

# **HEALTH STATUS REPORT OF ABORIGINAL PEOPLE IN ONTARIO**

Prepared by:  
Dr. Chandrakant P. Shah, MD, FRCPC,  
Professor Emeritus,  
Department of Public Health Sciences  
University of Toronto; Staff Physician Anishnawbe Health Toronto

With assistance of  
Ms. Farah Ramji, BSc, MHSc  
Epidemiologist

July 29, 2005

**Funded and Supported by the Ontario Ministry of Health and Long Term Care**

## **Table of Contents**

Executive Summary.....	3
Detailed Summary.....	4
Introduction .....	7
Methodology.....	7
Data Sources .....	8
Limitations .....	10
Demographics .....	11
Determinants of Health.....	17
Lifestyle .....	23
Health Status.....	27
Mental Health .....	45
Health Service Utilization .....	48
Aboriginal Children.....	49
Health of Urban Aboriginal People .....	55
Conclusion .....	62
Appendix: Annotated Bibliography .....	63

## **Executive Summary**

Evidenced-based decisions require accurate health information for those who need to make these decisions. In order to plan to meet the health and health care needs of Aboriginals in Ontario, it is imperative that we create an accurate picture of the health status, diseases, lifestyle as well as the way in which people utilize health care services in Ontario.

This report seeks to contribute to the following objectives by conducting a critical review and synthesis of the literature pertaining to quantitative information on Aboriginal health status from 1995-2004:

- To provide meaningful quantitative information about the health of Aboriginal communities in Ontario.
- To raise awareness of the key determinants and health indicators that have an impact on the health of the Aboriginal population in Ontario.
- To form a comparison between the Ontario Aboriginal population and the rest of the Ontarians
- To provide policy directions for priority-setting in the development of programs and services for the Ontario Aboriginal population.

The framework used to analyze information in this report is based on the “Determinants of Health Model”, which reflects the view held by Aboriginals that health has physical, mental, emotional and spiritual origins that need to be balanced in order to gain optimum health.

As of 2001 there are 976, 305 Aboriginal people in Canada, of which 188, 315 reside in Ontario. Ontario's Aboriginal population is a relatively young population. The birth rate in the Aboriginal population is two times the rate for the Canadian population. The Aboriginal population rank lower on all educational attainment indicators, experience higher rates of unemployment along with higher rates of smoking, alcohol, and substance abuse. The most common cause of death among the Aboriginal population in all age groups except those aged 65 and over is motor vehicle accidents. The Aboriginal population also experiences a disproportion burden of many infectious diseases. The prevalence of self-reported chronic conditions, injury rates and mental disorders within Ontario's Aboriginal population is higher than in the general population. First Nations in Ontario believe that they do not receive the same level of health care services as the general population. The self-rated health of Aboriginal children living in non-reserve areas is lower than Canadian children. The off-reserve Aboriginal population constitutes more than 70% of the total Canadian Aboriginal population. The off-reserve population suffers from lower levels of education, lower levels of household income as well as higher rates of smoking compared to their non-Aboriginal counterparts. In conclusion the Aboriginal populations have poor health status compared to their non-Aboriginal counterparts in Ontario. In order to reduce the health gap between the Aboriginal and the non-Aboriginal population, culturally sensitive public policies will need to be developed.

## **Detailed Summary**

Evidenced-based decisions require accurate health information for those who need to make these decisions. In order to plan to meet the health and health care needs of Aboriginals in Ontario, it is imperative that we create an accurate picture of the health status, diseases, lifestyle as well as the way in which people utilize health care services in Ontario.

This report seeks to contribute to the following objectives by conducting a critical review and synthesis of the literature pertaining to quantitative information on Aboriginal health status from 1995-2004:

- To provide meaningful quantitative information about the health of Aboriginal communities in Ontario.
- To raise awareness of the key determinants and health indicators that have an impact on the health of the Aboriginal population in Ontario.
- To form a comparison between Ontario Aboriginal population and the rest of the Ontarians.
- To provide policy directions for priority-setting in the development of programs and services for the Ontario Aboriginal population.

The framework used to analyze information in this report is based on the “Determinants of Health Model”, which reflects the view held by Aboriginals that health has physical, mental, emotional and spiritual origins that need to be balanced in order to gain optimum health.

The first section of this report will analyze the health and well-being of the Ontario Aboriginal population using information on determinants of health and health status. The second section considers health service utilization. The third section provides a general overview of the health status of Aboriginal children. The fourth section provides a brief assessment of the health of urban Aboriginal people.

### **Key Findings:**

- Of the total 976, 305 Aboriginal people in Canada in 2001, 188, 315 (19%) resided in Ontario. The majority of Aboriginals reside off-reserve and within urban communities.
- Ontario’s Aboriginal population is a relatively young population, among whom a little more than one third were younger than 15 years of age and only 4% were 65 years of age or older. In comparison, the general population is much older.
- The 1999 First Nations birth rate is 23.0 births per 1,000 women of child-bearing age compared to the Canadian rate of 11.1 births per 1,000 women of child-bearing age.
- Aboriginal, First Nations people, Métis and Inuit rate lower on all educational attainment indicators. The unemployment rate for the Aboriginal, First Nations people,

Inuit and Métis population was almost two times higher than the non-Aboriginal Ontario population.

- In 1997, 79% of males and 72% of females aged 20 and over in the First Nations population were smokers, a rate that is nearly twice as high as the general Ontario population. Alcohol and substance abuse is considered a major problem in Aboriginal communities.
- 78% of the Ontario First Nations population considers their health as between excellent and good compared to 90% of the non-Aboriginal population.
- 63% of First Nations individuals between ages 18-34 were considered overweight or obese, compared to 39% Canadians aged 18-34.
- The life expectancy at birth for the First Nations population in 2000 was estimated to be 68.9 years for males and 78.6 years for females. This is lower than the general population.
- Mortality rates for First Nations males in Ontario aged 35-49 were nearly four times those of non-First Nations males. Motor vehicle accidents were among the leading causes of death in all age groups except those aged 65 and over.
- Rates of mumps, pertussis and rubella were three times higher among Aboriginal people than the overall Canadian rate. Age-standardized tuberculosis rates are eight to nine times higher within the First Nations population compared to the Canadian population.
- The prevalence of self-reported chronic conditions in Ontario First Nations people is higher than in the general population for all age groups and both genders. The prevalence of diabetes in First Nations people was nearly three times higher than among non-First Nations people and was particularly higher among women and young people. The prevalence of ischemic heart disease has increased within Aboriginal communities in Ontario. Time-trend data have shown that there has been an increase in cancers in both sexes in the First Nations population.
- Injury rates for both Aboriginal males and females were higher than non-Aboriginal males and females. Disability rates among adults were high for Aboriginal people compared to the total Canadian population.
- The suicide rate among Aboriginal people of all ages is three to four times greater than among the non-Aboriginal population. Studies have shown that at least 75% of Aboriginal women have been victims of family violence. The projected number of Aboriginal persons 15 years and over suffering from major mental disorders in Ontario is 20,697. Common mental disorders include: depression and anxiety disorders and substance abuse.

- Results from the Ontario First Nations Regional Health Survey show that 50.2% of First Nations in Ontario believe that they do not receive the same level of healthcare services as the general Canadian population.
- About 13% of parents reported that their children between the ages of 4 and 11 years have experienced allergies. The self-rated health of Aboriginal children living in non-reserve areas is lower than Canadian children. 65% of Aboriginal children in Ontario have access to a general practitioner, but only 26% have access to specialists.
- The off-reserve Aboriginal population constitutes more than 70% of the total Canadian Aboriginal population. The off-reserve population suffers from lower levels of education and lower levels of household income compared to their non-Aboriginal counterparts.
- 51.4% of the off-reserve Aboriginal population was smokers, a rate that is twice the rate of the non-Aboriginal population. Only 27.2% of the off-reserve Aboriginal populations were weekly drinkers compared to 38.4% of non-Aboriginal people. 23.1% of Aboriginal people living off-reserve rated their health as fair or poor, which is nearly two times higher than the non-Aboriginal population.
- The three most frequent self-reported chronic conditions in the Aboriginal population are: high blood pressure, diabetes and arthritis. 76.5% of the off-reserve population reported seeing a general practitioner. This proportion was very similar to the non-Aboriginal population.

In summary the Aboriginal populations have poor health status compared to their non-Aboriginal counterparts in Ontario. Ontario has the largest Aboriginal population in Canada. Detailed policy implications are discussed within each section of the report. However, it is suffice to say that in order to reduce the health gap between the Aboriginal and the non-Aboriginal populations culturally sensitive public policies will need to be developed. These policies need to address the concept of holistic healing and health as espoused by the Aboriginal population.

## **Introduction**

This report describes the determinants of health, health status and the health outcome of the Aboriginal population of Ontario based on statistical evidence between 1995 and 2002. This report will raise awareness of some of the key issues that have an impact on the health of that population. Analysis of key health indicators and determinants will provide direction to policy makers at the provincial government, Aboriginal organizations and other organizations that may have a vested interest in Native health issues. It will identify unmet health needs, and will provide directions in setting goals and priorities, formulating policies, and developing programs and services. In this report, the term “Aboriginal population” includes Status First Nations people, non-Status First Nations people, Métis and Inuit.

## **Methodology**

### **Population**

Although the purpose of this report is to examine the health status of Aboriginal peoples in Ontario, Canadian data were used in cases where Ontario data were unavailable. The populations examined in this document are First Nations and Inuit people. Large sets of health data are available on Status First Nations people; however, little information on the health status of Métis and non-Status First Nations people was available. The numbers of Inuit population are small and hence mainly demographic and socioeconomic indicators are presented for Inuit, Métis and non-Status First Nations people. For comparison purposes, either the general Ontario or Canadian population was used as a comparison group.

### **Definitions**

**Aboriginal** has come to be the most common term used when referring to all indigenous peoples of Canada. Under the Constitution Act of 1982, “Aboriginal peoples” of Canada includes **North American Indians, Registered Indians** and **Métis**. **North American Indians** who are registered under the Indian Act are referred to as **Registered Indians** or **Status Indians**. **North American Indians** who are not registered under the Indian Act are referred to as **non-Status Indians**. For census purposes, data from Statistics Canada use the term “First Nations” to refer to **North American Indians** (Status or non-Status Indians). The **Inuit** live in the Arctic and sub-Arctic Canada, in Nunavut, the Northwest Territories and the northern parts of Labrador and Quebec. The **Métis** are a unique cultural group composed of people of mixed Aboriginal ancestry.

### **Data Collection**

Data were collected between November 2004 and March 2005, mostly from surveys such as the First Nations and Inuit Regional Health Survey (FNRHS) (2002-2003), Ontario First Nations Regional Health Survey (OFNRHS) and the 2001 Census data.

The Aboriginal population community profile was provided by Statistics Canada. MedLine and Internet searches were done as part of a literature review.

Below is a list of the data sources that were used for the various measures used to describe the health status of First Nations people in Ontario (detailed references are provided in Appendix 1).

### **Data Sources**

- Health Canada. A Statistical Profile on the Health of First Nations in Canada. 2003.
- First Nations and Inuit Regional Health Surveys, 1999: National Report. First Nations and Inuit Regional Health Survey National Steering Committee.
- Statistics Canada and O'Donnell V. Aboriginal Peoples Survey 2001-Initial Findings: Well-Being of Non-reserve Aboriginal Population. 2003.
- First Nations Regional Health Survey, 2002-2003.
- Statistics Canada, Aboriginal People Survey, 1991.
- Statistics Canada, 2001 Census, Aboriginal Population Profile.
- MacMillan, H et al. Ontario First Nations Regional Health Survey, 1998.
- Myers, T et al. Ontario First Nations AIDS and Health Lifestyle Survey, 1993.
- National Aboriginal Health Organization (NAHO). Preliminary Findings of the First Nations Regional Longitudinal Health Survey 2002-03. 2002.  
[www.naho.ca/firstnations/english/pdf/RHS\\_preliminary\\_adult\\_sept\\_9\\_04.pdf](http://www.naho.ca/firstnations/english/pdf/RHS_preliminary_adult_sept_9_04.pdf)
- Health of the Off-Reserve Aboriginal Population 2000-2001.
- Health Canada. Second Diagnostic on the Health of First Nations and Inuit People in Canada. November 1999.
- Statistics Canada. Aboriginal Peoples of Canada: A Demographic Profile. 2001.  
[www12.statcan.ca/english/census01/products/analytic/companion/abor/contents.m](http://www12.statcan.ca/english/census01/products/analytic/companion/abor/contents.m)
- Canadian Institute of Health Information (CIHI). Ontario Diabetes Database. Registered Persons Database (RPDB).
- Beavis, MA, Klos, N, Carter, T and Douchant, C. Literature Review: Aboriginal Peoples and Homelessness. Ottawa: Canada Mortgage and Housing Corporation. 1997.

- Scott, K. Indigenous Canadians, In Profile 1997: Alcohol, Tobacco & Other Drugs. Ottawa: Canadian Centre on Drug Abuse. 1997.
- Svenson, KA and Lafontaine, C. The Search for Wellness. First Nations and Inuit Regional Longitudinal Survey. 1999.
- Northwest Territories Bureau of Statistics. NWT Alcohol & Drug Survey: Rates of Use for Alcohol, Other Drugs and Tobacco. 1996.  
[www.stats.gov.nt.ca/TSTAT/Statinfo/Health/alcdugs/report.html](http://www.stats.gov.nt.ca/TSTAT/Statinfo/Health/alcdugs/report.html)
- The National Clearinghouse on Family Violence. Family Violence in Aboriginal Communities: An Aboriginal Perspective. 1997.
- National Council on Welfare. Gambling in Canada: A Report by the National Council of Welfare. 1996.
- [www.ccsa.ca/gambcont.html](http://www.ccsa.ca/gambcont.html)
- Aboriginal Domestic Violence in Canada. 2003.
- McKenzie D. Fetal Alcohol Syndrome. In Canadian Profile 1997: Alcohol, Tobacco & Other Drugs. Ottawa: Centre on Substance Abuse. 1997.
- Institute of Clinical Evaluative Sciences. Diabetes in Ontario. 2003.
- Baiju, S and Hux, J. Increasing Rates of Ischemic Heart Disease in the Native Population of Ontario, Canada. Arch Intern Med: Vol 160: 2000.
- Statistics Canada. Michael Tjepkema. Non-fatal Injuries among Aboriginal Canadians. Health Reports: Vol 16(2). 2005.
- Ontario Ministry of Health, Health Canada, Cancer Care Ontario, Joint Ontario Aboriginal Cancer Committee, Canadian Population Health Initiative

## **Limitations**

It is advisable to use caution when interpreting and using information contained within this document due to limitations in data availability, geographical variations and differences among sub-populations. The purpose of this report is to provide a general overview of the health status of First Nations and Inuit people within Ontario. For some instances where provincial data for Ontario are unavailable, data at the national level have been used to show the differences between Aboriginal and non-Aboriginal counterparts.

Due to the limitations in the availability of information on the Métis and non-Status Indian populations, this report relates mainly to First Nations and to a lesser extent to the Inuit population. However, information is provided on the Métis and non-Status Indians where data are available.

## Demographics

### Population

The size, age structure and the geographical distribution of a population have an impact on its health status and needs.

**Table 1: Aboriginal Identity Population, 2001 Counts, for Canada, Provinces and Territories**

Provinces	Total Population	Aboriginal Population	North American Indian	Métis	Inuit	Non-Aboriginal Population
<b>Canada</b>	<b>29,639,030</b>	<b>976,305</b>	<b>608,850</b>	<b>292,305</b>	<b>45,070</b>	<b>28,662,725</b>
Newfoundland and Labrador	508,080	18,775	7,040	5,480	4,560	489,300
Prince Edward Island	133,385	1,345	1,035	220	20	132,040
Nova Scotia	897,565	17,010	12,920	3,135	350	880,560
New Brunswick	719,710	16,990	11,495	4,290	155	702,725
Quebec	7,125,580	79,400	51,125	15,855	9,530	7,046,180
<b>Ontario</b>	<b>11,285,545</b>	<b>188,315</b>	<b>131,560</b>	<b>48,340</b>	<b>1,375</b>	<b>11,097,235</b>
Manitoba	1,103,700	150,045	90,340	56,800	340	953,655
Saskatchewan	963,155	130,185	83,745	43,695	235	832,960
Alberta	2,941,150	156,225	84,995	66,060	1,090	2,784,925
British Columbia	3,868,875	170,025	118,295	44,265	800	3,698,850
Yukon Territory	28,520	6,540	5,600	535	140	21,975
Northwest Territories	37,100	18,730	10,615	3,580	3,910	18,370
Nunavut	26,665	22,720	95	55	22,560	3,945

**Source: Statistics Canada, 2001 Census**

- Of the total 976, 305 Aboriginal people in Canada in 2001, 188, 315 (19%) resided in Ontario.
- Ontario had the highest Aboriginal population in Canada.
- Of the total Aboriginal population, 608, 850 were North American Indians (62%).
- Of the total North American Indians, 131,560 (22%) resided in Ontario, this being the highest number in Canada.
- Of the total Aboriginal population, 292,305 (30%) were Métis.
- Of the total Métis population, 48,340 (17%) resided in Ontario; Ontario had the third largest population of Métis, followed by Alberta (66,060) and Manitoba (56,800).
- Of the total Aboriginal population 45,070 (5%) were Inuit. Of the Inuit population, 1,375(3%) resided in Ontario. Ontario had the fourth largest population of Inuit.

### Policy Implications

- Since the largest number of North American Indians in Canada resides in Ontario, the Government of Ontario needs to work closely with the appropriate aboriginal organizations and federal jurisdiction for service development.
- The Government of Ontario needs to be the leader in providing appropriate health and social services for the Aboriginal population.
- The Government of Ontario should explore appropriate infrastructures needed to meet the needs of the Métis population in Ontario.

### Districts in Ontario

**Table 2. Registered Indian Population by Sex and Type of Residence, and Region, 2001**

#### Sudbury District

	<b>Total Members</b>	<b>On-Reserve</b>	<b>Off-Reserve</b>
Total	25,960	10,476	15,475
Female	12,506	5,387	7,115
Male	13,454	5,089	8,360

#### Southern District

	<b>Total Members</b>	<b>On-Reserve</b>	<b>Off-Reserve</b>
Total	70,256	34,182	36,059
Female	33,492	17,040	16,445
Male	36,764	17,142	19,614

#### Western District

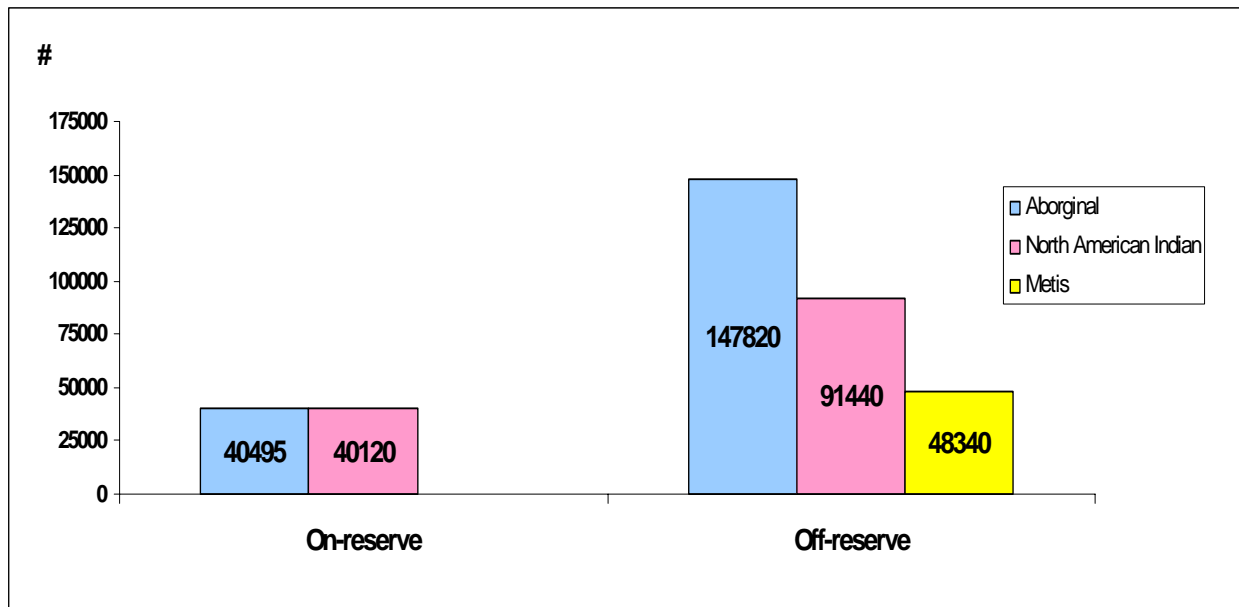
	<b>Total Members</b>	<b>On-Reserve</b>	<b>Off-Reserve</b>
Total	43,164	1,218	21,706
Female	21,373	640	10,262
Male	21,791	578	11,444

#### Sioux Lookout District

	<b>Total Members</b>	<b>On-Reserve</b>	<b>Off-Reserve</b>
Total	17,682	78,170	77,392
Female	8,743	39,580	35,750
Male	8,939	38,590	41,643

**Source: Registered Indian Population by Sex and Residence 2001, Information Management Branch, Department of India Affairs and Northern Development**

**Figure 1. Aboriginal Identity Population: On-Reserve Versus Off-Reserve in Ontario, 2001**



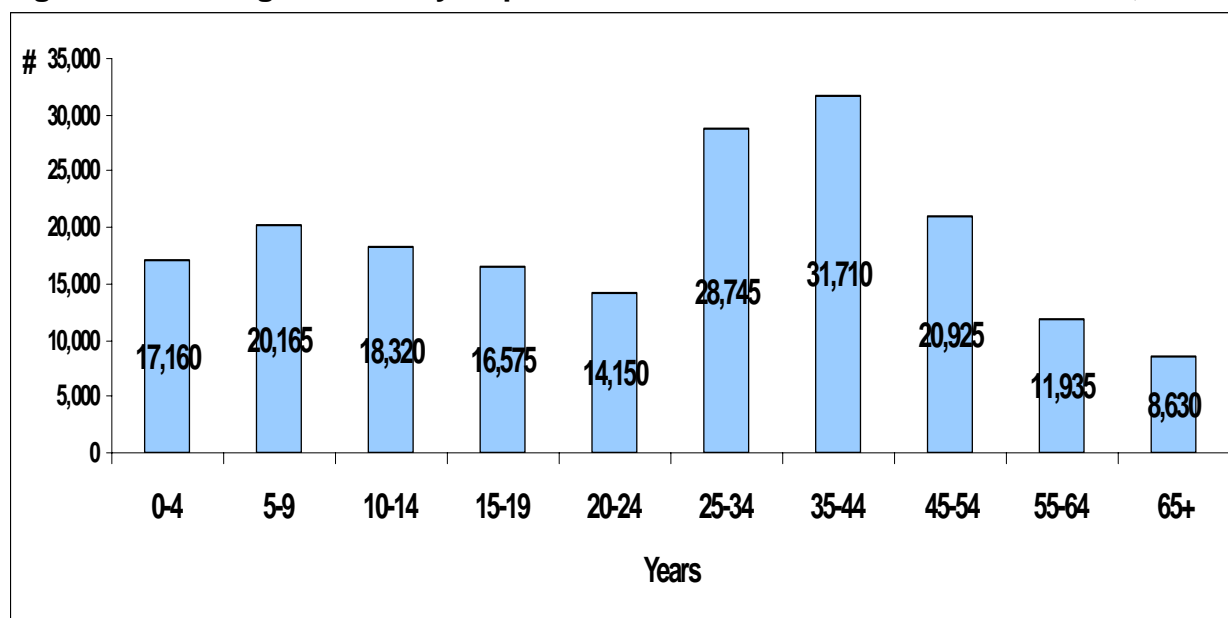
**Source: Statistics Canada, 2001 Census, Aboriginal Population Profile**

- The majority of Aboriginals reside off-reserve and within urban communities.
- 22% of the total Aboriginal population reside on-reserve and almost all of them are North American Indians.
- The remaining 78% of the total Aboriginal population reside off-reserve (rural non-reserve and urban) communities.
- Only 30% of the total North American Indian population resides on-reserve.

### Policy Implications

- As a result of the federal/provincial jurisdictional division, many Status First Nations people living in rural non-reserve and urban communities do not have access to health and social services that are available to those living on-reserve.
- The Government of Ontario needs to work in close partnership with the appropriate federal agencies in order to meet the needs of the off-reserve Status First Nations population.
- With increasing number of Aboriginals in urban centers, there needs to a mechanism where their voice is heard during policy discussion.

