



CANADIAN
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ABORIGINAL HEALTH

CANADIAN FEDERATION OF NURSES UNIONS BACKGROUND

Canada is home to more than one million people who identify themselves as Aboriginal: 60% as First Nations, 33% as Métis, 4% as Inuit and 3% as people with more than one identity, according to the 2006 Census. Aboriginal people account for 3.8% of the total population of Canada. The Aboriginal population is growing nearly six times faster than the non-Aboriginal population.¹ One fifth of the First Nations population is 19 years or younger, twice the proportion of young people in the Canadian population.²

Health status

Aboriginal peoples from all groups have substantially poorer health status than the general Canadian population.³

- Life expectancy of First Nations men is 7.4 years less than other Canadian men, and the life expectancy of First Nations women is 5.2 years less than other Canadian women.⁴ For Inuit men and women, the gap is even greater, with life expectancy 15 years less.⁵
- In a 2010 study released by the Inuit Tapiriit Kanatami, health indicators in two periods 1994-1998 and 1999-2003 were compared in order to observe trends. Several of these indicators show that the health care status of Inuit peoples is worsening. These include low birth rate and the gap between Inuit and the rest of Canada in life expectancy. The mortality rate for Inuit remains much higher than for Canada as a whole for suicide, unintentional injury, respiratory disease and cancers. The mortality rate for Inuit Nunangat was twice that of Canada as a whole. The

report summarized its findings by saying: “for every baby in a 1,000 who died in Canada, almost three per 1,000 lost their lives across Inuit Nunangat. The average person in Inuit Nunangat could expect to live more than a decade less than any other Canadian, and a newborn in Inuit Nunangat was 20% more likely to be born underweight, increasing the risks for serious complications.”⁶

“Last year Indian and Northern Affairs Canada reported that between 2001 and 2006 there was little or no progress in the well-being of First Nations communities. In a wealthy country like Canada this is simply unacceptable,” said Sheila Fraser, Auditor General.

“Over the past 10 years my office has produced no fewer than 31 audit reports on Aboriginal issues. Yet, despite these reports and actions by the federal government in response to our recommendations, too many First Nations people still lack what most other Canadians take for granted,” Fraser said.

“Unless we rise to the challenge I believe that living conditions on reserve will lag behind the rest of Canada for generations to come,” said Fraser in a speech to the Canadian Club in Ottawa.

Aboriginal Peoples Television Network

<http://aptn.ca/pages/news/2011/05/26/first-nations-people-still-lack-what-most-other-canadians-take-for-granted/>

- Infant mortality rate in First Nations was 6.4 deaths per 1,000 live births, which is 1.5 times that of other Canadians. The infant mortality rate for Inuit in Nunavik is 24.9 deaths per 1,000 live births.⁷
- First Nations carry a disproportionate burden of infectious diseases with twenty times tuberculosis rates,⁸ five times hepatitis A, and seven times chlamydia rates.⁹ Tuberculosis rates for Inuit are 90 times higher, and chlamydia rates are 17 times higher in Nunavut than in the rest of Canada.¹⁰
- One in four First Nations adults has arthritis/ rheumatism; and one in five has high blood pressure.¹¹
- One in three First Nations adults aged 50-59 have diabetes, and the frequency of diabetes among First Nations adults is nearly four times the Canadian average, with nearly 90% reporting adverse consequences such as vision problems, kidney function, heart problems and problems with hands and feet.¹²
- First Nations and Inuit report a 16 % higher rate of heart problems compared to the general population.¹³ Lung cancer rates are also higher. Inuit are four times more likely to have lung cancer than other Canadians.¹⁴
- Almost half of First Nations (46%) are daily smokers with another 12.8% self-identifying as occasional smokers. 21.8% of the general Canadian population are smokers.¹⁵
- In 2000, the First Nations suicide rate was 24 per 100,000, which was two times the general Canadian rate. From 1999 to 2003, the suicide rate in Inuit regions across Canada averaged over 11 times the national rate.¹⁶
- One in five First Nations people cannot access a doctor or a nurse in their community over the course of a year.¹⁷ Inuit adults were less likely (56%) than those in the total Canadian population (79%) to have contact with a medical doctor like a family doctor or specialist.¹⁸ In addition, a rapid turnover rate of existing health care professionals creates a lack of continuity in care.
- 85% of First Nations seniors report having one or more chronic conditions.¹⁹
- Almost one in five First Nations and one in four Inuit children have never had dental care. Over 40% of First Nations adults and most Inuit adults do not receive dental care over the course of a year.²⁰
- The First Nations Regional Health Survey tracked First Nations access to health services and identified several significant barriers to health services. These included barriers related to: First Nations-specific needs such as the appropriateness of care and difficulty obtaining traditional care; barriers related to geography and availability of services such as the lack of facilities, doctors or nurses in the area; economic barriers such as the cost of child care, transportation or the cost of the service; and systemic barriers such as being unable to arrange transportation, approval for services being not covered or denied, and waiting lists.²¹

