National Aboriginal Health Organization

Broader Determinants of Health in an Aboriginal Context

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NAHO’s Vision

The National Aboriginal Health Organization, an Aboriginal-designed and -controlled body, will influence and advance the health and well-being of Aboriginal Peoples through knowledge-based activities and strategies.
Health in an Aboriginal Context

• First Nations, Inuit and Métis concepts of health incorporate the mental, physical, spiritual, emotional, and social aspects of health.

• Furthermore, the health and well-being of individuals and communities are interdependent and equally important.
Aboriginal Peoples in Canada

• Section 35 of the Constitution Act, 1982 recognizes three original peoples of Canada: First Nations, Inuit and Métis.
• Each group is distinct from the other and has a unique history. Within each group there is also considerable diversity.
• Over one million people in Canada identify as Aboriginal, representing 3.3 per cent of the overall population:
  – 62 per cent First Nations.
  – 30 per cent Métis.
  – 5 per cent Inuit.
Key Demographics

Compared to the general Canadian population, the Aboriginal population is:

• Young, with 50 per cent under the age of 25.
• Rapidly increasing in size, with the highest birth rate in Canada.
• Mobile, with large segments increasingly concentrated in urban and inner city areas.
Interactive Nature of the Social Determinants of Health

• First Nations, Inuit and Métis continue to face:
  – Critical housing shortages.
  – High rates of unemployment.
  – Low levels of educational attainment.

• Woven together, these factors affect the quality of life for First Nations, Inuit and Métis.

• The social determinants of health are influenced by contextual factors, such as geography and access to basic health services.
Specific Lens

• The social and broader determinants of health provide a broader picture of the factors that lead to certain disparities in health status.
• First Nations, Inuit and Métis each require a specific lens with which to view their respective historical and contemporary realities.
• Solutions must be appropriate to the specific group in question and must take into account these specific historical and contemporary realities.
Inuit Overview

• On average, food in Inuit communities costs double that of food in Canadian cities (NAHO, 2004).
• 53 per cent of Inuit experience overcrowding versus 7 per cent for all Canadians (Statistics Canada, 2001).
• High school non-completion rates (ages 25-64) are higher for Inuit (Statistics Canada, 2001):
  – Canadian males: 23.4 per cent.
  – Inuit males: 47.4 per cent.
  – Canadian females: 22 per cent.
  – Inuit females: 48.5 per cent.
• Nunavut reports a suicide rate 40 times the Canadian average for young Inuit men (Hicks, 2007).
Métis Overview

- 33 per cent of Métis children live in low-income families compared to 18 per cent of non-Aboriginal children (Statistics Canada, 2001).
- 35 per cent of Métis children live in single-parent households, or with other relatives or non-relatives; only 18 per cent of non-Aboriginal children are in a similar situation (Statistics Canada, 2001).
- Métis people earn less per annum (median income: $22,167 / year) than non-Aboriginal people (median income: $30,023 / year).
- Métis women earn about $11,000 per year less than Métis men (Statistics Canada, 2001).
First Nations Overview

- Personal income levels for First Nations individuals are less than 50 per cent of the Canadian national average, regardless of place of residency (Assembly of First Nations, 2006).

- The unemployment rate for First Nations people living on-reserve is 28.7 per cent, almost three times as high as the Canadian national average of 9.8 per cent (Assembly of First Nations, 2006).

- Approximately 66 per cent of First Nations people believe that the relatively poor state of Aboriginal health is caused by, or linked to, the residential school experience and/or the loss of traditional cultures and lands (NAHO, 2004).
Broader Determinants of Health

For Aboriginal Peoples:

- Colonization
- Globalization
- Migration
- Cultural continuity
- Access
- Territory
- Poverty
- Self-determination
Challenges

• A lack of epidemiological data, resulting in pan-Aboriginal evidence and approximations.

• Public policy and fiscal allocations are better informed by specific data that shows the scope of needs in First Nations, Inuit and Métis communities.

• Fractured jurisdictional responsibilities, lack of communication and duplication in research.
Opportunities

• Discourse on biomedical model can be balanced with Indigenous conceptualizations and practices of health and healing.
• Recognize and respect research methodologies that are consistent with First Nations, Inuit and Métis cultures, values and principles (see OCAP principles).
• Understand the broader determinants that shape an Indigenous perspective on health.
References


References


Suggested Reading


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