and organizations within British Columbia.

The inventory on hand is updated frequently to ensure that it is current and up-to-date. Whenever possible we try to locate and obtain resources that are specific to the First Nations, Inuit & Metis population in Canada. Some of the resources that have been recently acquired cover the following areas of health: Asthma, Benefit information, Autoimmune Disorders, Disability Information, Epilepsy, Nutrition, Pre-Natal/Post-Natal, Post-Traumatic Stress Disorder, etc. These resources are now readily available to order upon request.

Research is made on a continual basis to identify agencies that provide the following types of services which enable us to better serve our clients:

- Funding
- Supports such as counselling
- Work and support groups
- Education
- Housing
- First Nations Bands and Tribal Councils
- Health Resources
- Cultural activities
- Employment
- Disability supports
- Income Assistance

Requests for information and support come from a variety of health professionals that include but are not limited to the following: Community Health Nurses, Community Health Representatives, Mental Health Workers, Addiction Workers, and Health Directors. Distributions of information and resource materials have been made to several Aboriginal communities/organizations during this period.

There is a list available on our website of some of the resources that are available in our health and information centre which include a brief description. In addition, we maintain information on various Aboriginal communities and organizations, and provide links to several health and disability programs that are available in BC.

BCANDS has continued to maintain and establish new relationships with the Aboriginal community in BC to assist in supporting the enhancement and delivery of health promotion.

In closing, I would like to take this opportunity to thank the BCANDS Board of Directors, and my fellow coworkers for their ongoing support and dedication to our society.

All my relations

Haa'mii'yaa,

Carrie Tom

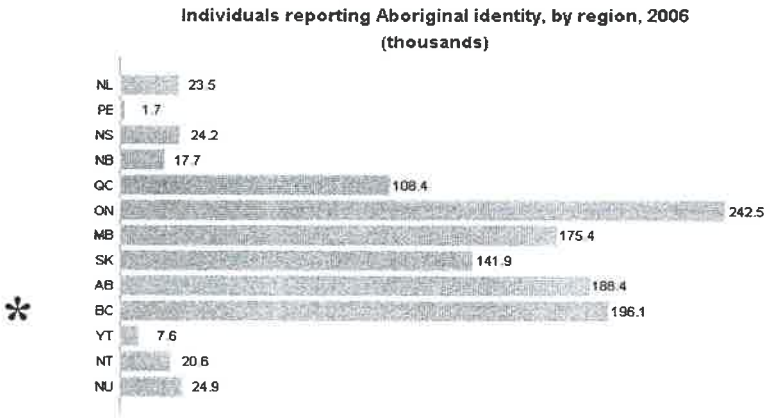
Aboriginal Disability - Back Ground / Current situation:

Aboriginal persons in British Columbia are challenged daily when dealing with inequities and the historical difficulties experienced since western contact. Aboriginal persons living with a disability share in these difficulties but are additionally challenged by the lack of priority, understanding and the ability to access services and information as it relates to the disabled.

The Aboriginal population of British Columbia is among the highest in Canada ranking second to the province of Ontario. British Columbia sees Aboriginal persons residing in every city / town within the province and enjoys the highest number of Aboriginal communities in the country at 206 (BC Stats).

The following chart presents an overview of regional Aboriginal population within Canada as outlined by Statistics Canada in 2006.

Chart #1

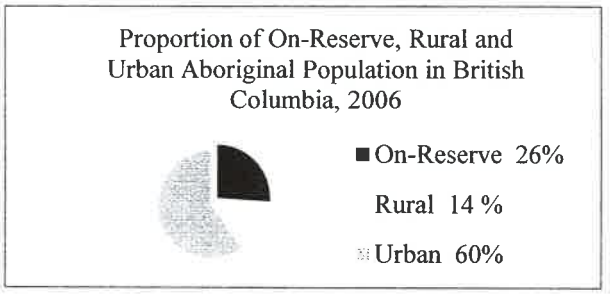


BC Stats recorded the following information gained through a study of the off-reserve and urban Aboriginal population of British Columbia (Aboriginal Population in British Columbia: A Study of Selected Indicators for Off-Reserve and Urban Aboriginal and Non-Aboriginal Population, 2011).