**Figure 2. Aboriginal Identity Population: On-Reserve Versus Off-Reserve, 2001**



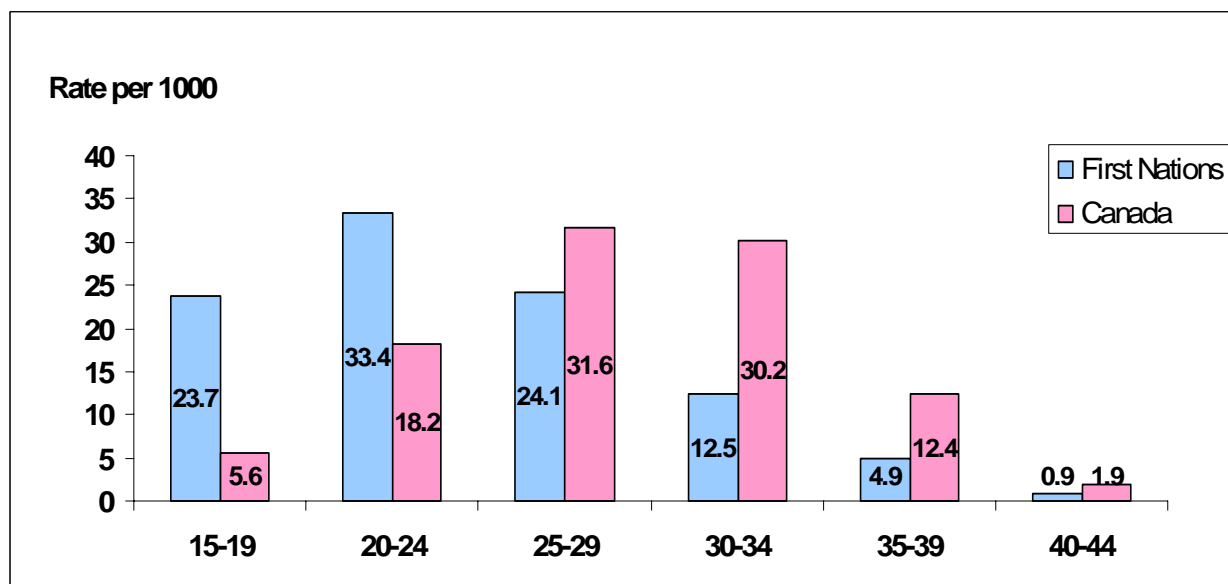
**Source: Statistics Canada, 2001 Census, Aboriginal Population Profile**

- Ontario's Aboriginal population is a relatively young population, among whom a little more than one third were younger than 15 years of age and only 4% were 65 years of age or older. In comparison, the general population is much older.
- Among the Aboriginal population, it would be wise to consider seniors as those over the age of 55 years. If the age groups of 55-64 and 65+ are combined, the proportion of seniors within the Aboriginal population becomes 11% (the rationale for this will be evident in the discussion of health indicators among the Aboriginal population).
- 40% of the Aboriginal population is between the ages of 20 and 44 years.
- Of the total 8,630 seniors, 28% were living on-reserve and the remainder (72%) was off-reserve.
- Among seniors, 57% were female.

### Policy Implications

- The Government of Ontario needs to target health programs and social services to those under the age of 15 years and those 55 years and older.
- There is a need for special long-term care infrastructure for the Aboriginal in urban and rural areas.

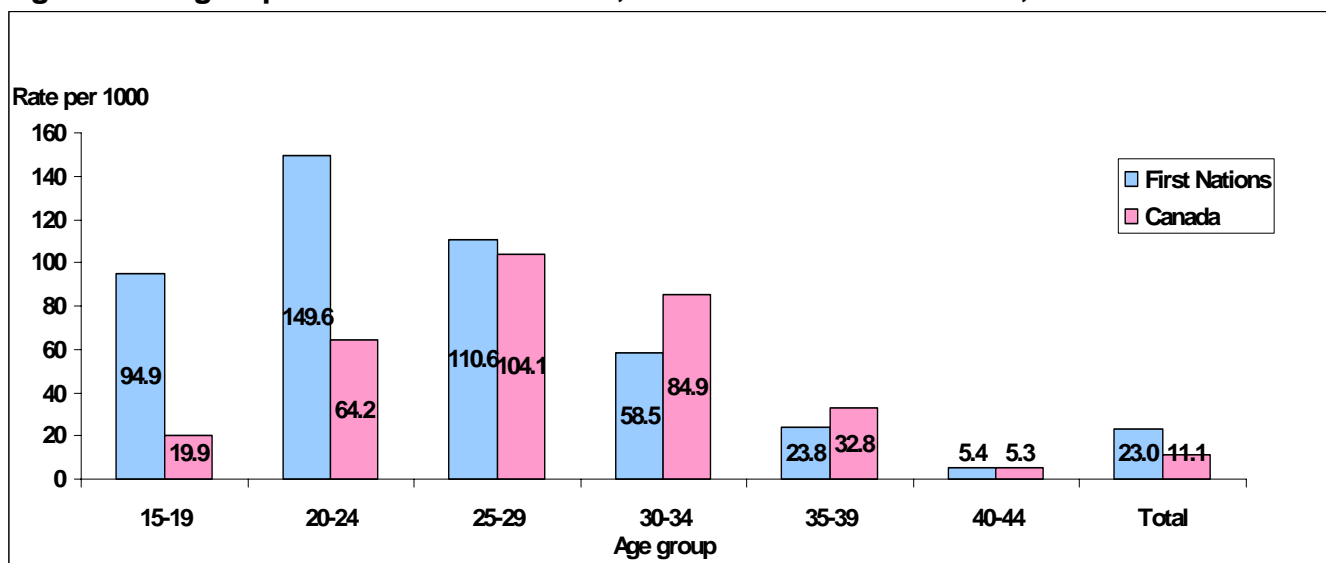
**Figure 3. Percentage of Live Births by Age Groups, First Nations and Canada, 1999**



**Source: A Statistical Profile on the Health of First Nations in Canada, 2003**

- Nearly 25% of all First Nations births involved young teenage mothers, aged 15-19 years.
- The largest proportion (33.4%) is aged 20-24 years.
- Within the Canadian population, only 18.2% of births involved mothers between 20 and 24 years of age.
- The majority of births within the Canadian population involved mothers in either the 25-29 year age group or the 30-34 year age group.

**Figure 4. Age-Specific Live Birth Rates, First Nations and Canada, 1999**



**Source: A Statistical Profile on the Health of First Nations in Canada, 2003**

- The 1999 First Nations birth rate is 23.0 births per 1,000 women of child-bearing age compared to the Canadian rate of 11.1 births per 1,000 women of child-bearing age.
- First Nations females aged 15-19 had a birth rate almost five times higher than their Canadian counterparts.
- Females aged 20-24 had a birth rate twice that of Canadian women in the child-bearing age group.
- The First Nations birth rate in 1999 was greater than the Canadian rate in all categories under 30 years of age.

### Policy Implications

- Teenage pregnancies are considered high risk and hence special programs and services need to be targeted and delivered to the overall teenage population.
- Maternal and child health service delivery need to be optimized for Aboriginal population.

## Determinants of Health

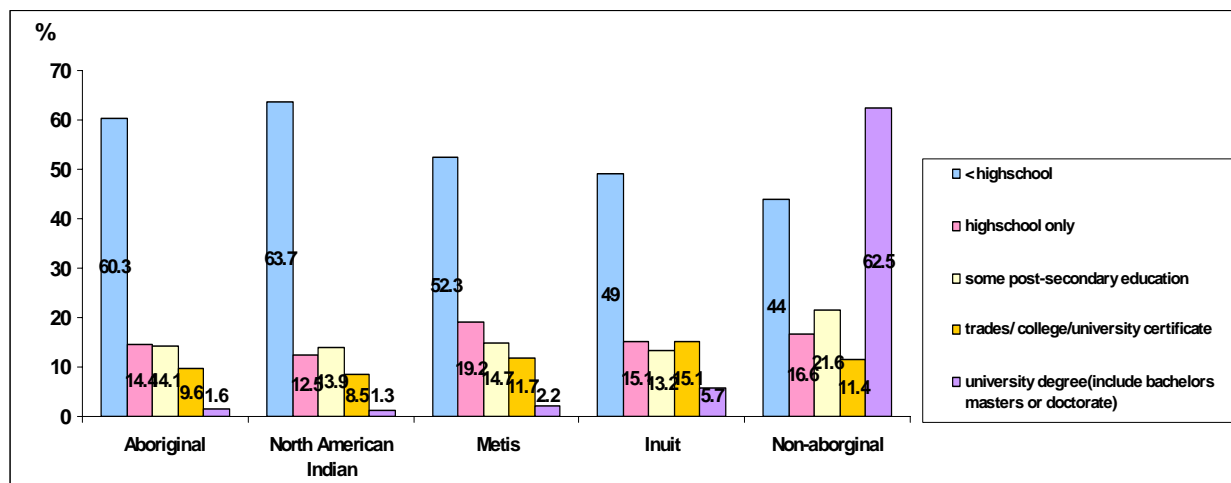
The determinants of health that affect First Nations and Inuit populations are similar to those that affect all Canadians, and Aboriginal people experience the same health problems experienced by non-Aboriginal Canadians (Long and Fox, 1996: 254). One important determinant for the Aboriginal population is the intergeneration effect of colonization and residential schools. The key determinants of health, as identified by Health Canada (2002), are as follows:

- Income and Social Status
- Social Support Networks
- Education
- Employment/Working Conditions
- Social Environment
- Physical Environment
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture
- Colonization
- Residential Schools

### Educational Attainment

Educational attainment is one of the main socioeconomic determinants associated with health. For the Ontario population in general, those with lower educational attainment report poorer health status. Historically, First Nations people have low levels of education, with a limited number who complete post-secondary school education.

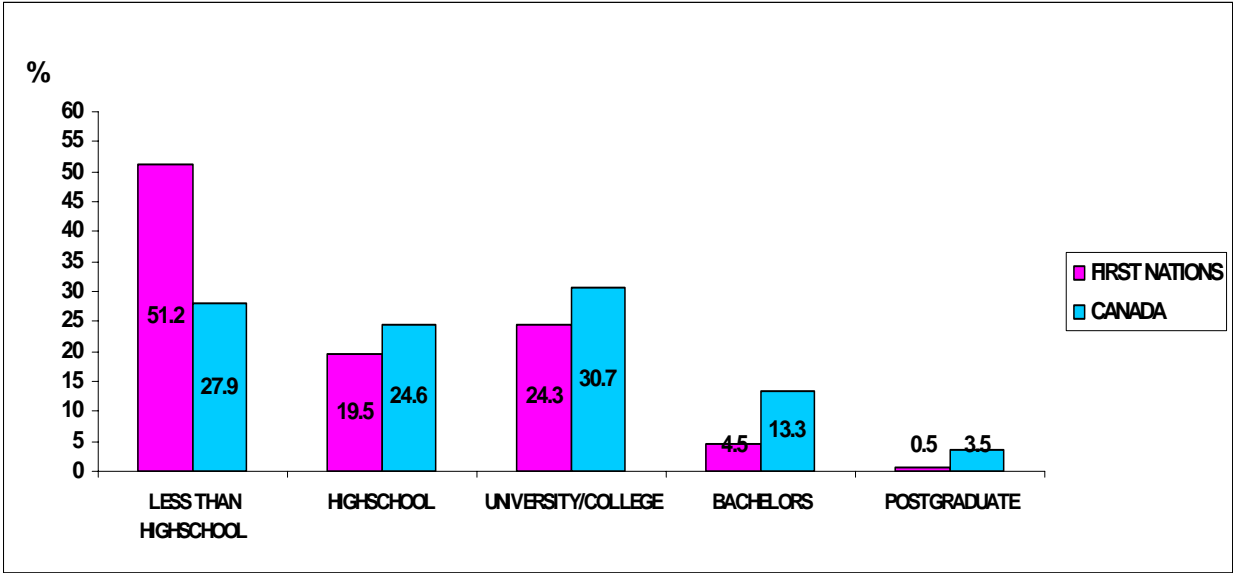
**Figure 5. Percentage of Ontario Aboriginal Population 15-24 Years by Highest Level of Schooling**



Sources: Statistics Canada, 2001 Census, Aboriginal Population Profile

- Aboriginal, First Nations people, Métis and Inuit rate lower on all educational attainment indicators (secondary school completion rate, postsecondary education admission and completion of a university degree).
- Census information on the educational attainment of Inuit people shows that, for most indicators, Inuit are either lower than or comparable to Aboriginal, First Nations people and Métis.
- 49% of Inuit have some secondary school education compared to 64% of First Nations people and 60% of Aboriginal people aged 15-24 years in Ontario.

**Figure 6. Highest Completed Level of Education of First Nations and Canadians 20 Years and Older**



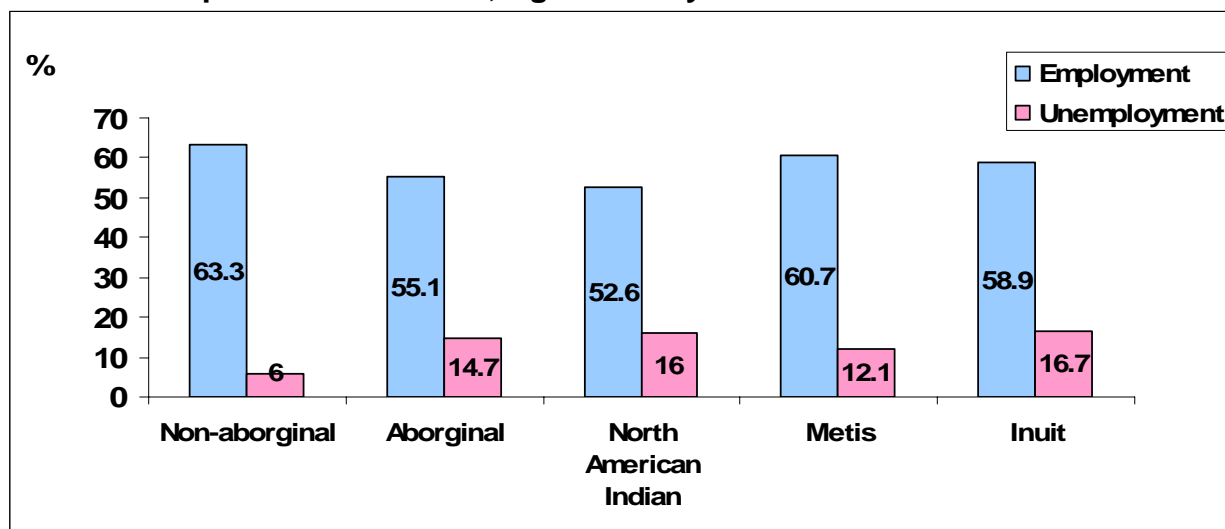
Sources: First Nations Regional Health Survey, 2002-2003

- In comparison to Canadians, First Nations adults over the age of 20 years were two times as likely to not have completed high school.
- First Nations adults were three times less likely to have completed a Bachelor’s degree.

**Employment**

Along with educational attainment, employment and income status may also have an impact on health. Employment in Ontario among the Aboriginal population compared with the non-Aboriginal population can be assessed using the following basic indicators of employment and unemployment rates.

**Figure 7. Total Labour Force Activity of Non-Aboriginal and Aboriginal Population of Ontario, Aged 15-64 years**



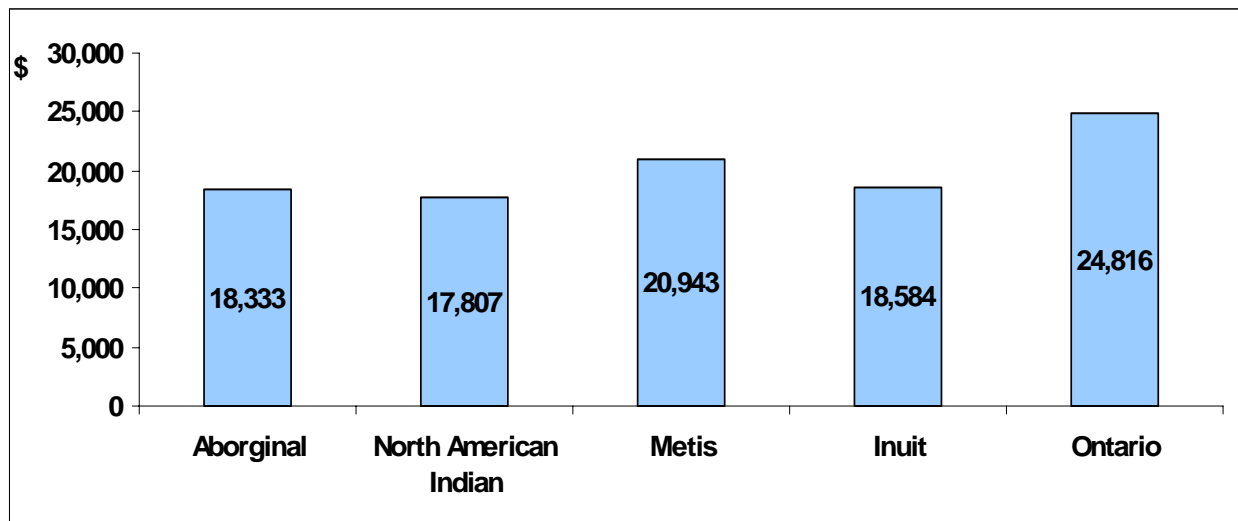
**Sources: Statistics Canada, Aboriginal People Survey, 2001**

- The unemployment rate for the Aboriginal, First Nations people, Inuit and Métis population was almost two times higher than the non-Aboriginal Ontario population.
- The highest unemployment rate was among the First Nations population (16%) and in the Inuit population (15.7%).
- For these populations, greater educational attainment is correlated with lower unemployment rates (Second Diagnostic on the Health of First Nations and Inuit People in Canada, 1999).
- Unemployment is associated with increased physical, mental and emotional disorders. Healthy Public Policies which encourage the employment needs to be deployed for Aboriginal People.

### **Income**

The median total income of Aboriginal people 15 years and older is \$18,333, compared to the Ontario median income of \$24,816. In concert with lower employment rates among Aboriginal compared to non-Aboriginal people, the average income is also below that of the non-Aboriginal population as a whole. The difference between the median income of Aboriginal people, First Nations people, Métis, Inuit and the Ontario population can be attributed to a higher percentage of Aboriginal earners under the age of 30 and a larger number of Aboriginal workers who do not have a high school diploma.

**Figure 8. Median Income of Persons 15 years and Older in Ontario for Aboriginal and Total Ontario Population**



**Source: Statistics Canada, 2001 Census, Aboriginal Population Profile**

Since Aboriginal people have lower educational levels and lower employment rates, they also have lower incomes than non-Aboriginal people. It is interesting to consider the magnitude of poverty and the disparity that exists. If measured in absolute terms, individuals living in poverty lack the means to buy essential goods and services:

- In 1996, 44% of the Aboriginal population was below the Statistics Canada low-income cutoff, compared to 20% of the Canadian population.
- The level of 44% is double the national average for major metropolitan cities in Canada.
- Low income results in lower standards of living, increased risk of family and social problems along with increased risk of homelessness (Campaign 2000www.campaign2000.ca).

## **Families**

### Composition of Families of First Nations in Ontario

A census family is composed of a **married couple** (with or without children of either or both spouses), a **common-law couple** (with or without children of either or both partners), or a **lone-parent family** living with at least one child in the same dwelling. Children in a census family refer to blood-related children, step-children or adopted children living in the same dwelling as their parent(s), as well as grandchildren in households where no parents are present.

**Table 3. Composition of Families of First Nations in Ontario**

Type of Family	Count (#)
Total census family status	187,640
Spouses	48,785
Common law partners	19,350
Lone Parents	14,450
Children in census families	79,165

**Source: Statistics Canada, 2001 Census, Aboriginal Population Profile**

- The composition of families in Ontario shows that there are 14,450 (18%) First Nations Lone-Parent Families compared to 14% in the Ontario general population.
- The number of lone-parent families among First Nations people increases the level of vulnerability to poverty since the average income of these families is much less than two-parent families.
- Recent data from Statistics Canada show that 33% of Ontario's Aboriginal children under the age of 15 live in low-income lone-parent families.
- The number of Aboriginal children in low-income lone-parent families is related to the fact that Aboriginal workers earn the lowest average income compared to any other group (Second Diagnostic on the Health of First Nations and Inuit People in Canada, 1999).

### **Homelessness**

Aboriginal people appear to be the largest population that is at the greatest risk of becoming homeless in Canada. Risk factors for homelessness include high unemployment, welfare, poverty, substance abuse, mental health problems and abuse, all of which are more common within Aboriginal communities. Many Aboriginal people live under poor housing conditions within the reserve communities, thus leading them to migrate off-reserve to gain employment and education along with better housing conditions. Shelters that serve the homeless population in Canada have reported that approximately 50% of their clients are of Aboriginal origin (Beavis et al, 1997). In Toronto, it was estimated that 15% of all homeless persons are Aboriginal.

### **Housing**

Connections between housing conditions and health status have been previously made. It is very difficult to separate housing, water supply and sanitation factors from other determinants of health such as socioeconomic status and accessibility to health services. In addition to lack of appropriate household amenities, overcrowding also remains to be a problem. Overcrowding may greatly increase the risk of transmitting communicable diseases such as tuberculosis, hepatitis A, and shigellosis. Studies have reported that rates of these diseases are considerably higher in provinces that have high concentrations of Aboriginal people. Overcrowding can also increase the risk for mental health problems, violence and the risk of injuries (First Nations Regional Health Survey, 2002-2003).

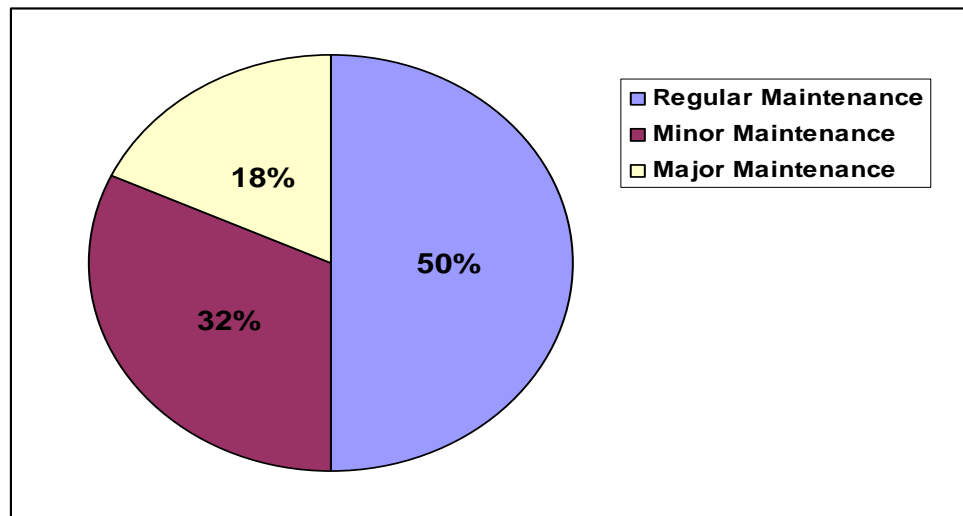
**Table 4. Proportions of First Nations Lacking Household Amenities in Canada Compared to the General Canadian Population**

	<b>First Nations</b>	<b>Canada</b>
Flush toilet	3.3	N/A
Cold running water	3.2	N/A
Hot running water	3.4	N/A
Sewage service	9.2	N/A
Garbage collection	19.2	N/A
Telephone with service	17.1	3.0
Smoke detector	22.1	N/A
Fire extinguisher	48.6	N/A
Computer	52.1	36.1
Connection to Internet	71.1	45.7
Carbon monoxide detector	81.9	N/A

**Source: First Nations Regional Health Survey, 2002-2003**

- First Nations people (17.1%) were five times more likely than Canadians (3.0%) to be without telephone services.
- 52.1% of First Nations people did not have a computer in the home compared to 36% of Canadians.
- Internet service was also less common among First Nations people.

**Figure 9. Proportion of Ontario First Nations Households in Need of Repairs**



**Sources: Statistics Canada, Aboriginal People Survey, 2001**

- 18% of First Nations homes were in need of major repairs such as plumbing repairs, electrical wiring and structural repairs to walls, ceilings and floors.
- 8% of Canadians reported that major repairs were required (First Nations Regional Health Survey, 2002-2003).

## Crowding

Crowding is also a major problem in First Nations communities. When the ratio of the number of people in the household to the number of rooms is greater than one person per room, the home is considered to be crowded. Studies have shown that in 2002, one quarter of First Nations people were living in overcrowded homes, compared to 1% of the general Canadian population. The average number of persons per occupied private dwellings for First Nations people was 4.1 compared to 2.7 for the total Canadian population. In addition, 19% of dwellings on-reserves have more than one person per room compared to 2% of dwellings for Canada (First Nations Regional Health Survey, 2002-2003).

