The Crisis of Chronic Disease among Aboriginal Peoples: A Challenge for Public Health, Population Health and Social Policy

by J. Reading, PhD
University of Victoria, Centre for Aboriginal Health Research, 2009
ISBN 978-1-55058-407-3
185 pages

Aboriginal people in Canada face many challenges in terms of their health and well-being. The rates of diseases such as diabetes, heart disease, HIV/AIDS, and tuberculosis are much higher in the Aboriginal population than in the Canadian population in general.

The Crisis of Chronic Disease among Aboriginal Peoples: A Challenge for Public Health, Population Health and Social Policy explores Aboriginal health and chronic diseases using a life course approach, from the prenatal stage of life to late adulthood. In addition to examining the risk factors for various chronic diseases across each of these life stages, the book discusses the burden of chronic disease for Aboriginal Peoples in Canada.

Health is determined by multiple and interrelated factors. In his section on chronic disease risk factors, Reading begins with a discussion of risk factors at the community-level, such as poverty, housing, and access to health services, and their effects on health. Then, Reading conducts an extensive review of the literature to describe in detail the effects of risk factors throughout each stage of life. He argues that using a life course approach allows us to integrate scientific knowledge with cultural and sociological knowledge in a meaningful way.

The life course approach complements Aboriginal conceptions of health and well-being because it understands health in a holistic way. This approach allows us to follow risk factors throughout the lifespan in a logical way from the prenatal stage of life to late adulthood.

In the section on the burden of chronic disease, Reading examines the impact of diseases such as diabetes, cardiovascular disease, cancer, and musculoskeletal conditions on the Aboriginal population. He also examines the impact of chronic diseases on mental health. For example, Reading examines the relationship between diabetes and mental health by discussing diabetes-related depression and anxiety, and the impacts of this co-morbidity on an individual. Reading also indicates that there are gaps in the research in this area.

Each section uses specific indicators to describe the risk factors or the burden of disease. Statistics for the Aboriginal population in Canada are compared to general Canadian statistics whenever possible. In addition, population-specific statistics for First Nations, Inuit, and Métis are given whenever possible.

This book is a valuable resource for students, researchers, and policymakers, and an important addition to the chronic disease literature on Aboriginal Peoples. It identifies gaps in research and points to areas where interventions are needed or could be successful.

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