The study indicated, based on 2006 figures that 4.8% of the overall population of British Columbia were of Aboriginal ancestry. It further noted that;

- 60% of the Aboriginal population of British Columbia resided in urban areas
- 14% of the Aboriginal population of British Columbia resided in rural areas
- 26% of the Aboriginal population of British Columbia resided on-reserve

Chart # 2



The following information (below) retrieved from the Aboriginal Affairs and Northern Development Canada website (formerly INAC) (2012), outlines the First Nation on reserve population within British Columbia which was collected through the 2006 census.

Chart #3

	A	B	(A+B)
Age Group	**Number of Males**	**Number of Females**	**Total Number**
15 and under	19,490	18,605	38,095
15 - 17 years	4,655	4,025	8,680
18 - 24 years	7,125	7,035	14,160
25 - 34 years	8,345	9,060	17,405
35 - 64 years	20,785	24,000	44,785
65 +	2,780	3,660	6,440
Total	63,180	66,385	129,565

The difficulties that Aboriginal persons have and continue to experience across Canada in in relation to disability issues has been well documented. Frohlich, Ross and Richmond (2006) when outlining disparities in Canada noted that, "the most egregious disparities in Canada are those existing between Aboriginals and the rest of the population" (Abstract). In Canada, the health status and life expectancy of Aboriginal persons compared to non-Aboriginal people is significantly lower.

In 1996 the Royal Commission on Aboriginal Peoples (RCAP) reported on a wide variety of factors, both historical and current, that affect Aboriginal peoples. Health and disability issues comprised an important part of that report. The Commission made the following observations, in addition to many others:

- Registered Aboriginal persons live 7 to 8 years less than other Canadians
- Infectious diseases, injury, violence and self-destructive behaviour are higher among the Aboriginal population