### Policy Implications

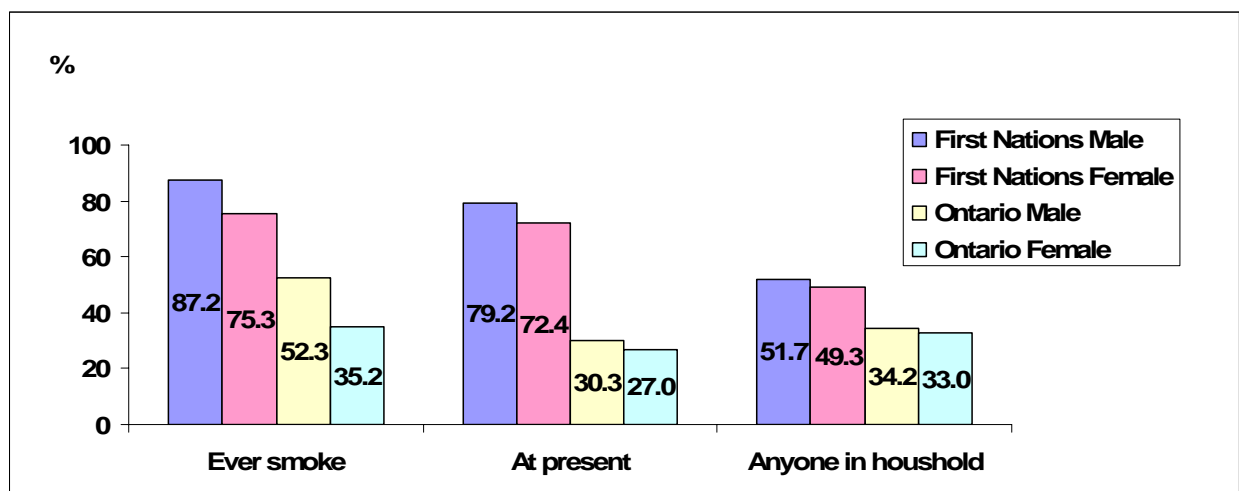
- Given the importance of non-medical determinants of health with regard to the health status of the population, the federal/provincial/municipal departments that deal with social policies must develop a unified approach to developing social policies.

## Lifestyle

### Smoking

Tobacco has a strong positive context in Aboriginal communities, particularly for its cultural, spiritual and medicinal uses. However, smoking also serves a non-traditional use in Aboriginal populations as it does in non-Aboriginal populations.

**Figure 10. Smoking Patterns of Ontario First Nations and General Populations by Sex**

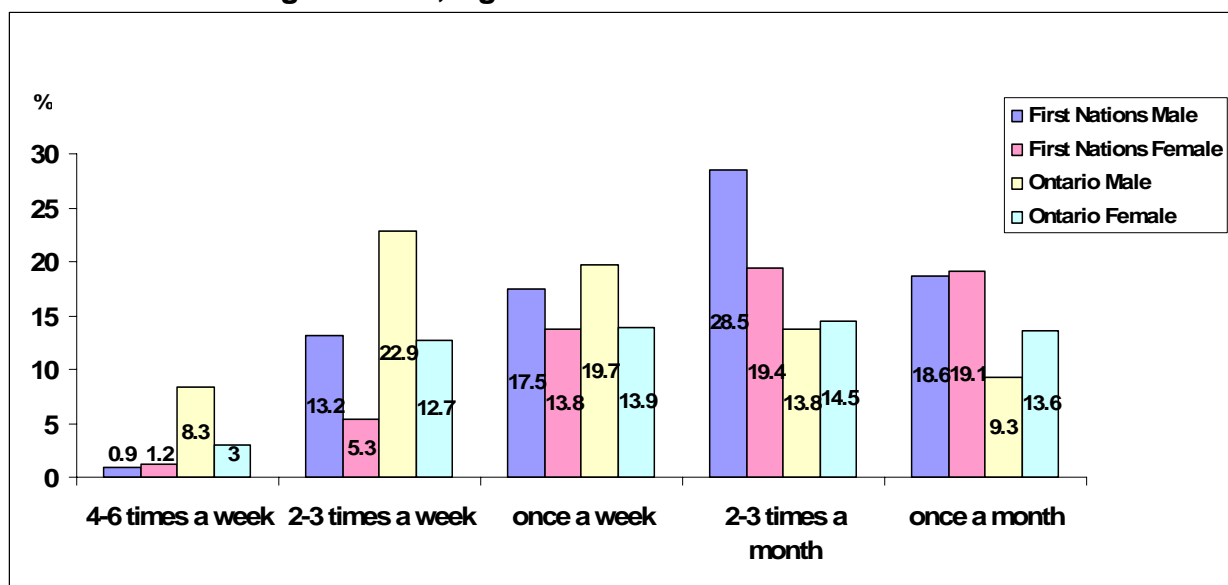


Source: Ontario First Nations Regional Health Survey, 1998

- In 1997, 79% of males and 72% of females aged 20 and over in the First Nations population were smokers, a rate that is nearly twice as high as the general Ontario population.

### Substance Abuse

**Figure 11. A Comparison of Ontario First Nations and General Population Drinking Patterns, Aged 20 Years and Over**



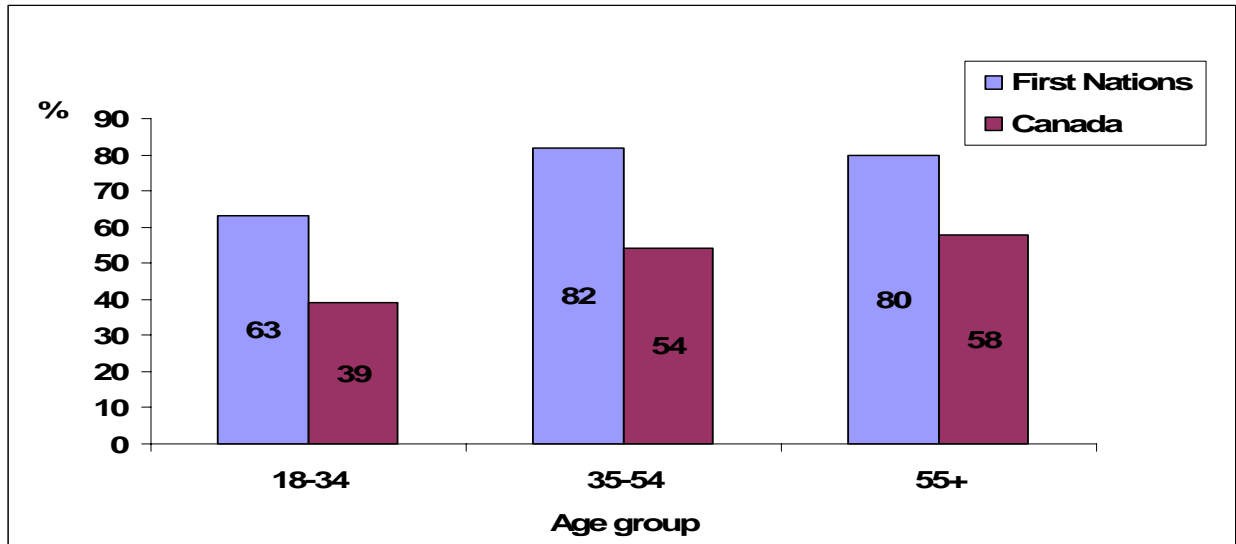
Source: Ontario First Nations Regional Health Survey, 1998

- Alcohol and substance abuse is considered a major problem in Aboriginal communities. Aboriginal youth are two to six times at higher risk for alcohol-related problems in comparison to the general population.
- Studies have shown that Aboriginal men may be more apt to abuse alcohol and Aboriginal women tend to abuse drugs (Scott 1997).

## Overweight and Obesity

Obesity appears to be a major health problem among Aboriginal Canadians.

**Figure 12. Proportion of Overweight or Obese First Nations Population Compared to Total Canadian Population**

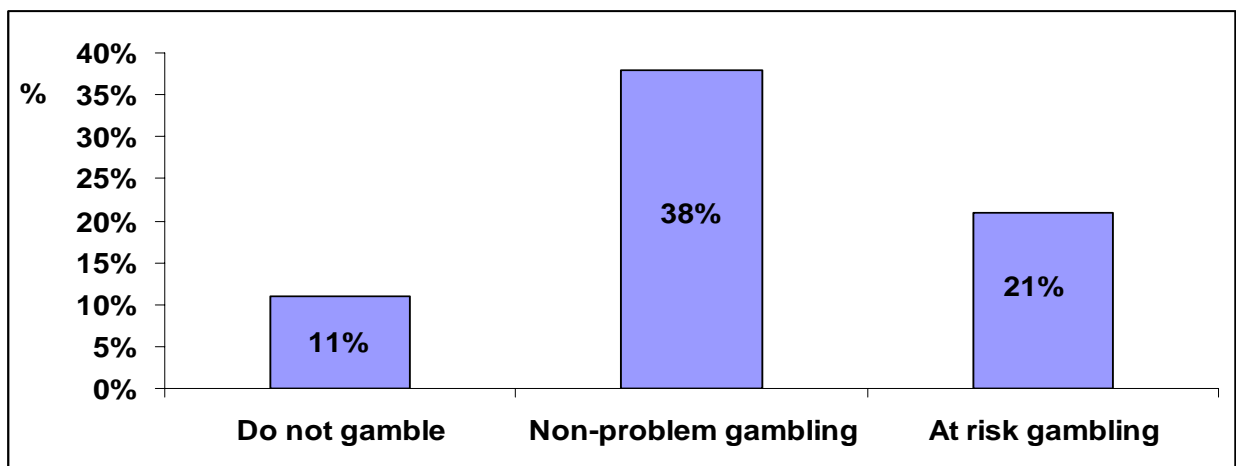


Source: First Nations Regional Health Survey, 2002-2003

- 63% of First Nations individuals between ages 18 and 34 were considered overweight or obese, compared to 39% Canadians aged 18-34.
- Among First Nations people aged 25-54, 82% were considered overweight or obese.

## Gambling

**Figure 13. Prevalence of Gambling Problems among Aboriginal Youth, Canada, 1995**

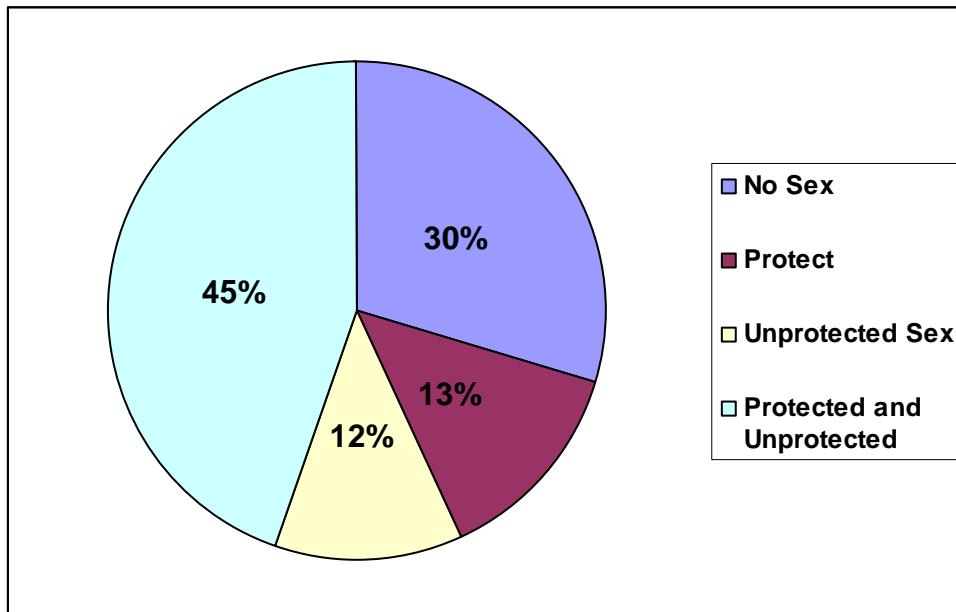


Source: Gambling in Canada, 1996

- Almost 28% of First Nations youths living on-reserve had a problem with gambling compared to 14% within the general Canadian population (National Council on Welfare, 1996).

## Sexual Behaviour

**Figure 14. Sexual Behaviour of First Nations Population in Ontario**



**Source: Ontario First Nations AIDS and Healthy Lifestyle Survey, 1993**

- 44.8% of male and female Aboriginal individuals reported having protected and unprotected sex (which includes at least one occurrence of protected intercourse and at least one occurrence of unprotected intercourse 12 months prior to survey).

### Policy Implications

- There need to be accessible, equitable and culturally sensitive programs and services for the promotion of healthy sexuality.

## Health Status

### Perception of Health

**Figure 15. Perception of Health by Ontario First Nations Versus the Ontario General Population**



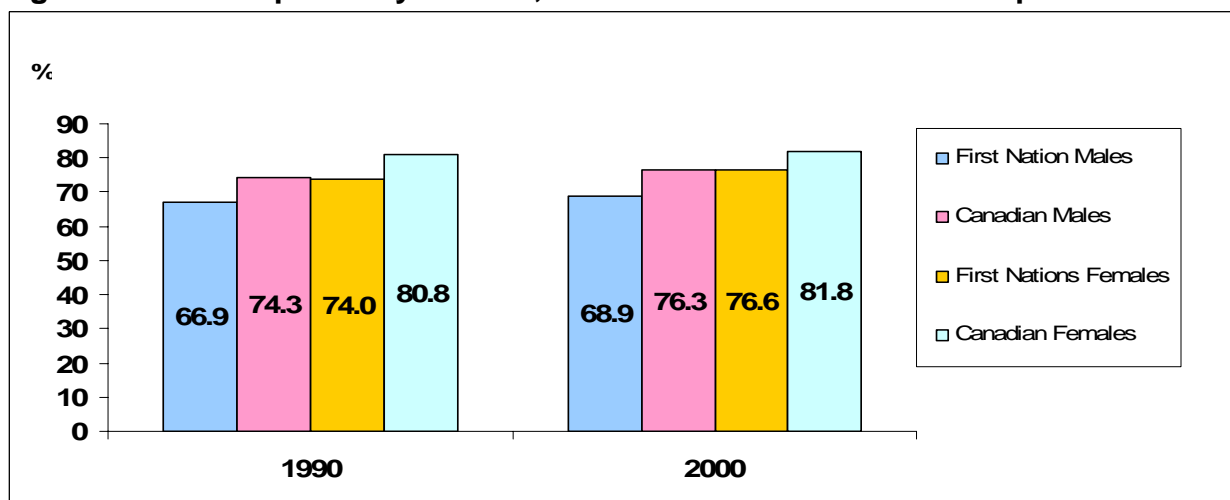
Source: Ontario First Nations Regional Health Survey, 1998

- 78% of the Ontario First Nations population considers their health as between “Excellent and Good” compared to 90% of the non-Aboriginal population.

## Mortality

### Life Expectancy

**Figure 16. Life Expectancy at Birth, First Nations and Canadian Populations**



Source: A Statistical Profile on the Health of First Nations in Canada, 2003

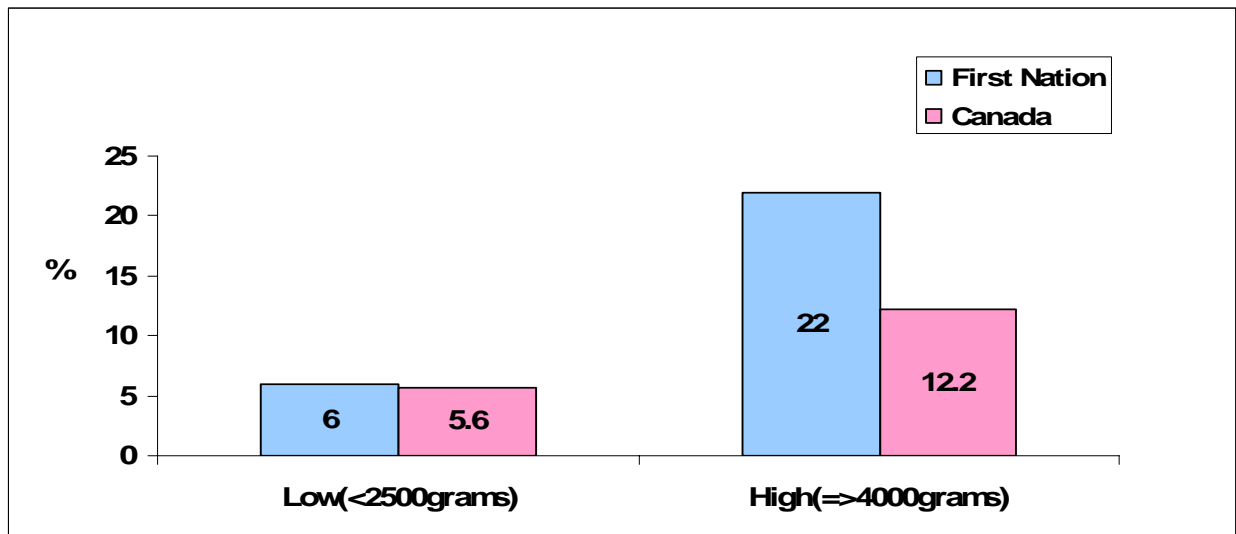
- The life expectancy at birth for the First Nations population was estimated to be 68.9 years for males and 78.6 years for females in 2000.
- In comparison, life expectancy at birth for the general Canadian population was estimated to be 76.3 years for females, and 81.8 for males in 2000.

### Infant Mortality

- In 1999, First Nations infant mortality rate (0-1 years) was 8.0 deaths per 1,000 live births compared to 5.5 deaths per 1,000 live births for Canada.
- In 1999, the leading cause of First Nations infant mortality was sudden infant death syndrome (SIDS) (A Statistical Profile on the Health of First Nations in Canada, 2003).

### Birth Weight

**Figure 17. Low and High Birth Weights as a Percentage of Total Live Births for First Nations and Canadian Populations**

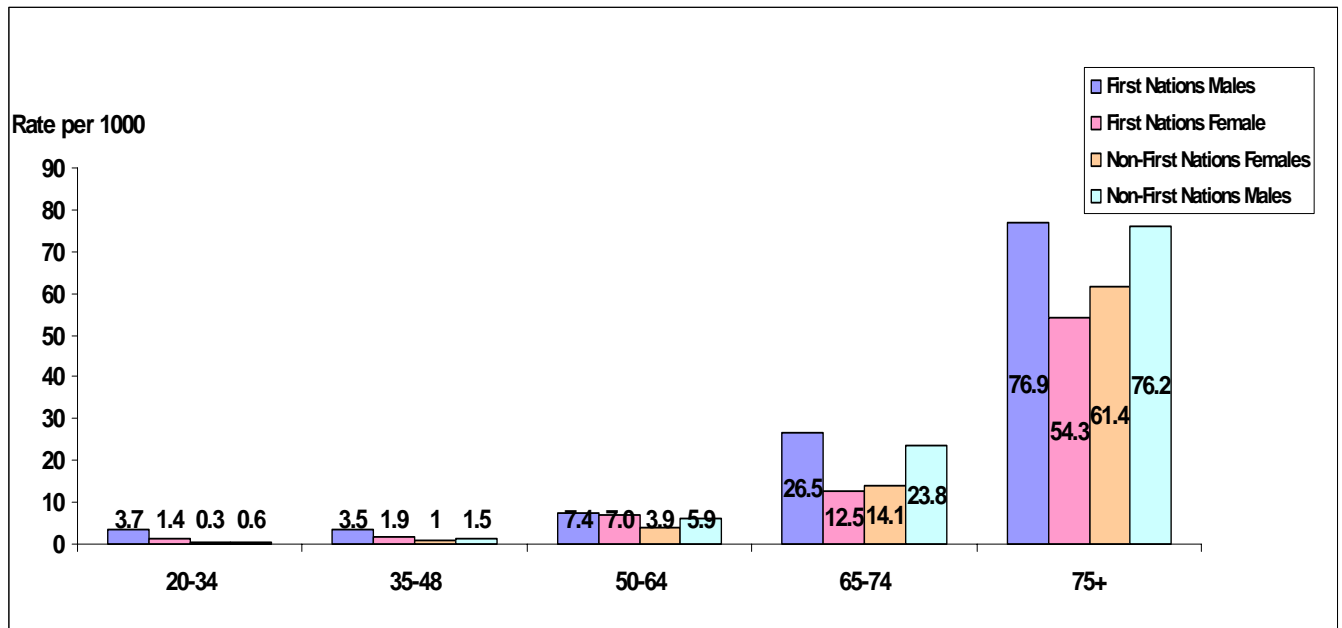


**Source: A Statistical Profile on the Health of First Nations in Canada, 2003**

- Birth weight is considered one of the most important predictors of infant mortality and child well-being and may be influenced by socioeconomic conditions, maternal age, maternal weight, maternal nutrition, smoking, illness during pregnancy, diabetes, etc.
- Both low and high birth weights have been associated with increasing prevalence of diabetes among First Nations people.
- In 1999, 22% of birth weights were classified as high birth weight, which is nearly two times the rate for Canadians between 1992 and 1996. A high birth weight is one of the predictors of the future development of diabetes in the mother.

## Mortality Rates

**Figure 18. Age-Specific Mortality Rates in Ontario First Nations Versus General Populations, 1999**



**Source: Institute of Clinical Evaluative Sciences, Diabetes in Ontario, 2003**

- Mortality rates for First Nations males in Ontario aged 35-49 were nearly four times those of non-First Nations males.
- For the 50-64 and 65-74 age groups, mortality rates for First Nations males and females were nearly two times those of non-First Nations males and females.

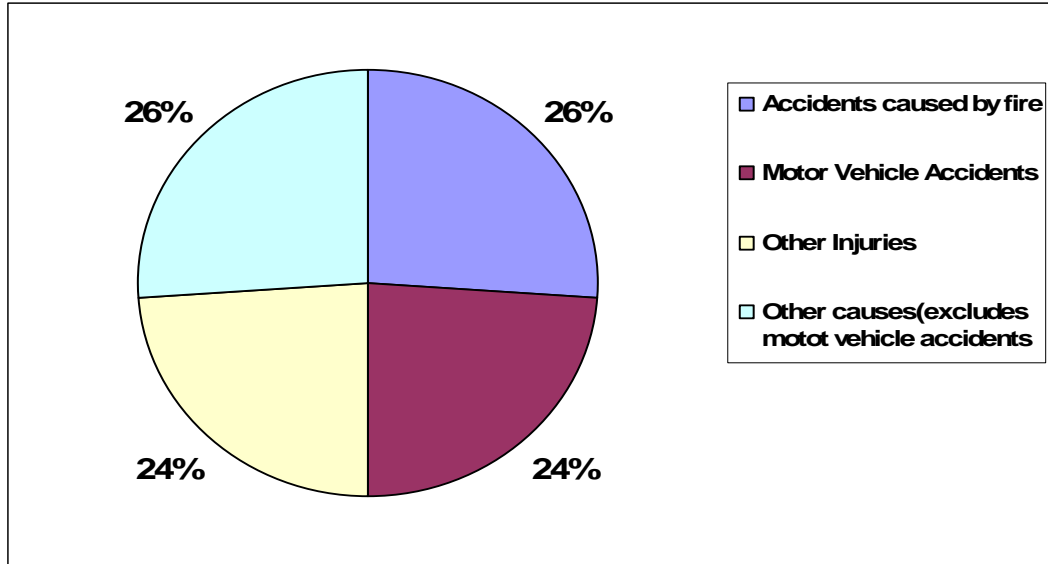
### Overall Mortality: Leading Causes of Death, by Age

The leading causes of death by age group vary but include injury and poisoning, circulatory diseases, cancer and respiratory diseases. In the Aboriginal population, a large proportion of unintentional injuries result from motor vehicle accidents. For children through to adults aged 44, the most common cause of death were injury from accidents and poisoning. Deaths among children were classified as non-intentional. However, in youth and early adults, the causes of injury and poisoning were more commonly intentional: suicide and self-injury accounted for 37% of deaths in youths and 23% of deaths in early adults. In addition, 7% of deaths in early adults aged 20-44 were homicide. Other trends are as follows:

- Motor vehicle accidents were among the leading causes of death in all age groups except those aged 65 and over.
- Circulatory disease, primarily ischemic heart disease, was the most common cause of death in the 45-64 age groups (17%) and 65+ age group (20%).
- Lung cancer accounted for 6% and 7% of all deaths in the 45-64 age group and the 65+ age group respectively.