Determinants of health

These discrepancies in health are, in part, due to widespread inequities Aboriginal people face in opportunities for good health as a result of poor socio-economic conditions. The social, emotional and economic conditions faced by Aboriginal people today come from the complex, destabilizing and demoralizing legacy of colonialism.²² Systemic racism, policies of assimilation and cultural genocide through systematic deculturation are key factors in health inequality.²³

Another fundamental inequality that puts Aboriginal people at risk for illness is income. Poverty and ill health go hand in hand, and Aboriginal people are among the poorest in Canada.

Depending on the age group, between one in ten and one in six were hungry in the previous year but could not eat because they lacked the money to buy food. Between one quarter and a third reported that they could not afford to eat balanced meals.²⁴

A landmark document by the Health Council of Canada was released in August 2011, that noted the importance of respect for Aboriginal traditions and the role of culture in good health. The report stated, “rediscovering pride in one’s culture and identity is good medicine.” An example of a program that encourages this in practice is the Six Nations Birthing Centre in Ontario, which integrates “traditional and contemporary midwifery services and programs.” Returning birthing to Aboriginal communities helps provide “culturally sensitive care.” The report also urged greater attention to the

determinants of health and health disparities and the need to expand and provide stable multi-year funding to programs that work. The report also noted that some programs are made less accessible by applications and arrangements that are too complex.²⁵

Healthy food is an key determinant of health. A study examining use of traditional food as a way to promote nutrition among the Inuit found that healthy food in part relies on “programmes and policies... to improve food security, encourage healthy market food choices and to promote locally available traditional food...” as well as “...global policies to prevent further environmental degradation, food chain contamination, and global warming.”²⁶

Economic conditions

- The unemployment rate among core working-age Aboriginal people in 2006 averaged 13.2%, compared to 5.2% for non-Aboriginal population. Inuit have the highest unemployment at 19%, Métis 8.4% and First Nations 16.3%.²⁷
- In the North, the greatest difference between Aboriginal and non-Aboriginal employment income is seen in Nunavut where the average Aboriginal income is \$20,000 while the non-Aboriginal average is almost \$52,000.²⁸
- The wage gap between men and women working full time for the full year now stands at 70.5%. Aboriginal women earn only 46%.²⁹
- About 50% of Aboriginal children in the largest urban areas are in a low-income family, compared to 20% for non-Aboriginal

children.³⁰ Three in ten Inuit children aged six to fourteen were reported by their parents to have experienced being hungry at some point in their lives because the family had run out of food or money to buy food.³¹

Social conditions

- Houses occupied by Aboriginal people are twice as likely to be in need of major repairs as those of other Canadians. On reserves, 13,400 homes need such repairs, and 6,000 need outright replacement.³² The situation is getting worse because construction is not keeping pace with population growth according to a report commissioned for the federal department of Aboriginal Affairs. Due to overcrowding the buildings face heavy wear and tear.³³
- According to the First Nations Regional Health Survey, 70.8% of First Nations adults reported that their household was in need of some type of repair (compared to 25.7% of general Canadian population) and 37.3% reported that their household needed major repairs (compared to 10.2 % of the general Canadian population). Half reported mold and mildew up from 44 % in 2002.³⁴
- Aboriginal homes are generally smaller than those of other Canadians, but more people live in them. The situation is most acute among the Inuit. According to the 2001 Census, 53% of Inuit live in crowded conditions versus 19% of on-reserve First Nations.³⁵
- Aboriginal homes are 90 times more likely than those of other Canadians to be without

piped water. On reserves, more than 10,000 homes have no indoor plumbing.³⁶

- About one reserve community in four has a substandard water or sewage system.³⁷ At least 100 communities live under boil water advisories.
- 39.8% of First Nations households do not have a computer and 48.2% have no Internet connection. Almost one in five First Nation households do not have a telephone.³⁸
- Aboriginal people are three times more likely than non-Aboriginals to be victims of violent crime, and they are at even higher risk for being victims of assault, sexual assault, robbery and partner abuse.³⁹
- Presently, 42 First Nations communities do not have schools and twice as many have schools in terrible disrepair. Right now, First Nations students on-reserve receive on average \$2,000 less in educational support than students in provincial schools.⁴⁰