Chart # 4

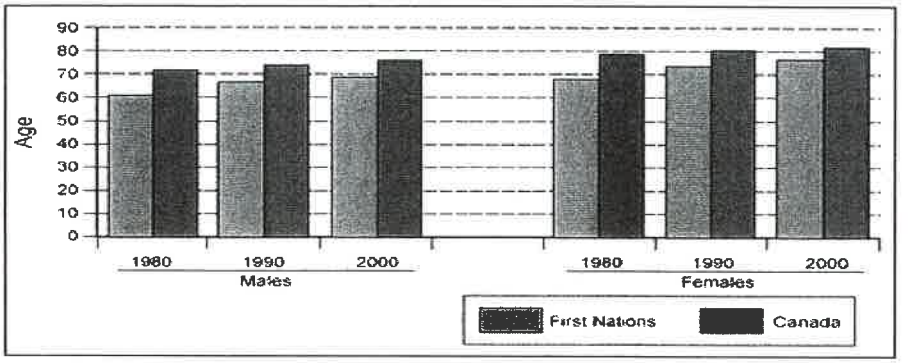


Chart # 5

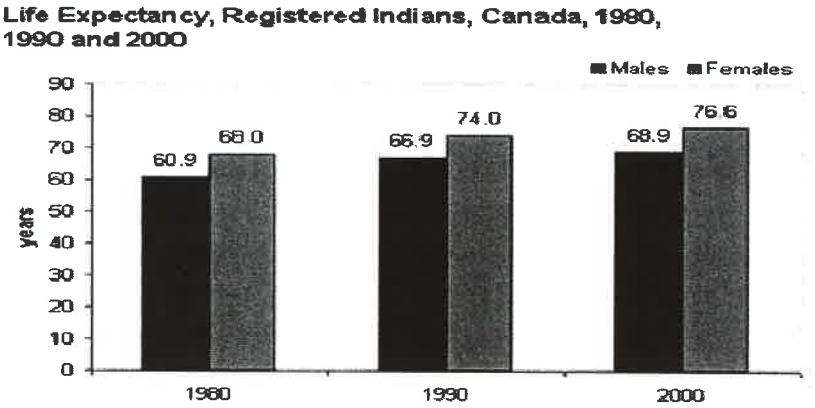


Chart # 4 and 5 above, as outlined on Health Canada's website (2012) – '*First Nations Comparable Health Indicators*' (2001), illustrate life expectancy at birth for the Registered Aboriginal population in Canada in the year 2000, estimated at 68.9 years for males and 76.6 years for females. This reflects differences of 8.1 years and 5.5 years, respectively, from the 2001 Canadian population's life expectancies.

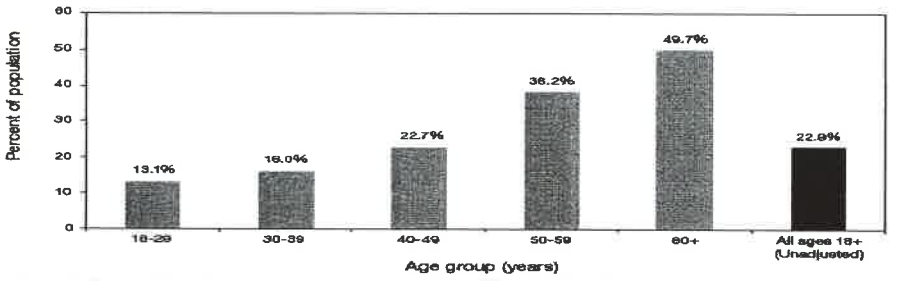
Federal, provincial and Aboriginal governments have collectively made the commitment and have taken the initial steps in implementing strategies to address inequities in health, however unfortunately, at times, absent from this important and collaborative work is the recognition and priority of the current situation and conditions experienced by Aboriginal persons living with a disability. This is largely due to competing priorities placed on all branches of government, jurisdictional and mandate issues and largely that, disabilities are not always recognized as a component of health. As such, Aboriginal persons living with a disability have become the "invisible members" within the disability sector with minimal understanding of the difficulties they face and the limited resources available to them. Aboriginal persons living with a disability, represent a marginalized segment within an already marginalized population.

Chart #6 below, retrieved from the Health Canada's website (2012) -. *Prevalence of Disability, First Nations On-reserve, by Age Group, Aged 18 Years and Over (2002-2003)*, illustrates the

high rates of disability experienced by the First Nation on reverse population of Canada as reported in the 2002 – 2003 First Nations Regional Longitudinal Health Survey.

Chart #6

Figure 3. Prevalence of Disability, First Nations On-reserve, by Age Group, 2002-03, Aged 18 Years and Over



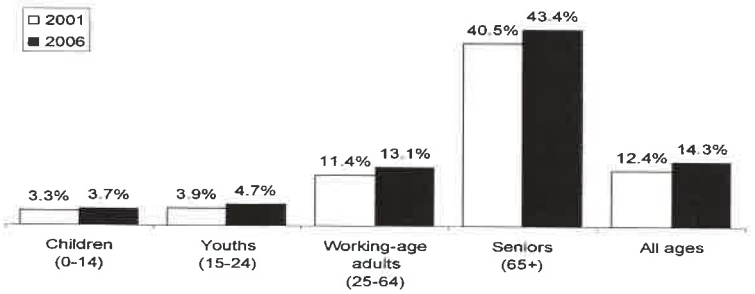
Human Resources and Skills Development Canada (HRSDC), when presenting in Ottawa to national and provincial disability organizations in February, 2012 (BCANDS represented one of only two Aboriginal organizations from across Canada invited to attend), noted the following information, outlined below, as it pertains the population of Canada living with a disability. This information was gained from the *2001 and 2006 Participation and Activity Limitation Surveys* and reported on by Statistics Canada in 2007.

Between 2001 and 2006 disability rates nationally have increased with the incidence of disability rising with age. One in four persons ages 55 to 64 has a disability.