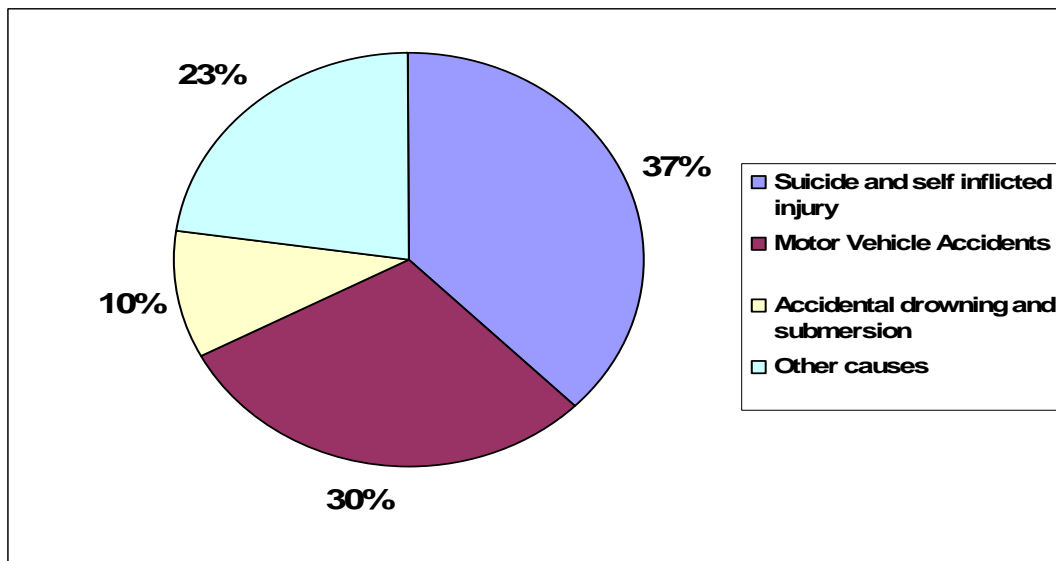
- Other causes of mortality common in the 45-64 age group include diabetes and chronic liver disease/cirrhosis at a rate of 4%.

**Figure 19. Leading Causes of Death in First Nations Population in Canada, Aged 0-9 Years, 1999 (N=34)**



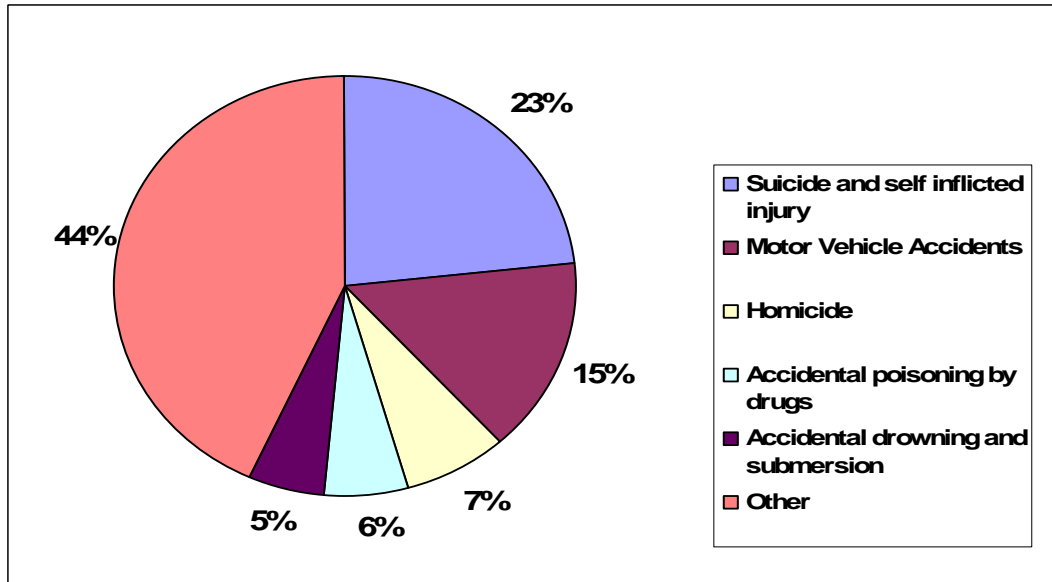
Source: A Statistical Profile on the Health of First Nations in Canada, 2003

**Figure 20. Leading Causes of Death in First Nations Population in Canada, Aged 10-19 Years, 1999 (N=80)**



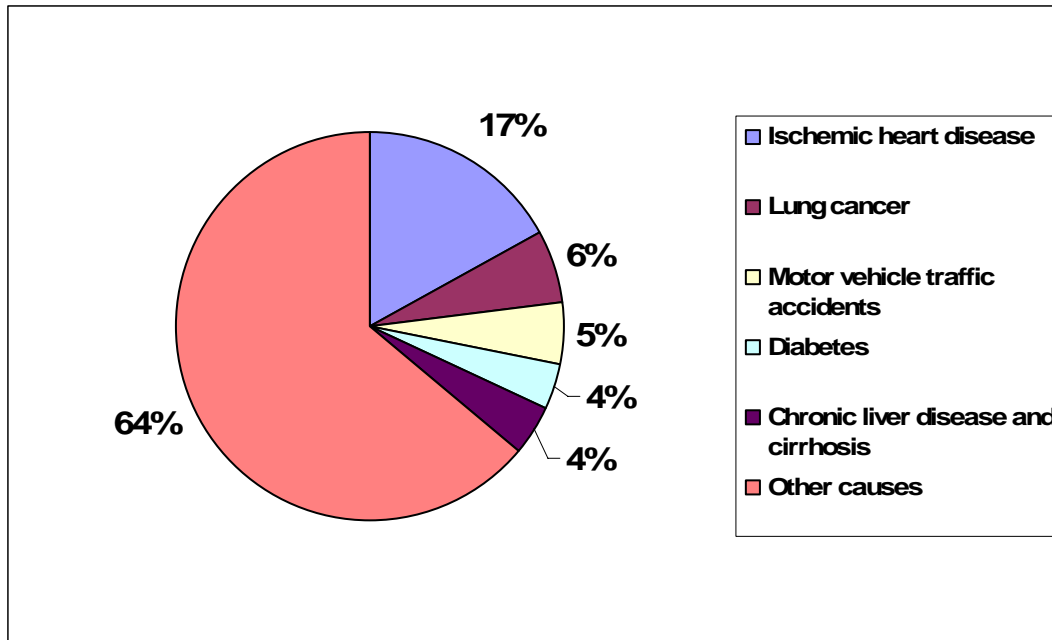
Source: A Statistical Profile on the Health of First Nations in Canada, 2003

**Figure 21. Leading Causes of Death in First Nations Population in Canada, Aged 20-44 Years, 1999 (N=367)**



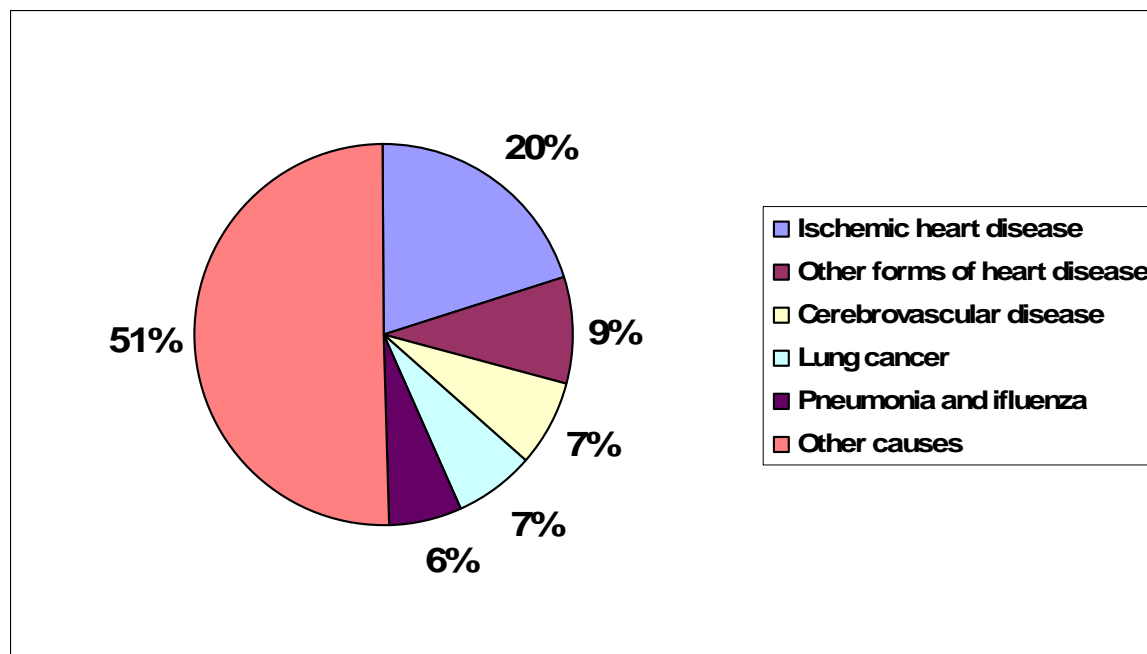
Source: A Statistical Profile on the Health of First Nations in Canada, 2003

**Figure 22. Leading Causes of Death in First Nations Population in Canada, Aged 45-64 Years, 1999 (N=390)**



Source: A Statistical Profile on the Health of First Nations in Canada, 2003

**Figure 23. Leading Causes of Death in First Nations Population in Canada, Aged 65+ Years, 1999, (N=575)**



**Source: A Statistical Profile on the Health of First Nations in Canada, 2003**

### **Potential Years of Life Lost (PYLL)**

Potential Years of Life Lost (PYLL) statistics are used to show the cause of premature mortality. Even though cancer and circulatory diseases are among the leading causes of death, they occur at older ages and result in fewer potential years of life lost. Data show that in 1999, injuries and poisoning were the leading causes of PYLL in the Aboriginal population. Premature deaths due to injuries were up to seven times higher than other causes. However, in 1999 the main causes of PYLL within the Canadian population were cancer and injuries (A Statistical Profile on the Health of First Nations in Canada, 2003, Second Diagnostic on the Health of First Nations and Inuit People in Canada, 1999).

### Policy Implications

- Unintentional and intentional injuries are considered preventable and hence programs targeting the prevention of specific injuries and accidents need to be established.
- As seen in the lifestyle indicators, the Aboriginal population needs programs that deal with lifestyle issues such as smoking and substance abuse, nutrition, physical activity and safer sex practices.

## Morbidity

### Infectious Diseases

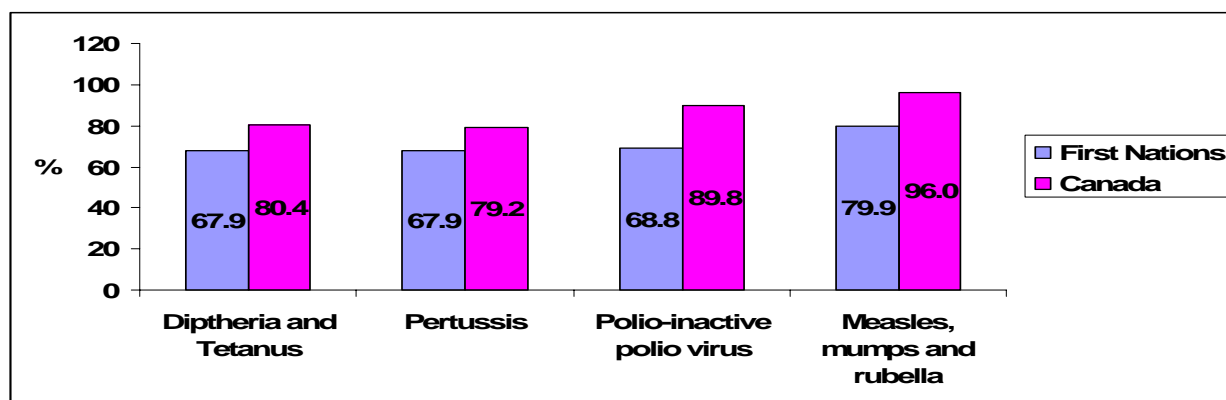
**Table 5. Notifiable Disease Rate per 100,000 for First Nations and Canadian Populations**

Notifiable Disease	First Nations (cases per 100,000)	Canada (cases per 100,000)
<b>Diseases preventable by routine vaccination</b>		
<i>Haemophilus influenzae</i> type b	0	0.1
Measles	0	0.1
Mumps	0.8	0.3
Pertussis	57.6	20.0
Rubella	0.3	0.1
<b>Sexually transmitted and blood borne pathogens</b>		
Genital Chlamydia	947.0	138.2
Hepatitis C	67.9	63.6
<b>Enteric, food and waterborne diseases</b>		
Giardiasis	26.8	17.2
Hepatitis A	15.4	2.9
Shigellosis	69.6	3.6
Verotoxigenic <i>E. coli</i>	0	4.9

**Source: A Statistical Profile on the Health of First Nations in Canada, 2003**

- Rates of mumps, pertussis and rubella were three times higher among Aboriginal people than the overall Canadian rate.
- The notification rate of chlamydia was almost seven times higher than the national rate, while the reported hepatitis C rate was slightly greater.
- Giardiasis, hepatitis A and shigellosis in First Nations people were at a rate several times higher than the Canadian rate.

**Figure 24. Routine Immunization Rate of First Nations On-Reserve and Canadian Children, aged 2 years and over**

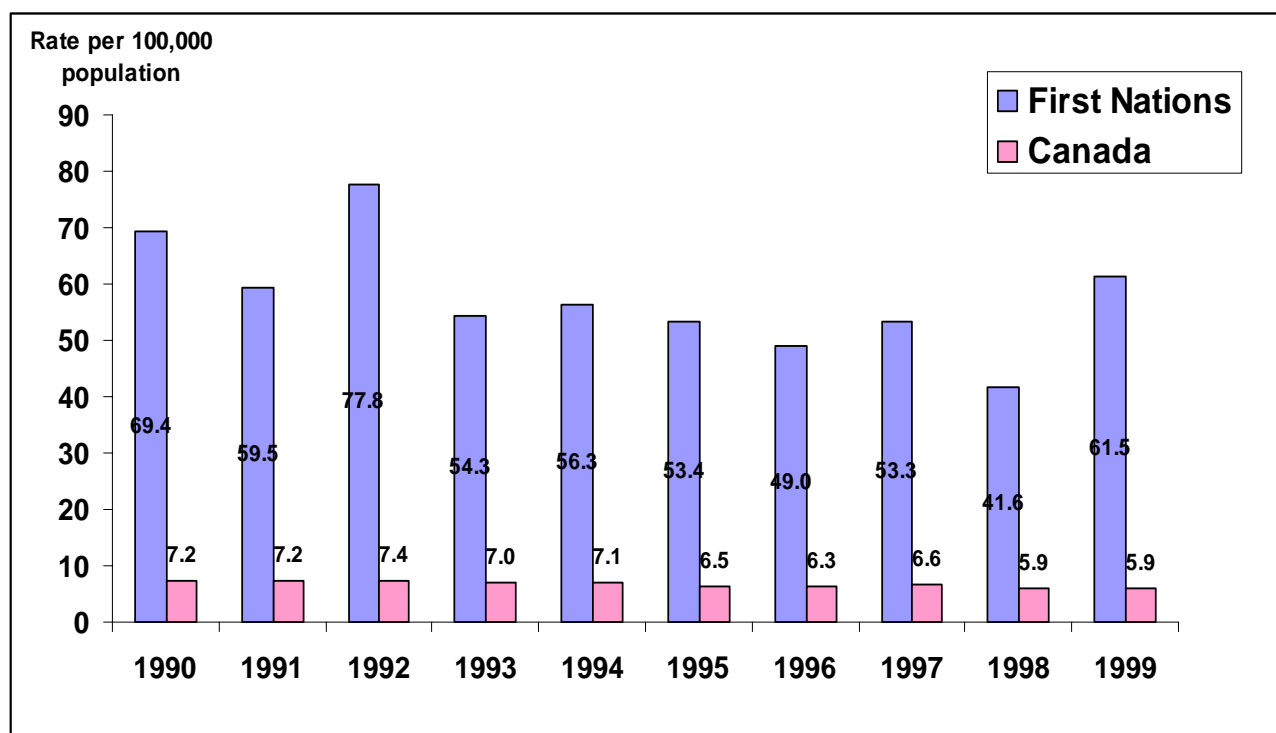


**Source: A Statistical Profile of First Nations in Canada, 2003**

- Coverage rates were lower among First Nations people for all antigens, particularly for measles, mumps and rubella.

## Tuberculosis

**Figure 25. Age-Standardized Tuberculosis Notification Rates, First Nations and Canadian Populations, 1990-1999**

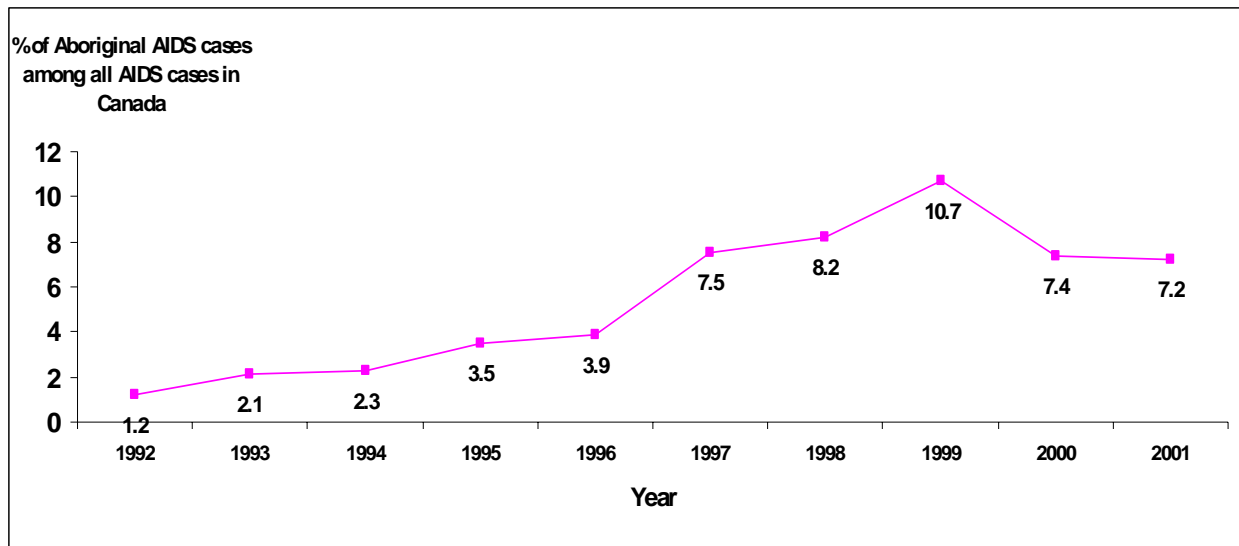


**Source: Statistical Profile of First Nations in Canada, 2003**

- Age-standardized tuberculosis (TB) rates are eight to nine times higher within the First Nations population compared to the Canadian population.
- In 1999, the First Nations rate of 61.5 cases per 100,000 population was about ten times higher than the Canadian population (5.9 cases per 100,000 population).
- There is a higher risk of TB in communities with poor housing conditions and overcrowding.
- Communities with overcrowding are more likely to suffer from risk factors for TB such as substance abuse, poverty along with other medical conditions.

## HIV/AIDS

**Figure 26. Percentage of Aboriginal AIDS Cases Reported in Canada, 1992-2001**



**Source: A Statistical Profile on the Health of First Nations in Canada, 2003**

- While the trend in the reported number of AIDS cases has declined within the general population since 1994, the annual number of Aboriginal AIDS cases has increased dramatically.
- By the end of 1996, 7.2% of AIDS cases in Canada were in Aboriginal people, which increased to 10.7% in 1999.

### Policy Implications

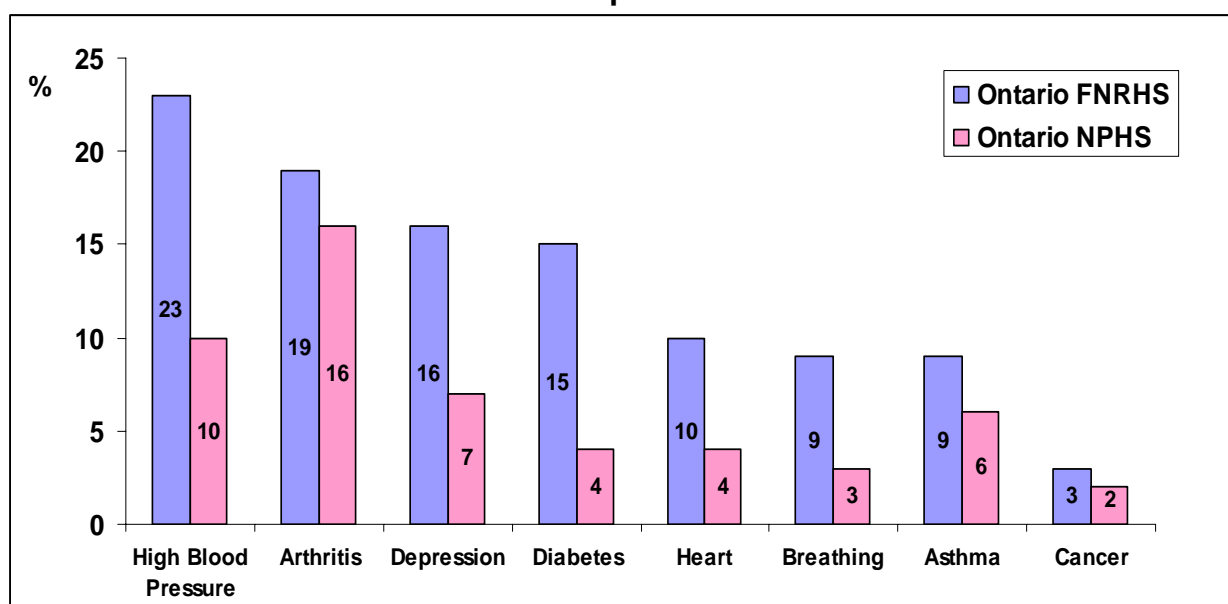
- Many of the infectious diseases are preventable with increased vaccination coverage and hence there needs to be constant vigilance on childhood vaccination programs for First Nations people.
- Many of these infectious diseases are also related to crowded housing conditions, poor hygiene and poor water and sanitation practices. The health sector should advocate for the improved housing condition for all Aboriginal populations.
- While mortality from AIDS is high, in recent years with the advent of therapy, AIDS has become a chronic disease. Hence infrastructure for caring for chronic cases of AIDS need to be developed on First Nations Communities along with culturally sensitive services in urban communities.

## Chronic Health Conditions

There are five most frequent chronic health conditions (diabetes, cancer, heart disease, hypertension and arthritis). Data from the Ontario First Nations Health Survey compared with the 1994 National Population Health Survey show that the prevalence of all five conditions among First Nations people exceeds that of all Canadians in all major age-sex groups. Chronic diseases are associated with considerable disability in terms of activity limitations.

## Self-reported Chronic Health Conditions

**Figure 27. Comparison of Self-Reported Chronic Health Conditions in Ontario by First Nations and General Populations**



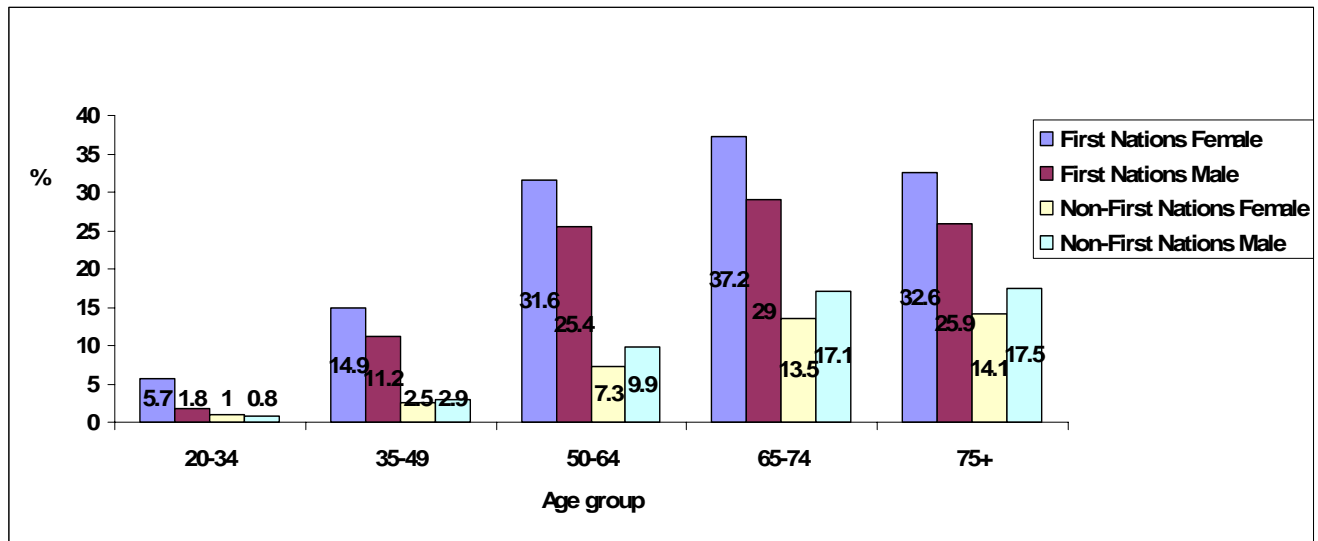
**Source: Ontario First Nations Regional Health Survey, 1998**

- The prevalence of self-reported chronic conditions in Ontario First Nations people is higher than in the general population for all age groups and both genders.
- Although the self-reported prevalence of cancer was low compared to other chronic conditions, there has been an increase in cancer in Aboriginal people over the years.
- A greater percentage of Ontario First Nations people suffer from a number of chronic health conditions compared to the non-Aboriginal population in Ontario.

