

## Why we are Worried: The Facts

# First Nations, Inuit and Métis Health

**The disparities in health outcomes between Aboriginal and non-Aboriginal Canadians have been a long-simmering concern** among health professionals, governments and the public. According to the United Nations Human Development Index, which measures life expectancy, education and economic well-being, Canada's Aboriginal population ranks quite low in comparison with Canada as a whole (Mikkonen & Raphael, 2010, p. 42).

Action to resolve the problem has been slow in coming, even in the face of sometimes startling evidence of health and social inequalities. Certainly the National Expert Commission felt a strong sense of urgency from Canadians across the country to tackle the complex set of conditions contributing to the problem, and to make recommendations for definitive action.

The state of Aboriginal health serves as a powerful example of the fundamental impacts of broad determinants of health. In Canada, Aboriginal people are overrepresented among those living in poverty. High unemployment, low income and education levels, and overcrowded housing are found in many First Nations and Inuit communities (Government of Canada, 2006, p. 170). So, too, are higher disease rates and premature deaths (Health Canada, 2011) — no small concern in the only group in Canada having a natural population increase.

### Did you know...

#### *Chronic disease*

- Aboriginal people “bear a disproportionately higher burden of some chronic illnesses than do non-Aboriginal Canadians; almost one-third of Aboriginal people over the age of 15 report that they have been told by a health practitioner that they have a chronic health condition” (MacMillan et al., cited in Reading, n.d., p. 79). In 2000-2001, 60 per cent of the Aboriginal population living off reserve indicated having at least one chronic condition, compared with 49.6 per cent of the non-Aboriginal population (Tjepkema, cited in Reading, n.d., p. 79).

#### *Tuberculosis*

- Aboriginal people have higher rates of tuberculosis (TB) than both those who are non-Aboriginal and born in Canada and those who are foreign-born and living in Canada (Muntaner, Ng & Chung, 2012). The TB rate for Aboriginal people is almost six times greater than the overall Canadian rate (Public Health Agency of Canada [PHAC], 2009, p. 1) and the rate among Inuit is much higher than that.

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## Did you know...

### *Mental health*

- The rates of mental health problems and suicide are significantly higher among Aboriginal peoples than in the general population (CMHA, 2012).
- Tjepkema (cited in Government of Canada, 2006, p. 170) found that “disparities in circumstances and lifestyles explained most (but not all) of the differences in depression rates between Aboriginal and non-Aboriginal people in off reserve areas, and that education and economic security were ‘critical determinants’ of peoples’ ability to make positive changes....”
- The rate of suicide among Aboriginals is 2.1 times the overall rate in Canada (Canadian Mental Health Association [CMHA], 2012). Suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age (Health Canada [HC], 2012). For Inuit youth, suicide rates “are among the highest in the world, at 11 times the national average” (HC, 2012).

### *HIV/AIDS*

- “Aboriginal people continue to be overrepresented in the HIV epidemic in Canada” (PHAC, July 2010). Aboriginal people represent 3.8 per cent of the Canadian population, yet they account for an estimated 8 per cent of all “prevalent HIV infections” (PHAC, 2010).
- “HIV/AIDS has a significant impact on Aboriginal women in particular. During 1998-2008, women represented 48.8 per cent of all positive HIV test reports among Aboriginal people as compared with 20.6 per cent of reports among those of other ethnicities” (PHAC, 2010).
- “Aboriginal youth are at greater risk than non-Aboriginal populations” of contracting HIV (PHAC, 2012).

The fact cannot be ignored that these disparities have been perpetuated by a history of colonization and the system of residential schools that dismantled Aboriginal culture, tradition, and language and led to a process of alienation, displacement, oppression and marginalization (Aboriginal Affairs and Northern Development Canada, 2010b). It has been suggested that “poorer socio-economic circumstances and social exclusion can entrench feelings of helplessness, hopelessness, alienation and mistrust among vulnerable populations and can increase the likelihood of adopting unhealthy or risky behaviours (PHAC, 2011, p. 15).

These health and social outcomes are especially important to the work of the National Expert Commission because much of the care of Canada’s First Nations, Inuit and Métis peoples — and nearly all of the care in isolated northern communities — falls to registered nurses and other nursing team members.

### *A few words about First Nations, Inuit and Métis youth*

Some Aboriginal youth grow up in unstable home environments, where overcrowding and food insecurity (Mikkonen & Raphael, 2010, pp. 26, 29), spousal violence (O’Donnell & Wallace, 2011, p. 40) and alcohol abuse (Mikkonen & Raphael, 2010, pp. 42) are common. Many Aboriginal youth encounter sexual abuse in childhood and grow up at a greater risk for substance abuse, depression and suicide (Mikkonen & Raphael, 2010, p. 42).