Chart # 7

Age Group	2001 Disability Rate	2006 Disability Rate	% Increase
Children (0 - 14)	3.3 %	3.7 %	.4%
Youth (15 - 24)	3.9 %	4.7 %	.8%
Adults (25 – 64)	11.4 %	13.1 %	1.7%
Elders (65 +)	40.5 %	43.4 %	2.9%
All Ages	12.4 %	14.3 %	1.9%

Chart # 9



- At least one out of every nine Canadians aged 15 – 64 (11%) has a disability that has lasted on average 6 months or more
- Most (90%) people aged 15 - 64 with disabilities experience the onset of the disability after age 30

Needs in Relation to Services (As identified by stakeholders to HRSDC)

- Persons with disabilities have varying support needs
- Some, particularly those with severe disabilities, may need ongoing support
- Services and program issues need to be addressed in order to reduce the reliance of people with disabilities on the social assistance and health systems
- ***People with disabilities who are also part of marginalized groups (such as First Nations/Métis/Inuit, women and visible minorities) face greater barriers***
- There is not only the need for more supports but maintaining existing supports
- Not all people with disabilities have extensive knowledge of the rights and protections available to them

Emerging Issues (As noted by HRSDC)

- Understanding of disability has broadened over time to include disabling effects of chronic, episodic and mental health disabilities and individual interaction with built and social environments
- A disability can be temporary, episodic or permanent
- "Invisible" disabilities — mental health and learning — are becoming more prevalent and reported
- Increased disability rates can be attributed to a variety of factors including increased social acceptance of the reporting of disabilities and population aging
- If disability rates by age and sex remain at current levels, it is estimated that the number of people with disabilities in Canada will grow from 4.4 million in 2006 to between 7.7 and 8.7 million in 2036
- One in four persons ages 55 to 64 has a disability
- Aging with a disability can lead to increased complications due to the compounding effects of new age-related conditions

In 2005, in partnership with Health Canada, the Health Council of Canada issued the report 'The Health Status of Canada's First Nation, Metis and Inuit People". Within the report was contained an outline of the conditions that affect the health status of Aboriginal persons and noted many areas that negatively affect the ability of Aboriginal people living with a disability obtaining necessary disability and health support / services, including:

- cultural differences;
- geographic location / community size;
- discrimination;
- transportation (limited access);
- access to qualified professionals;
- confidentiality issues;
- access to persons with similar disability conditions, and;
- funding issues

The following is an outline of the conditions presenting with that document (pp. 22-30).

Determinants	Underlying Premises	Aboriginal Situation
Income and Social Status	Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.	Aboriginal people are the poorest of all minority groups in Canada. 40% of Aboriginal persons, over the age of 15, were in a low income bracket in 2000 compared to 16% for other Canadians.
Social Support Networks	Support from families, friends and communities is associated with better health. The importance of effective responses to stress and having the support of family and friends provides a caring and supportive relationship that seems to act as a buffer against health problems.	Many Residential School survivors are unable to establish effective relationships with families and friends due to being taken away at an early age from their families and communities. Parenting, role modeling and the social bonds that would normally occur were severely and permanently damaged as a result of the residential school. As such, buffers against health problems are unavailable for both the direct and indirect survivors of residential schools.
Education	Health status improves with level of education. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances – key factors that influence health.	2001, 48% of Aboriginal persons had completed high school – an increase of 4% since 1996. This proportion remains lower than the Canadian average of 58%.
Employment/ Working conditions	Unemployment, underemployment and stressful work are associated with poorer health. People who have more control over their work circumstances and less job-related stress are healthier and often live longer than those in more stressful or riskier employment settings.	Fewer Aboriginal people are in the workforce due to their lower educational attainment Aboriginal people tend to be employed in menial or clerical /support / labour positions where they have little control over their work conditions. Unemployment rates are higher for Aboriginal persons with rates of 22% compared to an unemployment rate of 7% for the general Canadian population (based on 2001 Census).
Social Environment	The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. Studies have shown that low availability of emotional support and low social participation has a negative impact on health and wellbeing.	The effects of colonization and various policies like the Indian Act continue to erode indigenous cultures. Communities with active programs have lower youth suicide rates.
Physical Environments	Physical factors in the natural environmental (e.g., air, water quality) are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important influences.	Aboriginal people are more likely than any other segment of the Canadian population to live in environments that have a negative impact on their health and well-being. Aboriginal people are more likely to live in over-crowded dwellings. Approximately 30.6% of First Nations households are in need of major repairs compared to 8.2% for Canada.