## Diabetes

Diabetes is particularly problematic in the First Nations population, where it tends to be mainly of the non-insulin dependent type. The age at onset is younger and complications, such as end-stage renal disease and cardiovascular risks, are more frequent and appear to develop faster in Aboriginal people. The Sandy Lake First Nations community in northwestern Ontario has a diabetes rate of 26%, the third highest rate in the world and four to five times the national average.

**Figure 28. Prevalence of Diabetes in Ontario First Nations and Non-First Nations People in Ontario, 1998**



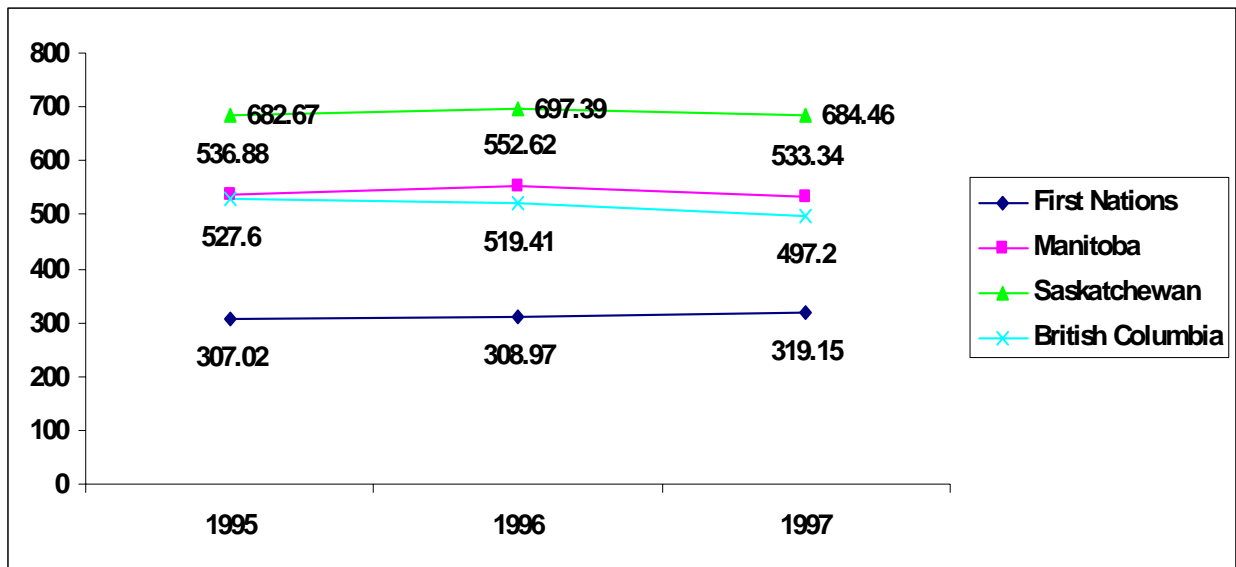
**Source: Institute of Clinical Evaluative Sciences, Diabetes in Ontario, 2003**

- The prevalence of diabetes in First Nations people was nearly three times higher than among non-First Nations people and was particularly higher among women and young people.

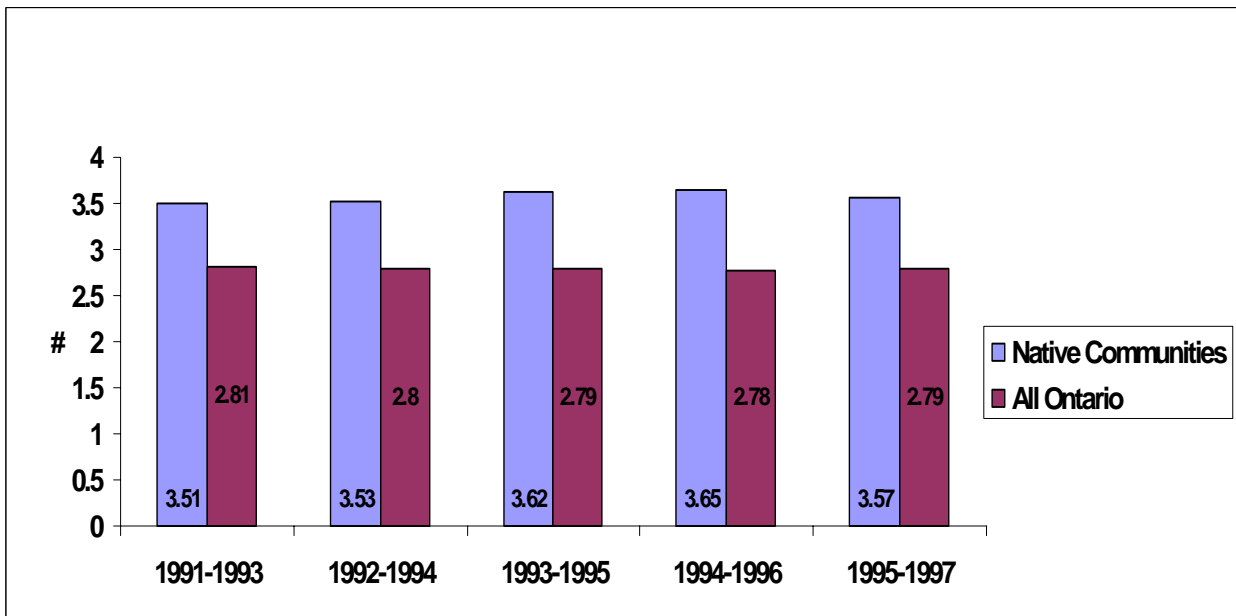
## Cardiovascular Disease

The prevalence of ischemic heart disease has increased within Aboriginal communities in Ontario and rates have doubled those of Ontario, where rates have been either stable or have been declining. Historical evidence suggests that Aboriginal populations (both Inuit and Indian) in Canada formerly experienced a much lower cardiovascular disease mortality rate than the non-Aboriginal population. Yet, during recent decades, Aboriginal men have experienced death rates for ischemic heart disease similar to that of non-Aboriginal men. Aboriginal women experience higher mortality rates than the general Canadian female population for both ischemic heart disease and stroke.

**Figure 29. Hospital Separations for Ischemic Heart Disease of First Nations Compared with Manitoba, Saskatchewan and British Columbia Populations, 1995-1997**



**Figure 30. Average Number of Ischemic Heart Disease Events per Person per Three-Year Period in Ontario's First Nations Population Versus Total Population in Ontario**



Source: A Statistical Profile on the Health of First Nations in Canada, 2003  
 Source: (Shah B, 2000)

The high prevalence of ischemic heart disease (IHD) may be explained in part by an increasing number of IHD risk factors within the Aboriginal population: age, diabetes, smoking, hypertension, obesity, increased level of serum cholesterol. However, during the past decade, the differences between Aboriginal and non-Aboriginal women has noticeably decreased. Whether these slighter differences reflect the general trend among Canadians overall rate or are the result of programs aimed specifically at Aboriginal groups, still remains unclear.

- Hospitalization rates for IHD in First Nations people appear to be half the rates of British Columbia and Manitoba, although rates for IHD within First Nations people have increased between 1995 and 1997.
- The average number of IHD events per person within the Aboriginal communities of Ontario is nearly twice the number of IHD events compared to the general population.

## **Cancer**

Cancer is an important health problem because of its impact on the quality of life of those who suffer from it. Tobacco, dietary factors, infectious agents, reproductive and sexual factors, occupation, alcohol and drugs are all risk factors for various types of cancers. Time-trend data have shown that there has been an increase in cancers in both sexes in the First Nations population.

### *Breast Cancer*

- Breast cancer incidence within the Ontario First Nations population is one half the rate of the total Ontario population. In 2000 the rate of breast cancer in the general population was 112.7 per 100,000 compared to 65.8 per 100,000 within the First Nations population.
- However between 1972 and 1995, the rate of breast cancer among Ontario First Nations people has increased from 37.2 per 100, 000 to 65.8 per 100,000.

### *Cervical Cancer*

- Cervical cancer incidence within both the Ontario First Nations population and the general population has been on the decline. Rates declined from 33.4 per 100,000 in 1972 to 11.3 per 100,000 in 2000 within the First Nations population and from 24.5 per 100,000 in 1972 to 10.3 per 100,000 within the Ontario general population.
- In 1988, the First Nations cervical cancer incidence was approximately double the rate of the Ontario general population; however, as of 1995 these rates have become comparable to one another.

### *Prostate Cancer*

- Prostate cancer incidence within the Ontario First Nations population has been increasing since 1988 from 16.3 per 100,000 to 60.4 per 100,000 in 1994; however these rates have always been lesser than the general population.
- As of 1995, the incidence of prostate cancer in the Ontario First Nations population is one half (61.0 per 100,000) that of the general population (118.0 per 100,000).

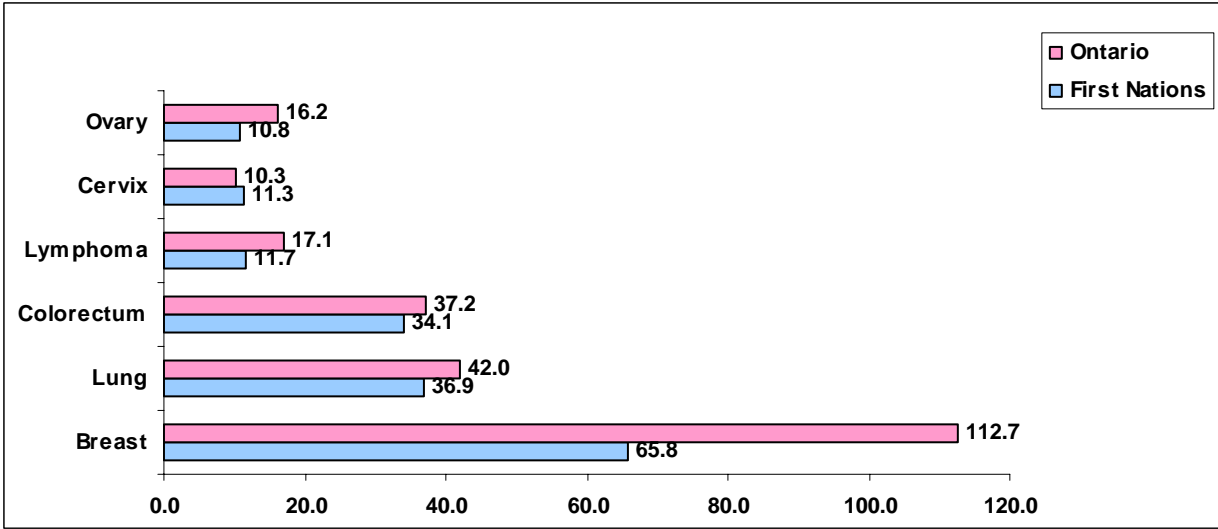
*Colorectal Cancer*

- Colorectal cancer incidence in the Ontario First Nations population has been increasing in both males and females. Rates have increased from 17.5 per 100,000 in 1972 to 64.4 per 100,000 in 1995 in First Nations males. Similarly, rates have increased from 6.6 per 100,000 in 1972 in First Nations females to 34.1 per 100,000 in First Nations females in 1995.
- As of 1995 the colorectal cancer incidence in First Nations males (64.4 per 100,000) is higher than that of males within the general population (55.1 per 100,000). While as of 1995 the colorectal cancer incidence for First Nations females (34.1 per 100,000) have approached rates similar to females within the general population (37.2 per 100,000).

*Lung Cancer*

- Lung cancer incidence has increased more than two-fold since 1980 within the First Nations population in both males and females. Rates have increased from 28.2 per 100,000 in 1972 to 57.8 per 100,000 in 1995 in First Nations males. Similarly, rates have increased from 10.3 per 100,000 in 1972 in First Nations females to 36.9 per 100,000 in First Nations females in 1995. However, rates of lung cancer incidence appear to be higher in First Nations males compared to First Nations females.
- Over time, colorectal cancer incidence rates for First Nations females and males have become comparatively similar to those of females and males from the general population.

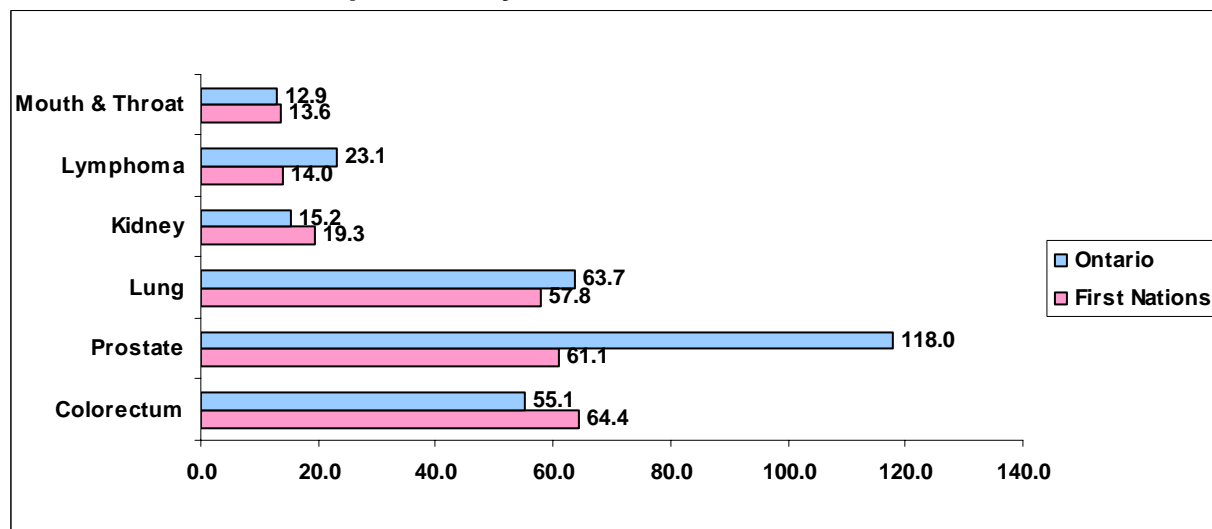
**Figure 31. Incidence of Common Cancers in Ontario First Nations Population Versus Total Population in Females, 1974-2001**



Source: Marrett L, Cancer Care, Ontario

- The most common cancers in First Nations females are breast cancer, colorectal cancer and lung cancer.

**Figure 32. Incidence of All Common Cancers in Ontario First Nations Population vs. Total Population by Males, 1974-2001**



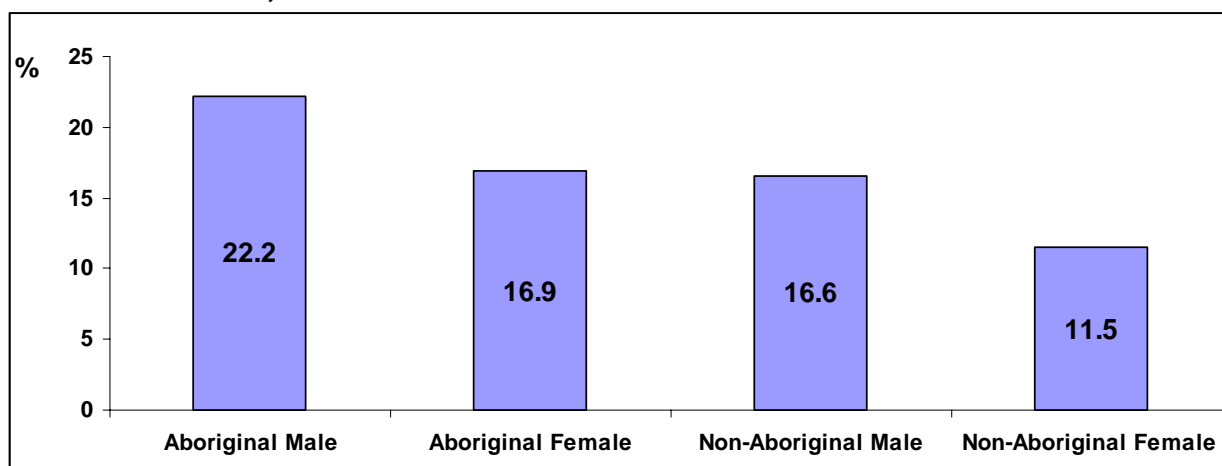
Source: Marrett L, Cancer Care, Ontario

- The most common cancers in First Nations males are colorectal cancer, lung cancer and prostate cancer.

### Non-Fatal Injuries

Injuries are the leading cause of death of Aboriginal people aged 1 to 44, as well as a major component of disability in Canada. The burden of unintentional injuries on Aboriginal communities in terms of death, hospitalizations and health care use is much greater than for many other health problems.

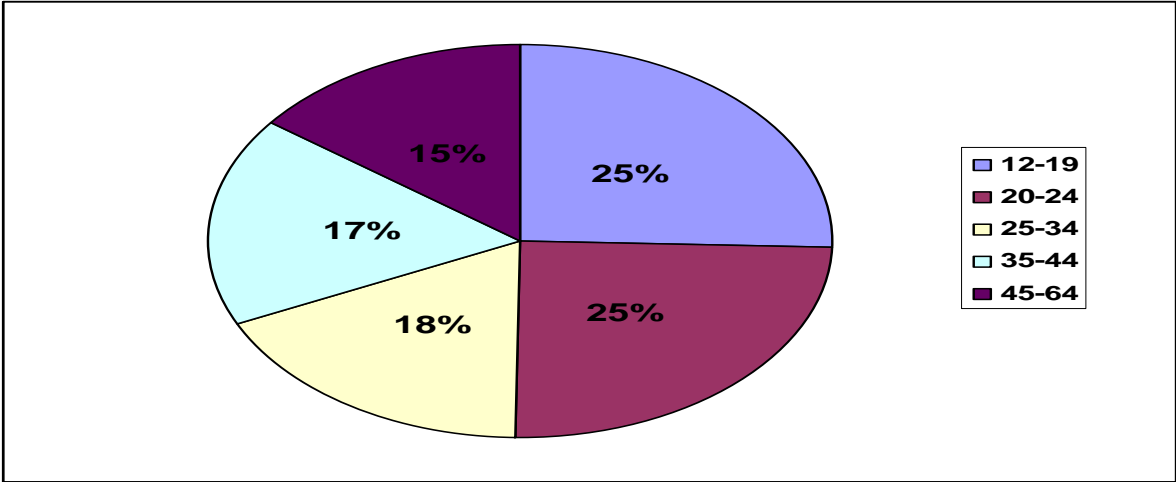
**Figure 33. Percentage of Off-Reserve Aboriginal and Non-Aboriginal People Reporting a Serious Injury in the Past Year, By Sex and Aboriginal Status, 2000/01-2003 Combined**



Source: Statistics Canada, Non-Fatal injuries among Aboriginal Canadians, 2005

- Aboriginal males were more likely to have a greater risk of non-fatal injuries compared to females (22.2% vs. 16.9%).
- This rate maybe due to the fact that males are more likely to participate in high-risk activities such as sports.
- Injury rates for both Aboriginal males and females were higher than non-Aboriginal males and females.

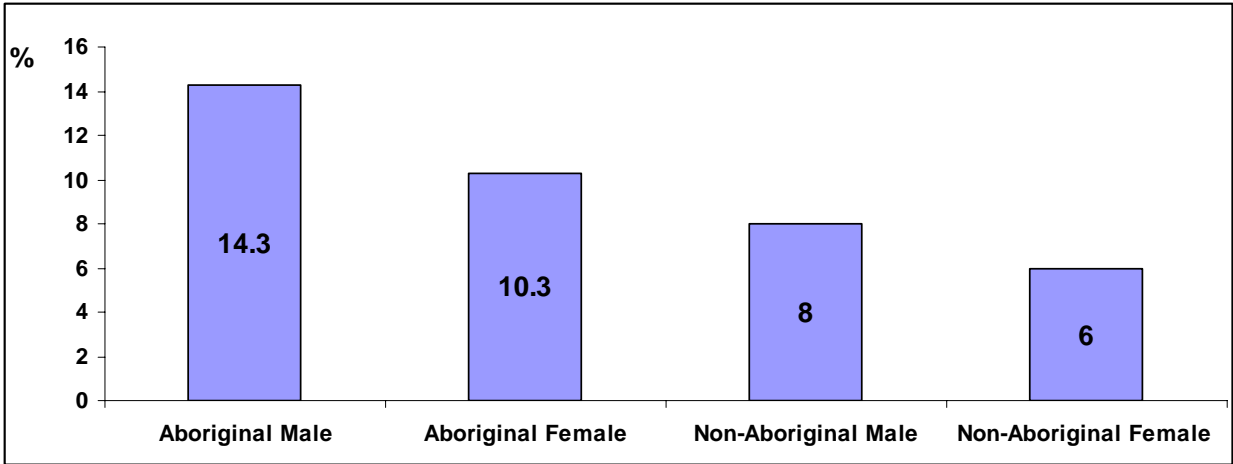
**Figure 34. Percentage of Off-Reserve Aboriginals Reporting Serious Injuries in the Past Year by Age Group, 2000/01-2003 Combined**



**Source: Statistics Canada, Non-Fatal Injuries among Aboriginal Canadians, 2005**

- 26% of Aboriginal people aged 12-19 years and 25% aged 20-24 years reported a serious injury in the past year compared to 15% aged 45-64 years.

**Figure 35. Percentage of Off-Reserve Aboriginal and Non-Aboriginal People Reporting Activity-Limiting Injuries, By Sex and Aboriginal Identity, 2000/01-2003 Combined**

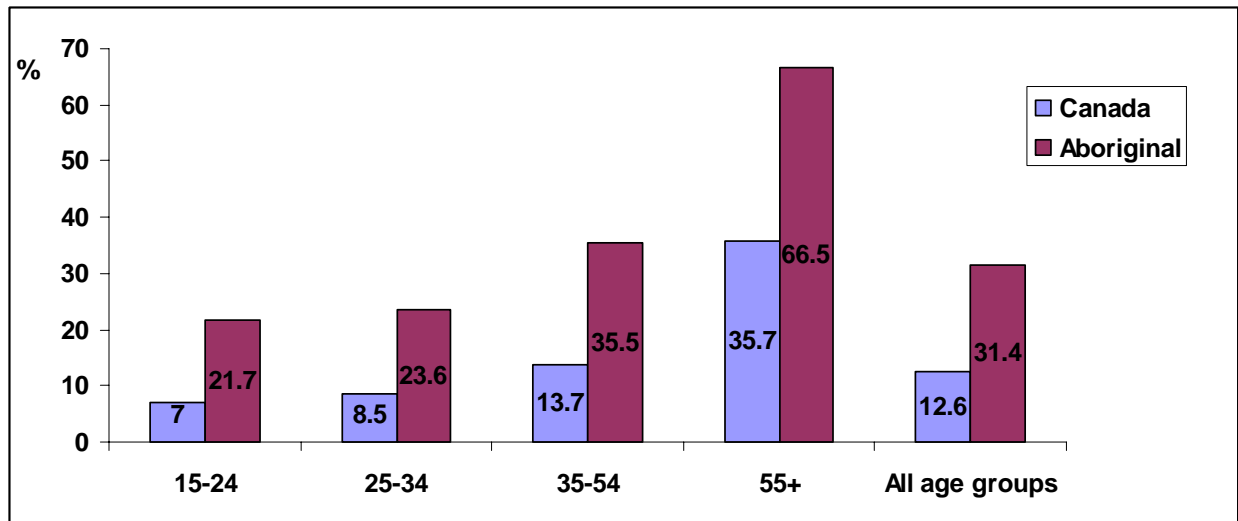


**Source: Statistics Canada, Non-fatal Injuries among Aboriginal Canadians, 2005**

- Injuries that limited activities were more common among males (14.3%) than females (10.3%).
- More Aboriginal males and females reported an injury that limited activity than non-Aboriginal males and females.