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The school dropout rate of Aboriginal youth is much higher than that of other Canadian youth (Gilmore, 2010). In 2006, for example, 29 per cent of Aboriginal teenagers 15 to 19 years of age were no longer pursuing formal education, compared with 19 per cent of the non-Aboriginal youth population (O'Donnell & Wallace, 2011, p. 37).

The reason cited most often by Aboriginal males for leaving school is to find work, while for Aboriginal young women the reason is frequently pregnancy or child rearing (O'Donnell & Wallace, 2011, p. 35). At the time of the 2006 Census, 8 per cent of Aboriginal females aged 15 to 19, versus 1.3 per cent of their non-Aboriginal counterparts, were parents (O'Donnell & Wallace, 2011, p. 20). By leaving school before graduating, these youth increase the possibility of having no employment or low wages throughout life (Human Resources and Skills Development Canada, 2010, p. 13). In 2006, the unemployment rate among Aboriginal people aged 25-64 stood at 13 per cent — almost three times the 5 per cent unemployment rate of non-Aboriginals (Aboriginal Affairs and Northern Development Canada, 2010a).

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#### References

- Aboriginal Affairs and Northern Development Canada. (2010a). Fact sheet: 2006 census Aboriginal demographics. Ottawa: Author. Retrieved from <http://ainc-inac.gc.ca/eng/1100100016377>
- Aboriginal Affairs and Northern Development Canada. (2010b). Highlights from the report of the Royal Commission on Aboriginal Peoples. Ottawa: Author. Retrieved from <http://www.aadnc-aandc.gc.ca/eng/1100100014597>
- Canadian Mental Health Association. (2012). Aboriginal People/First Nations: Mental health. Toronto: Author. Retrieved from [http://www.ontario.cmha.ca/about\\_mental\\_health.asp?cID=23053](http://www.ontario.cmha.ca/about_mental_health.asp?cID=23053)
- Franke, S. (2010). Current realities and emerging issues facing youth in Canada: An analytical framework for public policy research, development and evaluation. Ottawa: Human Resources and Skills Development Canada. Retrieved from <http://www.horizons.gc.ca/2010-0017-eng.pdf>
- Gilmore, J. (2010). Trends in dropout rates and the labour market outcomes of young dropouts. Ottawa: Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/81-004-x/2010004/article/11339-eng.htm#f>
- Government of Canada. (2006). The human face of mental health and mental illness in Canada. Ottawa: Author. Retrieved from [http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human\\_face\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf)
- Health Canada. (2011). First Nations, Inuit and Aboriginal health: Diseases and health conditions. Ottawa: Author. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/index-eng.php>
- Health Canada. (2012). First Nations, Inuit and Aboriginal health: Mental health and wellness. Ottawa: Author. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>
- Mikkonen, J., & Raphael, D. (2010). Social determinants of health: The Canadian facts. Toronto: York University School of Health Policy and Management. Retrieved from [http://www.thecanadianfacts.org/The\\_Canadian\\_Facts.pdf](http://www.thecanadianfacts.org/The_Canadian_Facts.pdf)
- Muntaner, C., Ng, E., & Chung, H. (2012). Better care: An analysis of public policy and programming focusing on the determinants of health and health outcomes that are effective in achieving the healthiest populations. Ottawa: Canadian Health Services Research Foundation & Canadian Nurses Association.
- O'Donnell, V., & Wallace, S. (2011). First Nations, Métis and Inuit women. Ottawa: Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11442-eng.pdf>
- Public Health Agency of Canada. (2009). Tuberculosis in Canada: 2008 pre-release. Ottawa: Author. Retrieved from <http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tbcan08pre/pdf/tbcan2008pre-eng.pdf>
- Public Health Agency of Canada. (2010). HIV/AIDS among Aboriginal people in Canada. In HIV/AIDS Epi Updates (Chapter 8). Ottawa: Author. Retrieved from <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/8-eng.php>
- Public Health Agency of Canada. (2011). The Chief Public Health Officer's report on the state of public health in Canada, 2011: Youth and young adults – Life in transition. Ottawa: Author. Retrieved from <http://www.phac-aspc.gc.ca/cphorsphc-respacsp/2011/pdf/cpho-resp-2011-eng.pdf>
- Public Health Agency of Canada. (2012). HIV/AIDS: Populations at risk. Ottawa: Author. Retrieved from <http://www.phac-aspc.gc.ca/aids-sida/populations-eng.php>
- Reading, J. (n.d.). The crisis of chronic disease among Aboriginal Peoples: A challenge for public health, population health and social policy. Victoria, B.C.: University of Victoria Centre for Aboriginal Health Research. Retrieved from <http://cahr.uvic.ca/docs/ChronicDisease%20Final.pdf>

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