Determinants	Underlying Premises	Aboriginal Situation
Personal Health Practices and Coping skills	Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours and coping skills for dealing with life in healthy ways, are key influences on health. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socioeconomic experience to vascular conditions and other adverse health events.	Many Aboriginal communities do not have the infrastructures to promote healthy lifestyle choices / behaviours.
Healthy Child Development	The effect of prenatal and early childhood experiences on subsequent health, wellbeing, coping skills and competence is very powerful. Children born in low-income families are more likely, than those born to high income families, to have low birth weights, to eat less nutritious food and to have more difficulty in school.	Aboriginal children are less advantaged than their non-Aboriginal counterparts and are more likely to be born in poverty, to grow up in lone-parent families, and to live in overcrowded dwellings. 54% of Aboriginal children 6 – 14 years of age have attended an early childhood development program.
Gender	Gender refers to the array of society determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender based social status or roles. Women, for example, are more vulnerable to gender based sexual or physical violence, low income, lone parenthood, gender-based causes of exposure to health risks and threats (e.g., accidents, STDs, suicide, smoking, substance abuse, prescription drugs, physical inactivity).	In a conducted study, the chief health concerns identified by Aboriginal females were family violence, diabetes, substance abuse and mental health issues. Aboriginal women are even poorer than their male counterparts. A study showed that 43% of Aboriginal women aged 15 years and over had an income level that was below the low income cut off compared to 35% of Aboriginal men and 20% for non-Aboriginal women. For lone mothers, the situation was worse as 73% of them lived below the low income cut off. 28% of women indicated their nutritional needs were not being met
Culture	Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss of devaluation of language and culture and lack of access to culturally appropriate health care and services.	Due to poor socioeconomic conditions, the health of Aboriginal people is lower than the norm for many health conditions affected by social and environmental factors. This is compounded by the lack of culturally appropriate programs and services as well as a shortage of culturally-sensitive health workers. Many Aboriginal people, because of their cultural background, face racism and discrimination daily. Cultural discontinuity including loss of indigenous languages has been associated with higher rates of depression, alcoholism, suicide and violence, and greatly impacting youth.
Geography		The location of a community is related to health outcomes. In 2001, 44.6% of Aboriginal people lived in rural settings, with 16.9 % in remote areas. Health and other resources are costly and harder to obtain for communities that are located a significant distance from urban centers.

Supplemental to the information above, evidence has shown that globally, persons living with disabilities are also affected by many of the issues facing Aboriginal persons including:

- more likely to have lower income

- Member - Canadians with Disabilities Working Group – National
- Member – South Island Wellness Committee - Regional
- Board Member - Family Support Institute - Provincial
- Associate Member – First Nations Health Director's Association - Provincial
- Member – First Nation Health Managers Association – National

BCANDS currently maintains a number of Memorandum of Understandings (MOU) with various Aboriginal, federal and provincial organizations, stating our mutually agreed to roles and responsibilities to each other as partners in Aboriginal disability and health service delivery.