## Disability

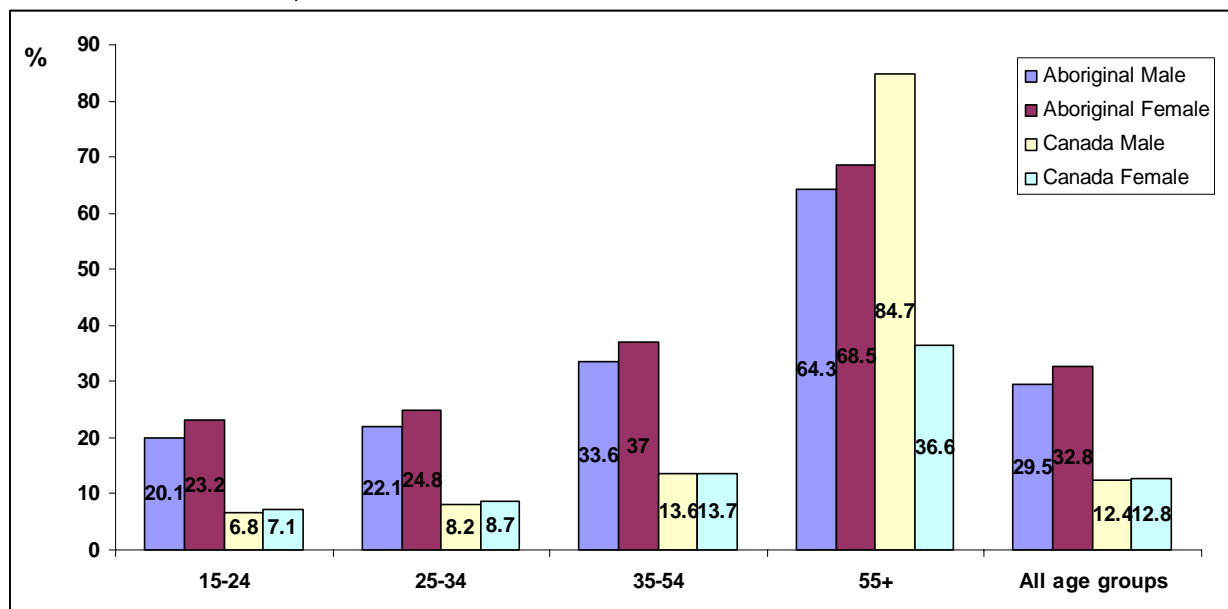
**Figure 36. Disability Rates in Aboriginal Population and Total Population by Age Groups, Canada, 1991**



**Source: Statistics Canada, Aboriginal Peoples Survey, 1991**

- Disability rates among adults were high for Aboriginal people compared to the total Canadian population.
- 31% of Aboriginal adults reported at least some disability compared to 13% of Canadians.
- For all age groups, Aboriginal disability rates were also much higher than the general Canadian population.
- For groups aged 15-24 years the difference was larger: Aboriginal youth had a disability rate of 22% compared to the disability rate of 3% for Canadian youth.

**Figure 37. Disability Rates in Aboriginal and Total Canadian Population by Age and Sex, Canada**



**Source: Statistics Canada, Aboriginal Peoples Survey, 1991**

- The age-standardized disability rate for Aboriginal women (33%) is somewhat greater than for Aboriginal men (30%).
- This pattern is similar for all age groups. By contrast the disability rate for Canadian females and males was nearly the same.

### Policy Implications

- **Prevention of Chronic Disease:** Strategies and programs are needed to educate First Nations populations to modify their health-related behaviour, particularly behaviour related to physical activity, nutrition, obesity, smoking and substance abuse, prevention of infectious disease. Programs are also required to promote early detection and comprehensive care in order to reduce the incidence and prevalence of all chronic diseases, including cancer and related diseases.
- The Aboriginal Health Strategy should make certain that strategies and programs dealing with chronic diseases and cancer do not overlook the Aboriginal population.
- Special programs are needed for the prevention and early detection of fetal alcohol syndrome.
- Aboriginal populations will face increasing complications of diabetes such as chronic renal failure, blindness and amputation. Policies and infrastructure need to be developed for optimum control of diabetes. Infrastructures are will be needed for renal dialysis and care for the disabled.

## Mental Health

**Table 6: One- year Prevalence of Mental Disorders Among Canadians and Aboriginals in Ontario Aged 15 Years and Older, 2002**

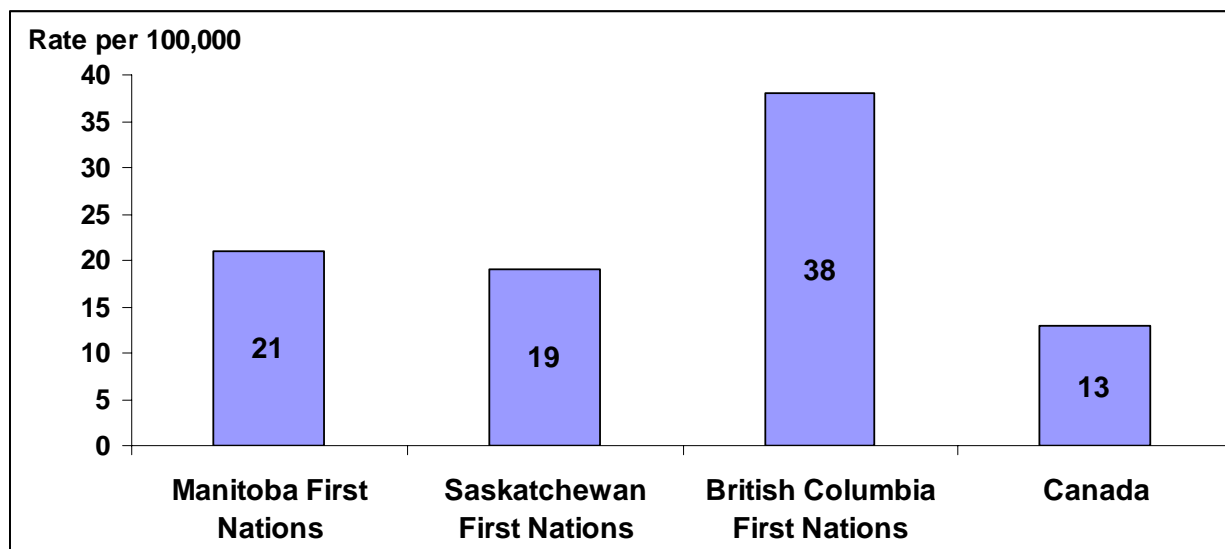
	Total		Total Aboriginals in Ontario*	
	Number (000's) in Canadian Population	Rate (%)	Projected Number	Projected Number by 1.5 times
Unipolar Depression	1,120	4.5	5,970	8,955
Bipolar Depression	190	0.8	1,061	1,592
<b>Any Mood</b>	<b>1,210</b>	<b>4.9</b>	<b>6,500</b>	<b>9,751</b>
Panic Disorder	400	1.6	2,123	3,184
Agoraphobia	180	0.7	929	1,393
Social Phobia	750	3.0	3,980	5,970
<b>Any Anxiety</b>	<b>1,180</b>	<b>4.7</b>	<b>6,235</b>	<b>9,353</b>
Alcohol Dependence	640	2.6	3,339	5,174
Illicit Drug Dependence	170	0.7	929	1,393
<b>Any Substance Use</b>	<b>740</b>	<b>3.0</b>	<b>3,980</b>	<b>5,970</b>
<b>Total – Any Disorder</b>	<b>2,600</b>	<b>10.4</b>	<b>13,798</b>	<b>20,697</b>

**Source: Statistics Canada, “Canadian Community Health Survey: Mental Health and Well-Being”, The Daily, 3 September 2003.**

*\*Ontario Population estimated to be around 188,315; Statistics Canada, 2001 of which 132,670 persons were ages 15 years and over.*

- From projected estimates there are approximately 20,697 Aboriginal people who suffer from depression and anxiety disorder, and substance abuse.
- Many of these individuals have dual diagnoses.
- These estimates may not include all the mental health effects suffered from colonization and residential schools. (Refer to Residential Schools Section below)

**Figure 38. Age-Standardized Suicide Rates in Manitoba, Saskatchewan and British Columbia among First Nations and Canadian Populations, 1996-1997**



**Source: Second Diagnostic on the Health of First Nations and Inuit People in Canada, 1999**

- The suicide rate among Aboriginal people of all ages is three to four times greater than among the non-Aboriginal population.
- Data from Eastern Canada, the Prairies and British Columbia show that First Nations and Inuit people had a suicide rate in 1997 that was almost three times higher than the 1996 rate for the total Canadian population.
- The suicide rate is 3.3 times greater for First Nations people, 3.9 times higher for the Inuit.
- For Aboriginal youth between the ages of 10 and 19 years the rate is five to six times greater than their non-Aboriginal counterparts (Second Diagnostic on the Health of First Nations and Inuit People in Canada, 1999).
- Young men were the most common population to commit suicide.

### **Family Violence**

- Studies have shown that at least 75% of Aboriginal women have been victims of family violence. Up to 40% of children in Northern Native communities have been physically abused by a family member (National Clearinghouse on Family Violence, 1997).
- Among children in the general population, less than 25% have reported physical assaults or violent crimes.
- The Ontario Native Women's Association has reported that 80% of respondents from a survey have indicated personal experience of family violence, which is eight times the estimated rate for Canadian women as a whole.

- A 1999 Statistics Canada survey found that 25% of Aboriginal women and 13% of Aboriginal men reported experiencing violence from a current or previous partner over the past five years, compared to 8% of Canadian women and 7% of Canadian men within the general population. Almost 49% have been beaten, choked, threatened with a gun or knife or sexually assaulted.
- 37% of Aboriginal women and 30% of Aboriginal men reported experiencing emotional abuse such as insults and jealousy.
- 57% of women who experienced abuse indicated that their children witnessed the violence (Aboriginal Domestic Violence in Canada, 2003).

## **Residential Schools**

Residential schools have had a negative impact on families and Aboriginal communities. Physical, psychological, spiritual and sexual abuse was experienced within these schools.

- Nearly 39% of the elderly respondents to the First Nations and Inuit Regional Health Survey had attended residential school for a duration of anywhere between 1 to 15 years.
- No differences were found with regard to the prevalence of chronic disease between those who had attended residential school and those who had not.
- Of those who attended residential school, nearly 50% have indicated that their health and well-being were negatively affected.
- Among those who attended residential schools, older adults were more likely to report negative effects.
- When individuals were asked about what contributed to the negative impact of residential schools, isolation from family along with verbal and emotional abuse were mentioned by 80% of respondents.
- Over 70% said that they had witnessed abuse, loss of language, lack of cultural identity and separation from their community (First Nations Regional Health Survey, 2002-2003, Second Diagnostic on the Health of First Nations and Inuit People in Canada, 1999).

### Policy Implications

- There needs to be a comprehensive mental health strategy that deals with mental health promotion and the prevention and treatment of mental health illnesses and addiction.
- This strategy should integrate traditional healing practices with mainstream health practices, provide equitable access to specialized mental health services and develop culturally sensitive programs such as ceremonies and sweat lodge activities delivered by Aboriginal mental health workers.

## **Health Service Utilization**

**Table 7. Percentage of Utilization of Health care Services by Ontario Aboriginal People vs. Total Ontario Population For Those Aged 20 Years and Over**

<b>Type of Health Care Provider</b>	<b>Ontario First Nations</b>	<b>NPHS Ontario</b>
Been a patient overnight	14.8	10.1
General practioner	67.1	81.7
Eye specialist	45	38.4
Other medical doctor	24.4	28
Nurse	30.4	7.4
Dentist	47.5	61.4
Traditional Healer	18.7	
Chiropractor		10.3
Physiotherapist	8.5	7.1
Social Worker	15.7	5.4
Psychologist	4	1.8
Speech, audiology	2.3	1.5
Alternative health care provider	19.2	3.6

**Source: Ontario First Nations Regional Health Survey, 1998**

- Results from the Ontario First Nations Regional Health Survey show that 50.2% of First Nations in Ontario believe that they do not receive the same level of health care services as the general Canadian population.
- Only 67% use a health care practitioner compared to 82% of the general population.
- In general, First Nations people have very limited access to specialized services such as physiotherapists, eye specialists and dentists.

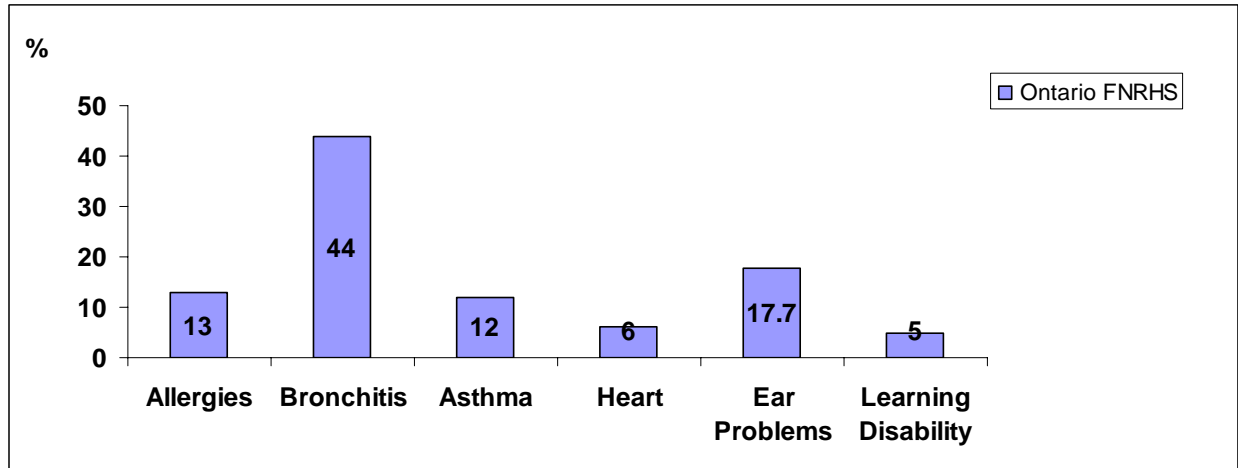
### **Policy Implications**

- Federal and provincial governments need to ensure that there are equitable, accessible and culturally sensitive services provided to the Aboriginal population including services of traditional healers.

## Aboriginal Children

### General Health

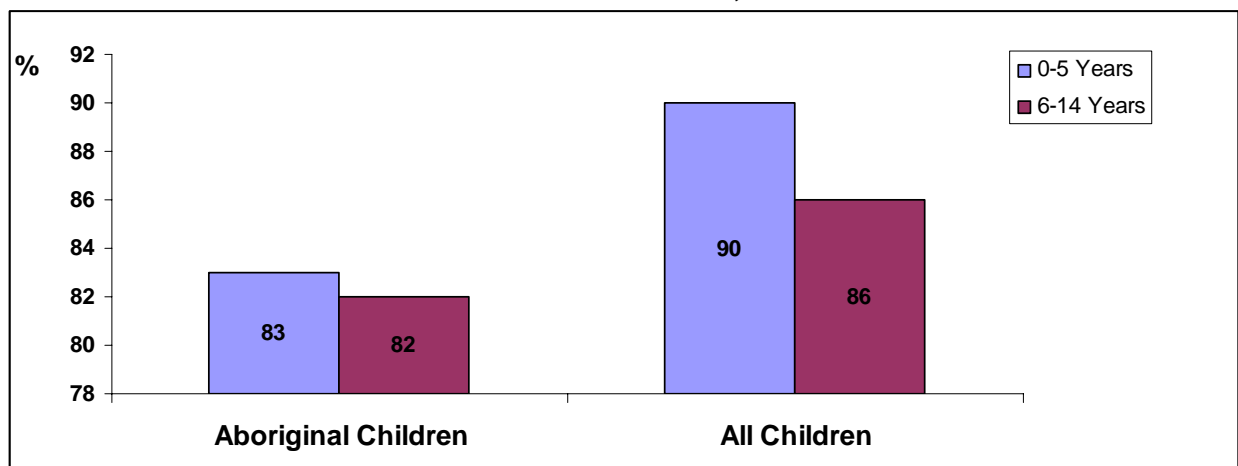
**Figure 39. Common Health Conditions Reported among First Nations Children in Ontario, 0-11 Years of Age**



Source: Ontario First Nations Regional Health Survey, 1998

- About 13% of parents reported that their children between the ages of 4 and 11 years have experienced allergies.
- Bronchitis (44%) was most commonly experienced by First Nations children in Ontario.
- 12% of parents reported having a child with asthma and 17.7% identified having a child with ear infections.

**Figure 40. Parent-Rating of Excellent or Very Good Health of Aboriginal Children Versus Canadian Children, 2001**

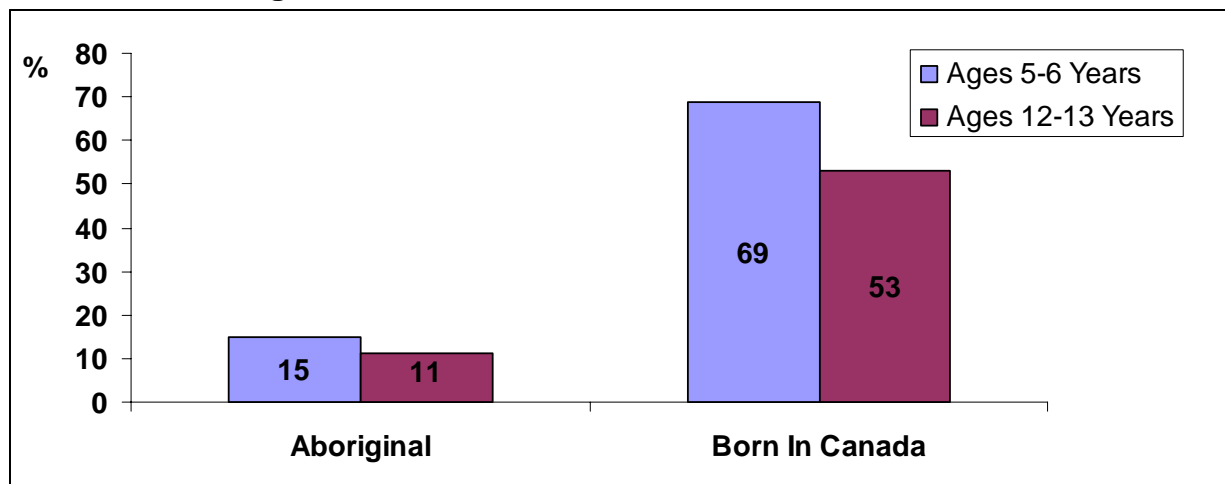


Source: Statistics Canada. Aboriginal People Survey, 2001

- The self-rated health of Aboriginal children living in non-reserve areas is lower than Canadian children.
- 90% of Canadian parents ranked their children's health at 0-5 years of age as very good or excellent compared to 83% of Aboriginal parents.
- This gap narrows as the children grow older.

### Dental Health

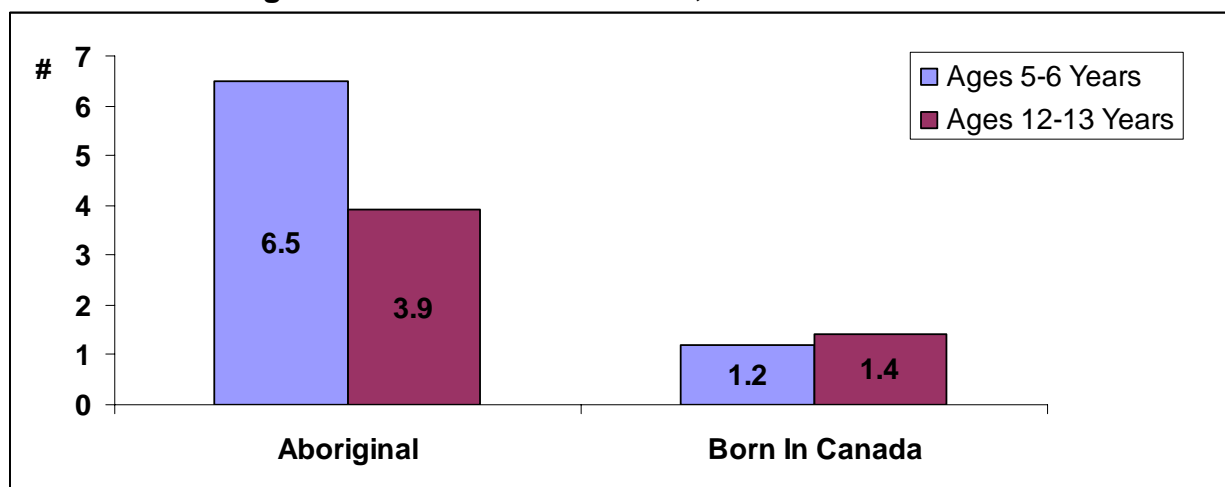
**Figure 41. Percentage of Aboriginal and Canadian Children with No Decayed, Missing or Filled Teeth, 1990-1994**



Source: A Statistical Profile on the Health of First Nations in Canada, 2003

- Canadian children are 4-5 times likely to have healthy teeth compared with Aboriginal children.

**Figure 42. Average Number of Decayed, Missing or Extracted or Filled Teeth in Aboriginal and Canadian Children, 1990-1994**



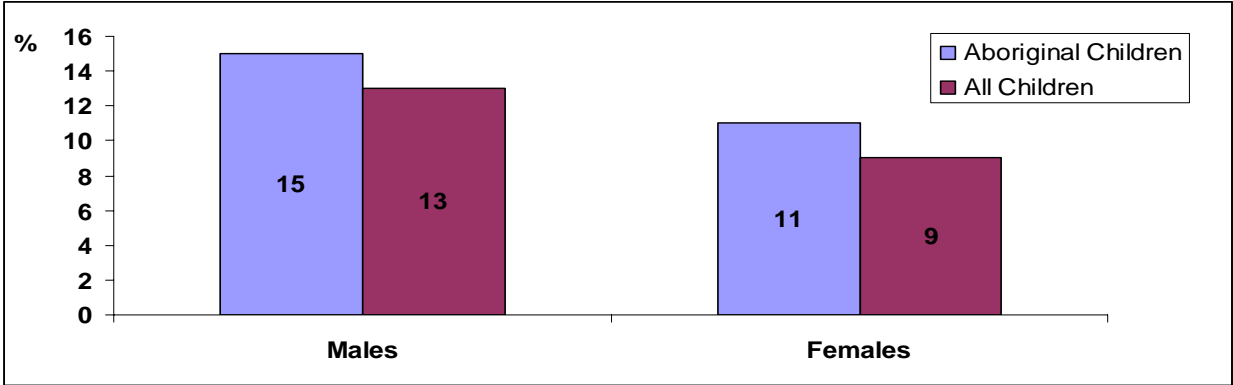
Source: A Statistical Profile on the Health of First Nations in Canada, 2003

- Between 1990 and 1994 the total number of decayed, missing or filled teeth in children aged 5-6 years was 6.5 compared to 1.2 for Canadians.
- For 12-13 year olds the total number of decayed, missing or filled teeth was two to three times higher than for non-Aboriginal children born in Canada.

**Accidental Injuries**

One of the most frequent causes of health problems and hospitalization among young children is injuries from bicycle falls or from car accidents.

**Figure 43. Percentage of Accidental Injury in Aboriginal and Canadian Children, 0-14 Years, 2001**

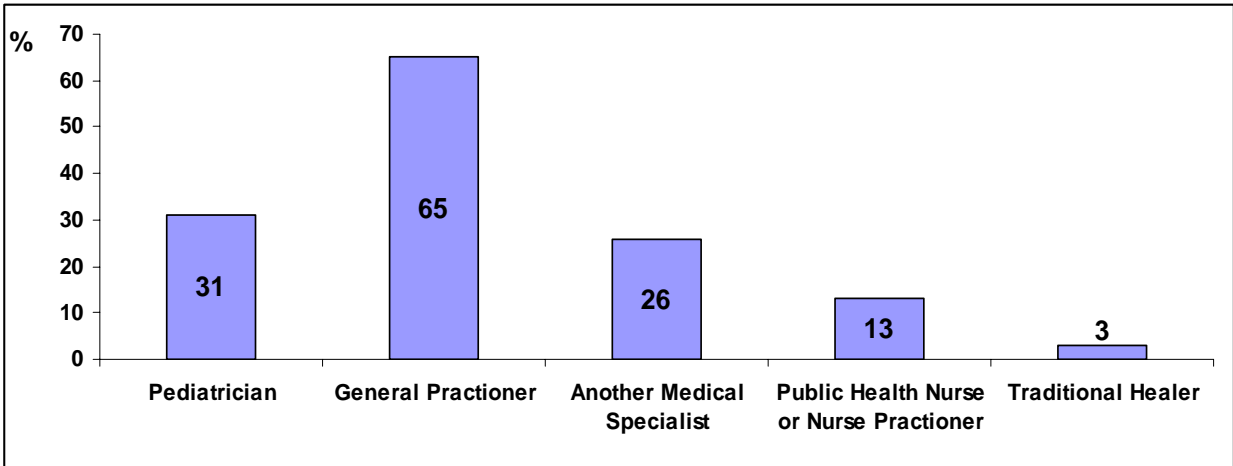


Source: Statistics Canada. Aboriginal People Survey, 2001

- 15% of Aboriginal males and 11% of females have been injured accidentally. This rate is slightly higher than the total Canadian children.