Environmental injustice

Aboriginal people are bearing more of the burden of environmental degradation and climate change through food and water contamination and disruption in the food chain. Aboriginal people are far more likely than the general population to subsist on a diet of fish and wild game. Contamination of rivers and the concentration of persistent organic pollutants in game and fish are contributing to higher than average cancers and disease in affected Aboriginal populations. Climate change and industrial pollution are

negatively affecting traditional food and medicine sources, and the erosion of traditional ways of life constitutes an assault on Aboriginal mental and spiritual health and deepens the processes of cultural disruption.⁴¹

- PCB levels in over 60% of Inuit children under age 15 exceed ‘tolerable levels’ set by Health Canada. On average, Inuit women have levels of PCB’s in their breast milk 5 to 10 times higher than women in Southern Canada.⁴²
- According to many Fort Chipewyan residents, the tar sands mining is the principle cause of the recent dramatic increases in the number of cancers and other diseases.⁴³
- The Aamjiwnaang First Nation reserve in Sarnia, Ontario, recorded the lowest rate of live male births in the world (two girls born for every boy) and high rates of death, miscarriage and disease. Environment Canada’s National Pollutant Release Inventory (NPRI) show the reserve is ground zero for Ontario’s heaviest load of air pollution.⁴⁴

Women’s health⁴⁵

- At least three quarters of Aboriginal women have been the victims of family violence, and the overall mortality rate due to violence is three times higher for Aboriginal women than non-Aboriginal women.
- Aboriginal women are at higher risk for alcohol and substance abuse, yet only represent 40% of the Aboriginal treatment population in alcohol treatment centres. This is related to factors including lack of access to appropriate

women-centred treatment services and lack of access to child care services.

- Aboriginal women are more likely to die of cervical cancer than non-Aboriginal women. For example, First Nations women in British Columbia are six times more likely, and Inuit women in Nunavik are three times more likely, to die of the disease.
- Aboriginal women are almost three times more likely to have AIDS than non-Aboriginal women.

Action required

Mary Simon of the Inuit Tapiriit Kanatami called for a “Social Charter” following the 2011 federal election to address the reality that her people are “living with great material deprivation in the midst of great resource wealth.” *The Whitehorse Star* reported that Simon proposed the Charter to include “decent housing; physical security; ready access to health care, education and training; and a ‘reasonable hope to be productive and feel productive.’”⁴⁶

The Aboriginal Nurses Association of Canada and the Assembly of First Nations announced a partnership in February 2011 to “promote and support the recruitment and retention of Indigenous nursing students. The agreement will also focus on enhancing the ability of non-First Nation nurses to work with First Nation patients and communities.” In the joint release ANAC President Evelyn Voyageur stated “We need cultural safety for all First Nations, Inuit and Métis to improve the gap in health that exists between Aboriginal people and other Canadians.”⁴⁷

The CFNU calls on government to:

- Implement the recommendations of the Royal Commission on Aboriginal Peoples and the Commission on the Future of Health Care in Canada, which emphasized Aboriginal control over health and health services as well as recognition of culture and traditional healing. Specifically, increase access, reduce barriers and provide more support for Aboriginal people to obtain careers in nursing and medicine;
- Implement the Kelowna Accord agreed to by national Aboriginal leaders and First Ministers in 2005;
- Build in an escalator for Aboriginal health funding as it exists for the Canada Health Transfer since 2004. An escalator will allow Aboriginal communities to increase health worker salaries to aid in retention and recruitment, maintain health clinics and purchase needed equipment and technology.
- Reallocate the share of funding that goes to provinces under the Canada Health and Social Transfers for Aboriginal people to health and social programs for Aboriginal people.

There has been cases of jurisdictional disputes about the care of First Nations children. The Canadian Federation of Nurses Unions at its 2011 Convention passed a resolution in support of the Jordan's Principle named after a child who passed away while the federal government and the province wrangled over who should pay for his care.⁴⁸ The Jordan principle asserts that the needs of a child's care must come before payment and jurisdictional disputes.⁴⁹

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