- Memorandum of Understanding – First Nations Health Society
- Memorandum of Understanding – First Nations and Inuit Health – Nursing Directorate
- Memorandum of Understanding – First Nations and Inuit Health – e-Health Solutions
- Memorandum of Understanding – First Nations and Inuit Health – Environmental Health
- Memorandum of Understanding – Provincial Health Services Authority – Aboriginal Health
- Memorandum of Understanding – Vancouver Coastal Health Authority – Aboriginal Health
- Memorandum of Understanding – Northern Health Authority – Aboriginal Health
- Memorandum of Understanding – Union of BC Indian Chiefs
- Memorandum of Understanding – First Nations Summit
- Memorandum of Understanding – Metis Nation British Columbia
- Memorandum of Understanding – United Native Nations
- Memorandum of Understanding – British Columbia Government Employees Union

Future Directions of BCANDS

The 2012 – 2013 fiscal year is anticipated to be as dynamic and as demanding as this year. The Society will continue to move forward in the provision of disability and health resources serves to our client and communities. A number of areas will be targeted during the next fiscal year which include but are not limited to:

- Ongoing proposal development and submission
- Ongoing community engagement
- Increased Volunteer / Practicum Student engagement
- Union negotiation / collective bargaining
- Website updates / revisions
- Client Satisfaction surveys

British Columbia Network on Disability Society (BCANDS)
Annual General Meeting Minutes
November 25, 2011

Time meeting commenced: 1:40pm
Location of meeting: 1179 Kosapsum Crescent, Victoria BC, V9A 7K7

I PREAMBLE
Board of Directors in attendance:
Frazer Smith, President
Stephen Lytton, Vice-President (via telephone conference)
Ruby Reid, Secretary / Treasurer

II WELCOMING PRAYER

Stephen Lytton apologized for not being able to attend in person due to poor weather / ferry cancellations.

Stephen delivered Opening Prayer.

II WELCOMING – Frazer Smith welcomed all members and thanked them for their support. He also thanked the Esquimalt Nation for hosting the event.

III AGENDA. Motion by Carrie Tom to adopt Agenda. Seconded by Ruby Reid. Carried.

IV MINUTES OF PREVIOUS MEETING. Motion by Carrie Tom to approve minutes. Seconded by Ruby Reid. Carried.

V DISABILITY CASE MANAGEMENT – Presentation by Alison Davies. Alison came to BCANDS in August of 2011 with over 30 years of experience working with people with disabilities. She has a daughter and son-in-law who suffer from a disability so she has first hand experience. The eclectic range of services provided by BCANDS has made her job interesting - since her arrival, she has assisted clients with application forms, provided assistance with mobility issues, and completed eligibility forms for disability tax credits.

Member questioned Ali's work with prisoners. Ali confirmed recent site visits to Wilkinson Road jail and noted disproportionate number of First Nations, many of whom would appear to benefit from services offered through BCANDS.

Member questioned whether Ali had visited Fort Mt Correction centre. Frazer asked whether Ali had been in contact with Wayne Seaward. Frazer recommended Ali participate in Elders lunches at prison. To date, Ali needs an invitation to attend. Site visits involve private rooms.

Member stated high rate of Aboriginal persons in prisons.

VI RESOURCE CENTRE – Presentation by Carrie Tom.

Carrie recapped her experience at BCANDS and the variety of positions she has held.

Member commented that glad attitude had changed because past auditor would not talk to her when she raised concerns.

Motion to accept March 31, 2010 and March 31, 2011 Auditor's Report and Financial Statements made by Trudy Spiller. Seconded by Ruby Reid. Carried.

Motion to appoint Carlyle Shepherd Chartered Accountants as auditor for 2012 year end by Ruby Reid. Seconded by Neil Belanger. Carried.

VIII Nominations: two seats available – one vacant and one expired.

New Board Member - Trudy Spiller nominated by Ruby Reid. All in favour by acclamation. Carried.

Other Board members still standing are:

Frazer Smith, President
Stephen Lytton, Vice-President
Ruby Reid, Secretary / Treasurer

IX CLOSING PRAYER

Stephen Lytton thanked everyone for coming, he thanked the membership for their support and welcomed Trudy.

X Motion to adjourn: moved by Ruby Reid, seconded by Carrie Tom. Carried.