**Health Service Utilization**

**Figure 44. Percentage of Utilization of Health Care Services in Aboriginal Children in Ontario**

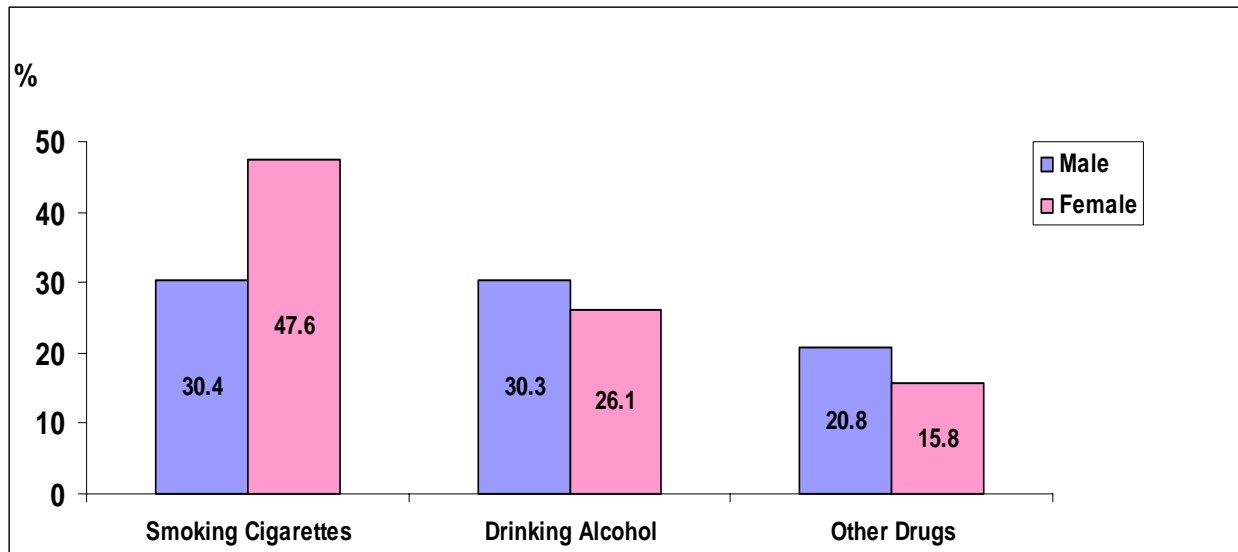


Source: Ontario First Nations Regional Health Survey, 1998

- 65% of Aboriginal children in Ontario have access to a general practitioner, but only 26% have access to specialists.

### Smoking and Drugs

**Figure 45. Use of Tobacco, Alcohol and Drugs among First Nations Youths Ages 12 Years and Up in Ontario**



**Source: Ontario First Nations Regional Health Survey, 1998**

- First Nations parents reported that 30% of males smoked cigarettes compared to 48% of females who smoked cigarettes, a rate that is one third higher than the general population.
- The rates of consuming alcohol and using drugs among First Nations male and female youth were similar.

## Mental Health

**Table 8. Prevalence Rate of Mental Disorders in Canadian Children and the Approximate Number of Aboriginal Children Affected With Mental Disorders in Ontario**

<b>MENTAL DISORDER</b>	<b>PREVALENCERATE (%) IN CANADIAN CHILDREN</b>	<b>APPROXIMATE NUMBER OF AFFECTED CHILDREN IN CANADA <sup>1</sup></b>	<b>APPROXIMATE NUMBER OF ABORIGINAL CHILDREN IN ONTARIO<sup>2</sup></b>
Anxiety Disorder	6.5	513,780	4694
Conduct Disorder	3.3	260,842	2383
ADHD	3.3	260,842	2383
Depressive Disorder	2.1	165,990	1517
Substance Abuse	0.8	63,234	578
Pervasive Developmental Disorder	0.3	23,713	217
Obsessive-Compulsive Disorder	0.2	15,809	144
Schizophrenia	0.1	7,904	72
Tourette's Disorder	0.1	7,904	72
Eating Disorder	less than 0.1	less than 7,904	less than 72
Bipolar Disorder	less than 0.1	less than 7,904	less than 72
<b>ANY DISORDER</b>	<b>15</b>	<b>1,185,645</b>	<b>12, 132</b>

**Source: Statistics Canada, "Canadian Community Health Survey: Mental Health and Well-Being", The Daily, 3 September 2003.**

<sup>1</sup>*Based on a population estimate of 7,904,300 children and adolescents (aged 0 to 19 years); 2002 Census*

<sup>2</sup>*Based on a population estimate of 72,220 Ontario Aboriginal Children 0-19 years; 2001 Census*

- There are approximately 12,132 Aboriginal children in Ontario who suffer from any mental disorders. The three most common disorders include: anxiety disorder, conduct disorder, and Attention Deficit Hyperactive Disorder

#### Policy Implications

- There is province-wide deficit in mental health infrastructure which is more prominent in Aboriginal communities; hence culturally appropriate mental health delivery structures need to be implemented.

### **Fetal Alcohol Syndrome**

The incidence of fetal alcohol syndrome (FAS) appears to be much higher in some Aboriginal communities than in other parts of Canada. One study in Manitoba found that 1 in 10 on-reserve children had FAS or roughly 100 cases per 1,000 births. The rate of FAS in western countries is about 0.33 cases per 1,000 births. Alcohol intake, particularly binge drinking, during pregnancy seems to be more common in Aboriginal women (McKenzie D, 1997).

#### Policy Implications

- Since the Aboriginal population has the highest incidence of Fetal Alcohol Syndrome, there needs to be culturally appropriate services targeted to women of child-bearing age for the prevention of alcohol use during pregnancy.
- Many of these children exhibit neuropsychological abnormalities which inhibits their learning and development.
- Programs need to be developed for the early recognition of this disorder and a comprehensive program that has the capacity to provide appropriate learning resources and health care services needs to be implemented.

## **Health of Urban Aboriginal People**

### **Demographics of Urban Aboriginal People**

The off-reserve Aboriginal population constitutes more than 70% of the total Canadian Aboriginal population. This includes all off-reserve First Nations, urban Inuit and all non-Status Indians who reside in large urban cities, rural areas and within the Canadian Arctic. Urban Aboriginal people are widely dispersed across Canada, with the greatest proportion in Winnipeg, followed by Edmonton and then Vancouver. The Canadian Community Health Survey (CCHS) in 2000-2001 revealed that approximately 800,000 Aboriginal Canadians live off reserve, compared to 230,000 on reserve.

**Table 9. Population of Urban Aboriginal People in Selected Cities in Ontario**

<b>Ontario</b>	<b>Population</b>
Barrie	2,030
Belleville	1,820
Brantford	2,480
Fort Erie	895
Guelph	830
Hamilton	7,265
Kenora	1,690
Kingston	2,205
London	5,640
Midland	2,835
North Bay	3,500
Oshawa	3,020
Ottawa-Gatineau	8,625
Owen Sound	610
Pembroke	815
Peterborough	2,660
Sarnia	2,325
Sault Ste. Marie	4,530
St. Catharine's	1,475
Niagara	860
Sudbury	2,500
Thunder Bay	7,245
Timmins	2,880
Toronto	20,300
Windsor	2,860

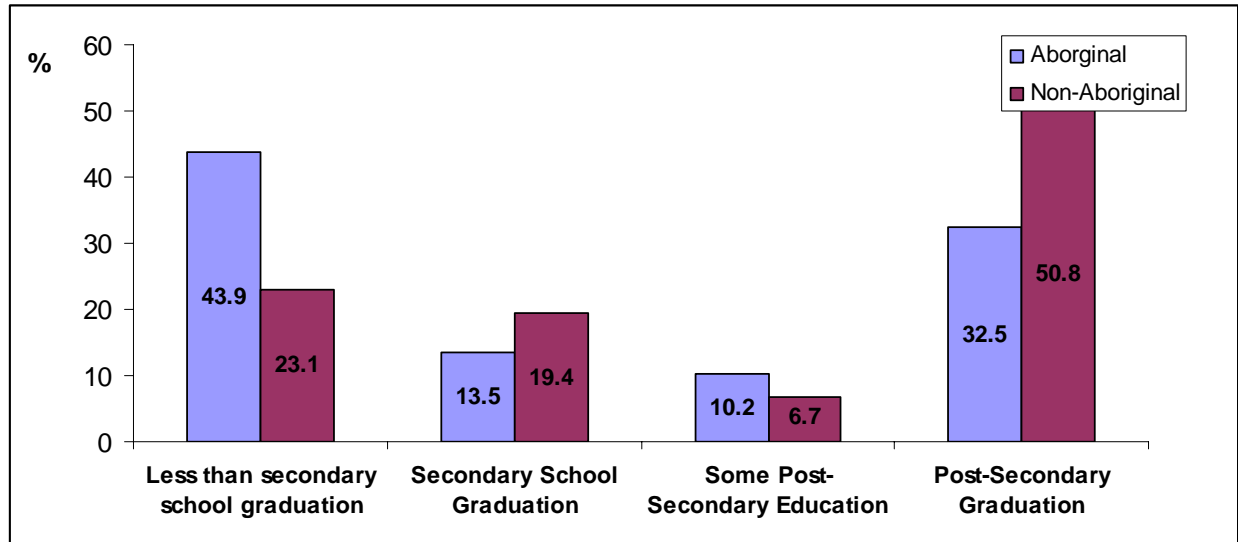
**Source: Statistics Canada, Census 2001**

Studies have indicated that research tends to focus on those populations that live on on-reserve communities far more than on those that live on off-reserve communities.

However, it is the off-reserve population that is increasingly suffering from low levels of health.

### Education

**Figure 46. Educational Attainment of Off-Reserve Aboriginal Population in Canada**

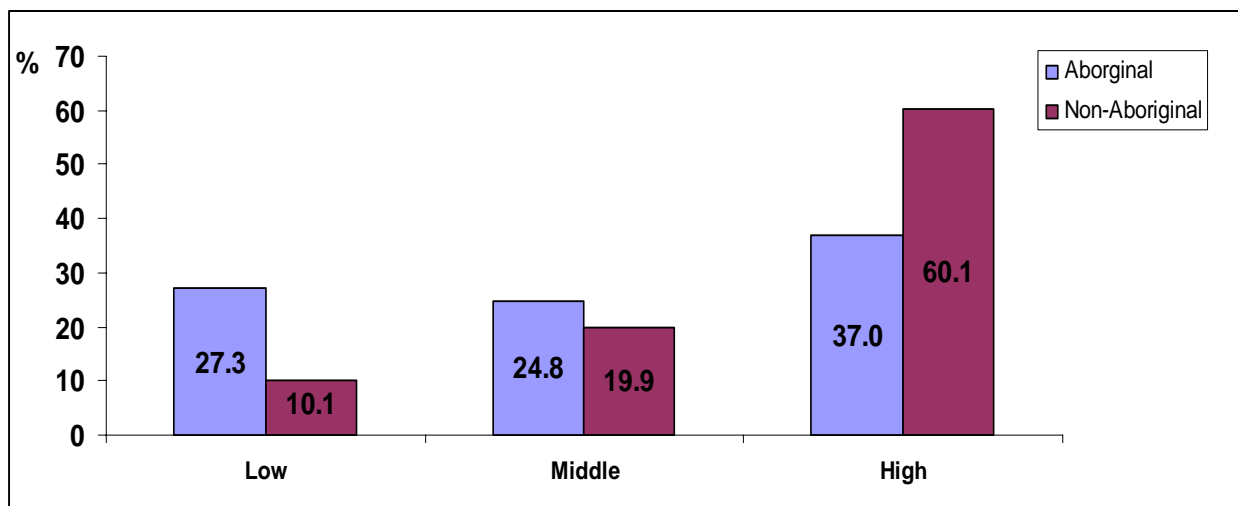


Source: Statistics Canada, Health of the Off-Reserve Population, 2002

- The off-reserve population has lower levels of education.
- Only 14% of the off-reserve population had completed high school.

### Income

**Figure 47. Household Income of Off-Reserve Aboriginal Population, Canada**



Source: Statistics Canada, Health of the Off-Reserve Population, 2002

**Table 10. Statistics Canada's Classification of Income Groups according to Household Size.**

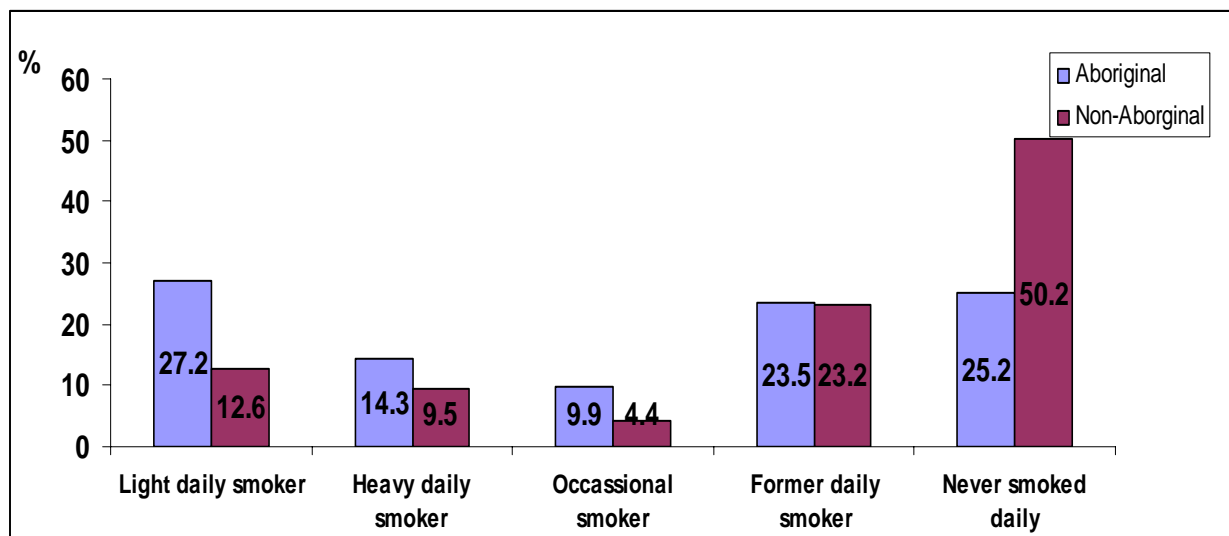
Household Income Group	People in Household	Total Household Income
Low	1 or 2	Less than \$15,000
	3 or 4	Less than \$20,000
	5 or more	Less than \$30,000
Middle	1 or 2	\$15,000 to \$29,999
	3 or 4	\$20,000 to \$39,999
	5 or more	\$30,000 to \$59,999
Highest	1 or 2	\$30,000 or more
	3 or 4	\$40,000 or more
	5 or more	\$60,000 or more

**Source: Statistics Canada, Health of the Off-Reserve Population, 2002**

- Household income was based on total yearly income and the number of household members (see table above for income groups).
- The off-reserve Aboriginal population had lower levels of household income compared to their non-Aboriginal counterparts.

### Lifestyle

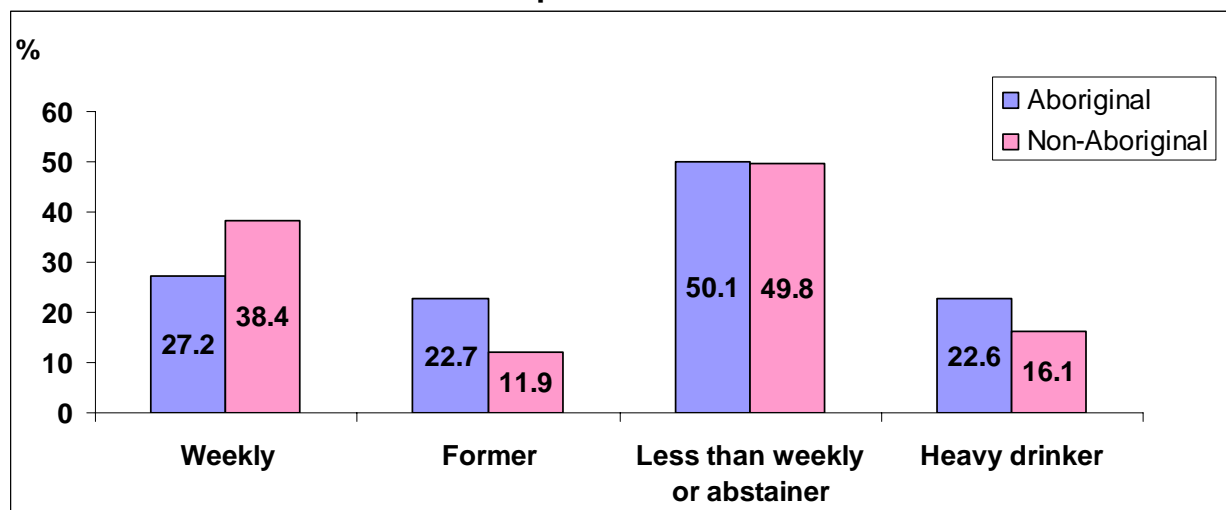
**Figure 48. Prevalence of Smoking in Off-Reserve Aboriginal Population, Canada**



**Source: Statistics Canada, Health of the Off-Reserve Population, 2002**

- 51.4% of the off-reserve Aboriginal population were smokers, a rate that is twice the rate of the non-Aboriginal population.
- The majority of smokers were light smokers (27.2%).

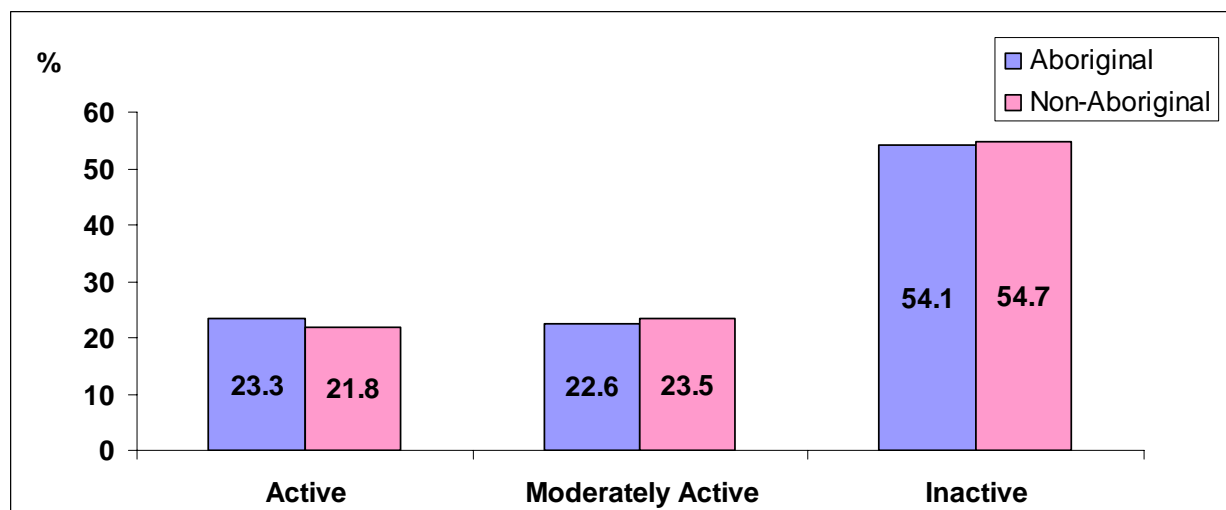
**Figure 49. Drinking Patterns among the Off-Reserve Aboriginal Population Versus the Canadian Population**



Source: Statistics Canada, Health of the Off-Reserve Population, 2002

- Only 27.2% of the off-reserve Aboriginal population were weekly drinkers compared to 38.4% of non-Aboriginal people.
- Although the off-reserve population was less likely to consist of weekly drinkers, higher levels of heavy drinking were reported compared to the non-Aboriginal population.

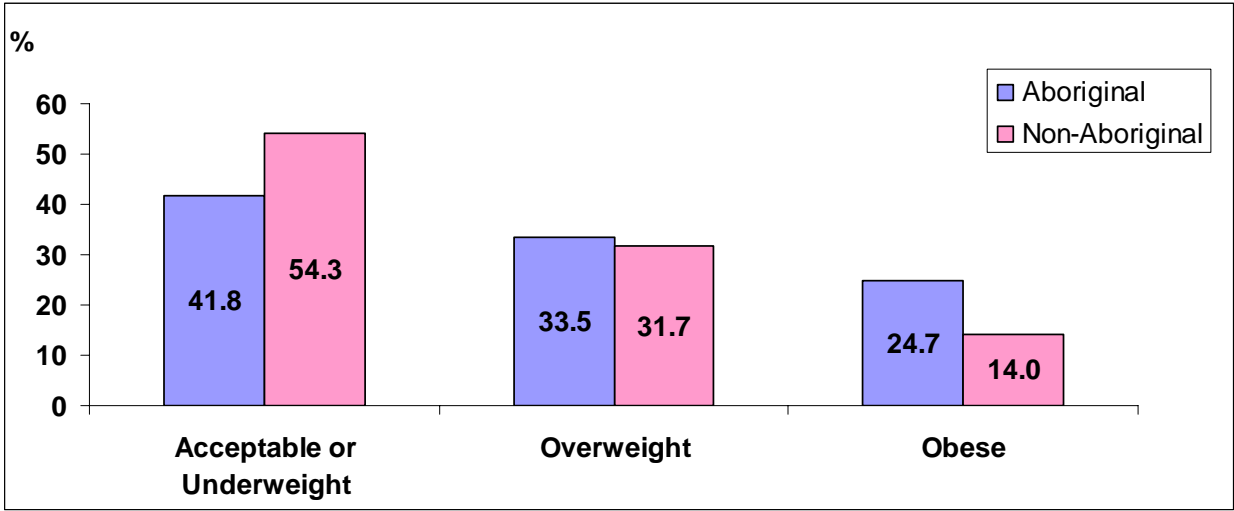
**Figure 50. Activity Levels in Off-Reserve Aboriginal Population Versus the Canadian Population**



Source: Statistics Canada, Health of the Off-Reserve Population, 2002

- In terms of levels of physical activity there was little difference between the off-reserve Aboriginal population and the non-Aboriginal population.
- 23.3% of the Aboriginal population was active and 54.1% was inactive.

**Figure 51. Prevalence of Obesity in Off-Reserve Aboriginal Population Versus the Canadian Population**



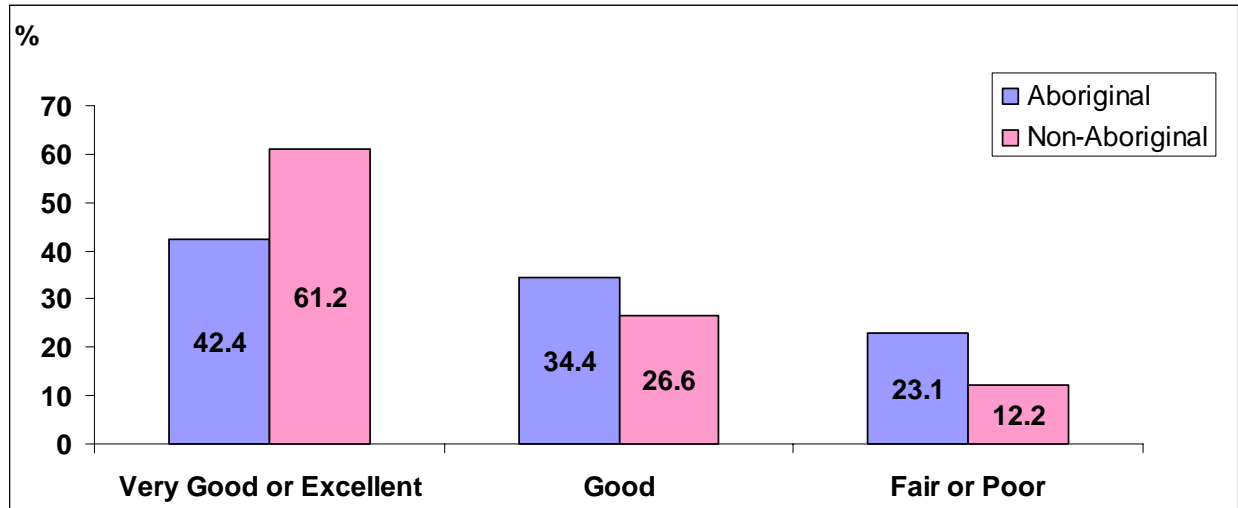
**Source: Statistics Canada, Health of the Off-Reserve Population, 2002**

- The off-reserve Aboriginal population was more likely to be obese than their non-Aboriginal counterparts (24.7% vs. 14.0%).

## Health Status

There is evidence that there is an association between low socioeconomic status and the general health for the population.

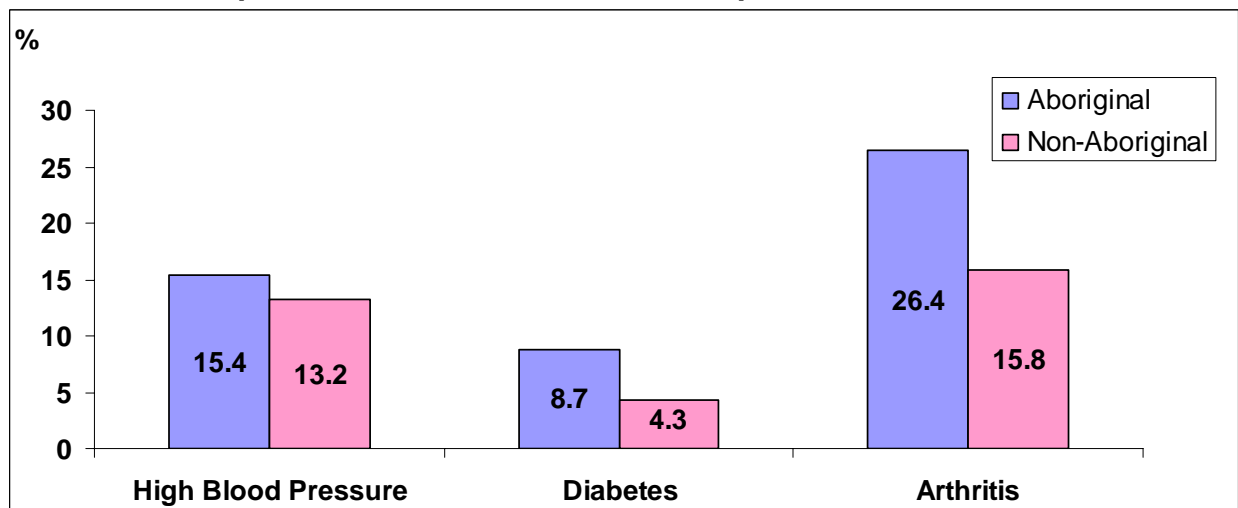
**Figure 52. Self-Perceived Health in Off-Reserve Aboriginal Population Versus Canadian Population**



Source: Statistics Canada, Health of the Off-Reserve Population, 2002

- 23.1% of Aboriginal people living off-reserve rated their health as fair or poor, which is nearly two times higher than the non-Aboriginal population.

**Figure 53. Prevalence of Chronic Health Conditions in Off-Reserve Aboriginal Population Versus the Canadian Population**

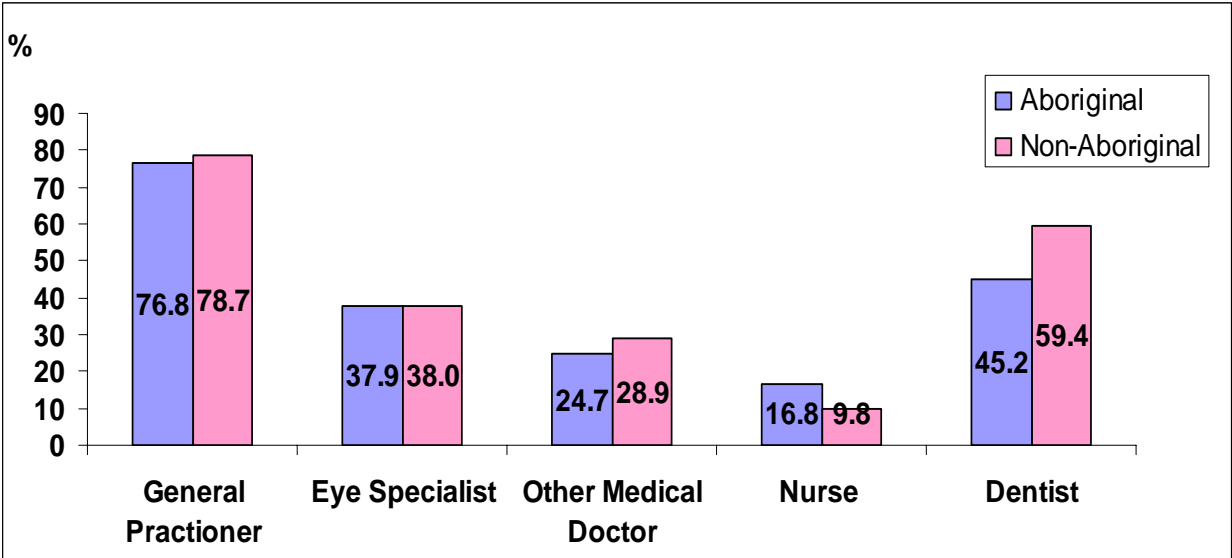


Source: Statistics Canada, Health of the Off-Reserve Population, 2002

- Three chronic conditions are more prevalent in the Aboriginal population: high blood pressure, diabetes and arthritis.
- Arthritis had the highest prevalence (26.4%) followed by high blood pressure (15.4%) and diabetes (8.7%).
- The prevalence of each of these conditions was higher within the off-reserve population.
- The prevalence of diabetes within the off-reserve Aboriginal population was twice that of the non-Aboriginal population.
- The increasing prevalence of these conditions along with lower levels of health status have been influenced by higher rates of unemployment, lower socioeconomic status along with the lack of adequate housing among the urban Aboriginal populations in comparison to other Canadians.
- The increased prevalence of these conditions is primarily due to the consequences of “acculturation” as a result of rapid sociocultural changes experienced by the urban Aboriginal populations over the past several decades. This has contributed to the emergence of “western” chronic conditions such as diabetes, cancer, hypertension, arthritis and cardiovascular diseases.

**Health Service Utilization**

**Figure 54. Healthcare Utilization in Off-Reserve Aboriginal Population vs. Canadian Population**



**Source: Statistics Canada, Health of the Off-Reserve Population, 2002**

- 76.5% of the off-reserve population reported seeing a general practitioner. This proportion was very similar to the non-Aboriginal population.
- Contacts with eye specialists and other medical personnel were higher for Aboriginal people living in the provinces than the territories.

## **Conclusion**

- The data to provide health status information of Aboriginal people are scattered among federal/provincial and Aboriginal organizations.
- There is a lack of cooperation and coordination of data management at every level, making it impossible to provide a complete overview of the health status of Aboriginal people in Ontario in this report.
- All the available data sources indicated that the health of Aboriginal people, whether status or non-Status, Métis or Inuit, is far below that of both the general Ontario and Canadian populations.
- There is also a greater need for data and statistics on health determinants and health care utilization among Aboriginal people, because research in these areas is essential for the future progress of Aboriginal health.
- Accurate demographic and population data are also critical, as increasing numbers of Aboriginal people reside in urban settings.
- Hence, a system needs to be put in place to obtain information on the Aboriginal population for infrastructure planning for health access centres, program design and the development of Aboriginal health policies.
- Methods of sharing data and relevant statistics among the federal, provincial and Aboriginal organizations should be established.

## **Appendix: Annotated Bibliography**

### **Cancer**

**1. Canadian Cancer Statistics 2002.**

[www.phac-aspc.gc.ca/publicat/ccs-scc02/pdf/stats2002\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/ccs-scc02/pdf/stats2002_e.pdf)

This booklet provides statistical information on the most common types of cancer. It contains current, estimated and projected data on incidence and mortality in Canada. It also includes charts, graphs, tables and figures that pertain to age, province, gender, income, geography, life expectancy, trends and case developments.

**2. Cancer Care, Ontario. Aboriginal Cancer Care Unit. Analysis of the Findings: Aboriginal Cancer Care Needs Assessment “It’s Our Responsibility.” 2002.**

This report discusses the findings of a survey on behaviour and attitudes of Aboriginal people in Ontario who have had experience with cancer services. The survey was the basis for developing an Aboriginal cancer strategy. It can be used as background information on attitudes of cancer in the Aboriginal population.

### **Diabetes**

**3. Diabetes among Aboriginal People in Canada: The Evidence.**

[www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/adi/publications/the\\_evidence.htm](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/adi/publications/the_evidence.htm)

This publications contains information on diabetes and the Aboriginal people of Canada. Topics include diabetes among Aboriginal people, complications of diabetes among First Nations people, health services and programs. It includes charts, graphs, tables and figures on diabetes prevalence by province within Canada.

### **Children**

**4. Turcotte M, Zhao, J. A Portrait of Aboriginal Children Living in Non-reserve Areas: Results from the 2001 Aboriginal Peoples Survey. Statistics Canada. 2004.**

This report presents the results from the children and youth component of the 2001 Aboriginal Peoples Survey and includes a comparison between non-Aboriginal Canadian children and Aboriginal children from First Nations people, Métis and the Inuit. It includes charts, graphs, tables and figures on health, education and language skills for Aboriginal children living in urban areas by province in Canada.

### **Violence**

**5. Dreddy K. Provincial Association against Family Violence. Moving Towards Safety: Responding to Family Violence in Aboriginal and Northern Communities of Labrador. 2002.**

[www.icaah.ca/content/en/topics/subtopic/section.php?tcid=102&stcid=126](http://www.icaah.ca/content/en/topics/subtopic/section.php?tcid=102&stcid=126)

This report assesses the state of the family in First Nations communities and provides an overview of the anti-violence resources available to the Aboriginal population compared to the non-Aboriginal population of Canada.

6. **LaRoque ED. Violence in Aboriginal Communities. National Clearinghouse on Family Violence (NCFV). 1994.**  
This paper examines the issue of domestic violence as it affects women, adolescents and children in First Nations communities.
7. **Health Canada. Family Violence in Aboriginal Communities: An Aboriginal Perspective. Overview Paper. 1996.**  
[www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/famvio_e.html)  
This document provides an introduction to family violence in Aboriginal communities, describes how some Aboriginal communities address the issue and identifies factors to consider for healing.
8. **Amnesty International. Canada: Stolen Sisters — A Human Rights Response to Discrimination and Violence against Indigenous Women in Canada. 2004.**  
[www.amnesty.ca/resource\\_centre/reports/view.php?load=arcview&article=1895&c=Resource+Centre+Reports](http://www.amnesty.ca/resource_centre/reports/view.php?load=arcview&article=1895&c=Resource+Centre+Reports)
9. **Aboriginal Domestic Violence in Canada, 2003. The National Clearinghouse on Family Violence. Family Violence in Aboriginal Communities: A Aboriginal Perspective.**  
[www.ahf.ca/newsite/english/pdf/domestic\\_violence.pdf](http://www.ahf.ca/newsite/english/pdf/domestic_violence.pdf)

## HIV

10. **University of Manitoba. Northern Health Research Unit. Research on HIV/AIDS in Aboriginal People: A Background Paper. 1998**  
This report provides an overview of the impact of HIV/AIDS on Aboriginal peoples in Canada. It examines HIV/AIDS risk factors, suggests interventions, and explores research methods and ethics in conducting HIV research on Aboriginal populations in Canada. The report also discusses the current gaps that exist in knowledge on Aboriginal HIV research.
11. **Myers T, Bullock S et al. Culture and Sexual Practices in Response to HIV among Aboriginal people Living On-Reserve in Ontario. Culture, Health & Sexuality, 1999; 1(1):1-37.**  
This article summarizes aspects of Aboriginal behaviour, culture and tradition that affect their response to HIV in Canada. It provides the results of a survey of Aboriginal people selected from a variety of reserves to participate in an AIDS-related survey. The impact of culture and high-risk sexual behaviour was identified.
12. **Aboriginal and Inuit People in Canada: HIV/AIDS Facts and Estimates.**  
[www.caan.ca/facts/theinuit.htm](http://www.caan.ca/facts/theinuit.htm)

This is a four-page fact sheet on HIV/AIDS and Aboriginal and Inuit people in Canada that includes charts, graphs, tables and figures on estimates, statistics, transmission, medical differences between AIDS and HIV and what can be done to help Inuit and Aboriginal people.

**13. HIV/AIDS and Aboriginal People in Canada.**

[www.phac-aspc.gc.ca/publicat/epiu-aepi/epi\\_update\\_may\\_04/9\\_e.html](http://www.phac-aspc.gc.ca/publicat/epiu-aepi/epi_update_may_04/9_e.html)

This document contains facts and statistics on AIDS and Aboriginal people, the association of tuberculosis and HIV, the transmission of AIDS, issues related to the Aboriginal prison population, and strategies for addressing AIDS and Aboriginal people.

**14. Indigenous Traditional Medicine & HIV/AIDS.**

Not available online.

This literature overview explores the option of using traditional medicine and healers, and integrating them into current health practices when dealing with First Nations people and AIDS/HIV. It includes a discussion of AIDS and the Aboriginal population (with statistics), traditional medicine and AIDS, and offers recommendations.

**Urban Aboriginal People**

**15. Canadian Population Health Initiative (CPHI). Urban Aboriginal Communities. Proceedings of the Roundtable on the Health of Urban Aboriginal People. March 2003.**

[secure.cihi.ca/cihiweb/en/downloads/UrbanAboriginalProceedings\\_e.pdf](http://secure.cihi.ca/cihiweb/en/downloads/UrbanAboriginalProceedings_e.pdf)

This report summarizes the proceedings of the Roundtables on the Health of Urban Aboriginal People and provides an overview of the current situation of the determinants of health relevant to First Nations people, Métis, and Inuit. It also identifies the key obstacles currently being faced in the efforts to improve the health of urban Aboriginal people. It includes a discussion on the priorities that require further attention.

**16. Hanselmann C. Urban Aboriginal People in Western Canada: Realities and Policies. September 2001.**

This report compares the status of urban Aboriginal people with non-Aboriginal people in six major Canadian cities in Western Canada: Edmonton, Calgary, Saskatoon, Winnipeg, Regina and Vancouver. It also provides an overview of the current federal, provincial and municipal policies and their impact on urban Aboriginal people. This report is also relevant to urban Aboriginal communities in Ontario.

**17. Royal Commission on Aboriginal Peoples (RCAP). Aboriginal Peoples in Urban Centres: Report of the National Round Table on Aboriginal Urban Issues. 1993.**

[www.ainc-inac.gc.ca/ch/rcap/sg/cka5di\\_e.pdf](http://www.ainc-inac.gc.ca/ch/rcap/sg/cka5di_e.pdf)

This report provides an in-depth analysis of urban Aboriginal issues that were key concerns among participants at the Round Table on Aboriginal Urban Issues, including services, governance, economics, health and wellness. The area on health is particularly relevant as the report reviews the problems associated with health and wellness in urban Aboriginal populations. As well, it includes a number of recommendations made at the conference particularly relating to the lack of access to healthcare services and the need for more attention on allowing Aboriginal people to make their own policies and decisions.

**18. Newhouse D, Evelyn P. Not Strangers in These Parts: Urban Aboriginal Peoples. Policy Research Initiatives. 2001.**

This collection of papers analyzes the current status of urban Aboriginal people in Canada. It is the first volume in a series of thematic publications of proceedings from the Aboriginal Policy Research Conference held in November 2002.

**19. Richards J. Neighbors Matter: Poor Neighborhoods and Urban Aboriginal Policy. November 2001. No. 156.**

[www.cdhowe.org/pdf/commentary\\_156.pdf](http://www.cdhowe.org/pdf/commentary_156.pdf)

This report provides an overview of the status of poverty in eight Canadian cities that contain large Aboriginal populations. Using evidence from the Census, it suggests that the levels of education and employment rates for Aboriginal people in poor neighbourhoods are much lower than those for Aboriginal people in non-poor neighbourhoods. The report provides a number of recommendations for improving policies and programs in order to enhance the status of Aboriginal people in Canada, including creating a school system specifically geared toward Aboriginal children as well as augmenting in-work benefits for low-income families with children.

## **Surveys**

**20. First Nations and Inuit Regional Health Surveys, 1999: National Report. First Nations and Inuit Regional Health Survey National Steering Committee.**

[www.naho.ca/firstnations/english/pdf/key\\_docs\\_1.pdf](http://www.naho.ca/firstnations/english/pdf/key_docs_1.pdf)

This report presents information on First Nations people in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia, and the Inuit peoples of Labrador. It provides information on children's health, the relationship between residential schools and elder health, chronic disease, smoking, physical activity limitation, the search for wellness, and health and dental services for Aboriginal people. The data and analysis are compared to the results of previous surveys such as the National Population Health Survey (NPHS), the National Longitudinal Survey of Children and Youth (NLSCY) and the Aboriginal Peoples Survey (APS). It includes charts, graphs, tables and figures on emotional and mental health, violence, chronic diseases, sexual abuse, health utilization, smoking rates, physical activity, injuries, health of youth, education, health-related behaviours, alcohol and dental health.

- 21. Statistics Canada. O'Donnell V. Aboriginal Peoples Survey 2001 — Initial Findings: Well-being of Non-reserve Aboriginal Population. 2003.**  
[collection.nlc-bnc.ca/100/200/301/statcan/aps\\_2001\\_initial\\_findings\\_e/89-589-XIE03001.pdf](http://collection.nlc-bnc.ca/100/200/301/statcan/aps_2001_initial_findings_e/89-589-XIE03001.pdf)  
This report presents the initial findings of the 2001 Aboriginal Peoples Survey (APS), painting a statistical portrait of the well-being of the Aboriginal population living in non-reserve regions across Canada. It takes a broad view of well-being and covers areas of physical, mental and spiritual well-being. It also includes charts, graphs, tables and figures on self-health, chronic disease, schooling, housing and water quality.
- 22. National Aboriginal Health Organization (NAHO). Preliminary Findings of the First Nations Regional Longitudinal Health Survey 2002-03. 2002.**  
[www.naho.ca/firstnations/english/pdf/RHS\\_preliminary\\_adult\\_sept\\_9\\_04.pdf](http://www.naho.ca/firstnations/english/pdf/RHS_preliminary_adult_sept_9_04.pdf)  
The survey's purpose is to facilitate community-based information gathering about the health status, concerns and issues affecting First Nations people across Canada. This research will assist in learning more about the health and well-being of these communities, taking control of management of health information, assisting in the promotion of healthy lifestyles and practices, and effective program planning. It provides results from the First Nations Regional Longitudinal Health Survey in the areas of socioeconomic determinants, healthcare access, traditional medicine, mental health and residential schools. The report also highlights the current disparities that exist between First Nations communities and the Canadian population. It includes charts, graphs, tables and figures that pertain emotional and mental health, violence, prevalence of chronic diseases, sexual abuse, health utilization, smoking rates, physical activity, injuries, health of youth, education, health-related behaviours, alcohol and dental health.
- 23. Health of the Off-Reserve Aboriginal Population 2000-2001.**  
[www.statcan.ca/Daily/English/020827/d020827a.htm](http://www.statcan.ca/Daily/English/020827/d020827a.htm)  
This study is a general overview on the health status of Aboriginal people living off-reserve. It found inequalities in health between Aboriginal people and other Canadians after socioeconomic and health life styles were taken into account. The report includes charts, graphs, tables and figures on poor health, chronic conditions, long-term activity restrictions and depression.
- 24. Ontario First Nations AIDS and Lifestyle Survey 1993.**  
Not available online
- 25. Svenson KA and Lafontaine C. The Search for Wellness: First Nations and Inuit Regional Longitudinal Survey. 1999.**
- 26. Ontario First Nations Regional Health Survey, 1998.**  
[www-fhs.mcmaster.ca/cscr/past.htm](http://www-fhs.mcmaster.ca/cscr/past.htm)

## Health Reports

**27. Health Canada. A Statistical Profile on the Health of First Nations in Canada. 2003.**

[www.hc-sc.gc.ca/fnihb-dgspni/fnihb/sppa/hia/publications/statistical\\_profile.htm](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/sppa/hia/publications/statistical_profile.htm)

This report profiles the health status of First Nations people on reserves in Canada. It includes statistics on demographics, current state of population health, mortality, personal health practices, and non-medical health determinants such as education, employment, income, traditional culture and housing. This information can be used to monitor trends and to detect emerging health priorities. The report also includes charts, graphs, tables and figures on age-specific mortality rates, birth rates, demographics, educational attainment, employment, housing, alcohol, drug abuse, health status, province, gender, income, geography and life expectancy.

**28. Health Canada. Second Diagnostic on the Health of First Nations and Inuit people in Canada. November 1999.**

[www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/publications/second\\_diagnostic\\_fni.htm](http://www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/publications/second_diagnostic_fni.htm)

This report discusses the health status of First Nations people and Inuit across Canada providing awareness on some of the key determinants of health affecting aboriginal people. Data regarding socioeconomic characteristics are also available. The report includes charts, graphs, tables and figures on income, geography and life expectancy by age and gender.

**29. Ruth B, Burchill C, Jebamani L, Martins P. Health and Health Care Use of First Nations People Living in Manitoba: A Population-Based Study. Manitoba Centre for Health Policy. 2002.**

This report is the first attempt in Manitoba to provide administrative claims data information based on the entire Registered First Nations population of the province through use of the Status Verification System files, with all other Manitobans as a comparison group. It provides information on overall health status, demography information, rates of illness and injury, utilization of healthcare services, along with general information on determinants of health such as income, education, unemployment and housing issues.

**30. Institute of Clinical Evaluative Sciences. Diabetes in Ontario, 2003**

## Alcohol Abuse

**31. Shore JS, Manson SP, Buchwald D. Screening for Alcohol Abuse among Urban Native Americans in a Primary Care Setting. Psychiatric Services. 2002;54(6)757-760.**

This article analyzes the factors associated with alcohol abuse among urban First Nations people. Data from a self-administered survey suggested that victims of abuse were more likely to have alcohol problems.

- 32. Marja K. National Aboriginal Health Organization. Ajunnginiq Centre. Alcohol Problems and Approaches: Theories, Evidence and Northern Practice. 2004.**  
[www.naho.ca/english/pdf/alcohol\\_problems\\_approaches.pdf](http://www.naho.ca/english/pdf/alcohol_problems_approaches.pdf)  
 This report provides information on alcohol problems and treatment in Inuit communities. It includes explanations about causes and types of alcohol problems, counselling methods, treatment choices and training needs. It also provides suggestions on the current availability of services in Inuit regions.
- 33. Myers T et al. Differences in Sexual Risk Taking Behavior with State of Inebriation in an Aboriginal Population in Ontario, Canada. 1997.**  
[www.aegis.com/aidslines/1997/sep/M9791023.html](http://www.aegis.com/aidslines/1997/sep/M9791023.html)  
 This paper analyzes data from the Ontario First Nations Aids and Healthy Lifestyle survey. Findings suggest that alcohol and drug use may not be strongly associated with high-risk sexual behaviour among Aboriginal populations due to binge drinking, which may suppress sexual activity.
- 34. Scott K. Indigenous Canadians, In Profile 1997: Alcohol, Tobacco and Other Drugs. Ottawa: Canadian Centre on Drug Abuse. 1997.**  
[www.ccsa.ca](http://www.ccsa.ca)
- 35. Northwest Territories Bureau of Statistics. 1996 NWT Alcohol & Drug Survey: Rates of Use for Alcohol, Other Drugs and Tobacco.**  
[www.stats.gov.nt.ca/TSTAT/Statinfo/Health/alcdugs/report.html](http://www.stats.gov.nt.ca/TSTAT/Statinfo/Health/alcdugs/report.html)

## Census

- 36. Statistics Canada. Aboriginal Peoples of Canada. A Demographic Profile. 2001.**  
[www12.statcan.ca/english/census01/products/analytic/companion/abor/contents.cfm](http://www12.statcan.ca/english/census01/products/analytic/companion/abor/contents.cfm)  
 This website provides data from the 2001 Census, offering information on adult and child Aboriginal identity population for selected communities in Canada where there are 200 or more Aboriginal people. These communities include First Nations, Métis settlements, Inuit communities along with urban centres and rural areas. This census is the primary source of data for frequency tabulations and grouping data on off-reserve population in Ontario because it provides all the necessary information on demographics, education, income, household repairs, number of family members, general health, chronic diseases, infectious diseases and utilization of health professionals.
- 37. Statistics Canada, 2001 Census, Aboriginal Population Profile.**  
[www12.statcan.ca/english/profil01ab/PlaceSearchForm1.cfm](http://www12.statcan.ca/english/profil01ab/PlaceSearchForm1.cfm)

## Other

- 38. Dialogue on Aboriginal Health: Sharing Our Challenges and Our Success.**  
[www.hc-sc.gc.ca/english/pdf/romanow/pdfs/Aboriginal\\_Forum\\_E.pdf](http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/Aboriginal_Forum_E.pdf)  
This paper documents the proceedings at the Aboriginal health forum titled "Dialogue on Aboriginal Health: Sharing Our Challenges and Our Successes." Participants were given the opportunity to share their views on the present and future status of health care in Canada. Discussions were held on various topics and videotaped and written submissions with Aboriginal content were presented.
- 39. National Aboriginal Health Organization (NAHO): What First Nations People Think About Their Health and Health Care.**  
[www.naho.ca/firstnations/english/opinion\\_poll.php](http://www.naho.ca/firstnations/english/opinion_poll.php)  
This report provides a summary of the poll that collected baseline information on First Nations people regarding health and health issues including perceived personal health, access to healthcare providers, utilization of healthcare system, satisfaction from the healthcare system and ways to improve the health status of Aboriginal people.
- 40. National Council on Welfare. Gambling in Canada: A Report by the National Council of Welfare. 1996.**  
[www.ccsa.ca/gambcont.htm](http://www.ccsa.ca/gambcont.htm)
- 41. Beavis MA, Klos N, Carter T and Douchant C. Literature Review: Aboriginal Peoples and Homelessness. Ottawa: Canada Mortgage and Housing Corporation. 1997.**
- 42. McKenzie D. Fetal Alcohol Syndrome. In Canadian Profile 1997: Alcohol, Tobacco and Other Drugs. Ottawa: Centre on Substance Abuse. 1997.**
- 43. Shah B, Hux J and Zinman B. Increasing Rates of Ischemic Heart Disease in the Native Population of Ontario, Canada. Arch Intern Med 2000; 160:1862-1866.**
- 44. Statistics Canada. Tjepkema M. Non-fatal Injuries among Aboriginal Canadians. Health Reports: Vol 16(2). 2005.**