

HOUSING AS A SOCIAL DETERMINANT OF FIRST NATIONS, INUIT AND MÉTIS HEALTH



Housing quality and accessibility are important determinants of health status. Poor housing conditions such as mold, lack of safe drinking water, and overcrowding have been associated with increased risk of morbidity from infectious disease, chronic illness, injuries, poor nutrition, and mental disorders.¹ Similarly, a lack of affordable housing,² homelessness, and use of temporary shelters contribute to poor health outcomes and an increased risk of premature death.³ Disparities in housing reflect a range of other determinants including low socio-economic status, unemployment, poverty, social exclusion, and low levels of educational attainment. In Canada, Aboriginal⁴ peoples are

disproportionately affected by poor housing and living conditions.⁵ Investing in sustainable housing and related infrastructure is essential to reducing Aboriginal health disparities.

Physical, Social, and Environmental Dimensions of Housing

A house encompasses not just a physical structure, but the social and natural environment in which it is situated. The physical condition of a home includes its state of repair, plumbing, electricity, safe drinking water, insulation, fire prevention,

heating, flooring, furnishings, and exposure to physical, biological or chemical contaminants such as pests, allergens, mold or radon.⁶ Social dimensions of housing range from one's sense of belonging and control over one's home (i.e. housing security, social status, prestige) to the domestic environment in the home (i.e. personal sense of safety, overcrowding).⁷ The environment surrounding a home is equally important. Proximity of services such as schools, recreation areas, health care, support services, grocery stores and shopping centres, and water and sewage facilities have a direct impact on health, as does the proximity of industrial waste or other ecological contaminants.⁸





Growth Trends of Aboriginal Populations

Housing for Aboriginal people must be considered within the context of demographic pressures. The Aboriginal population in Canada is young, increasingly urban, and growing at a rate nearly six times faster than the non-Aboriginal population.⁹ In 2006, the Aboriginal population surpassed the one million mark, reaching 1,172,790, which is 4% of the total population of Canada.¹⁰ Approximately 698,025 people identified themselves as First Nations (an increase of 29% from the 1996 census), 50,485 people identified as Inuit (up 26% from 1996), and another 389,785 identified as Métis (an increase of 91% from 1996).¹¹ The Aboriginal population is increasingly urban, with approximately 54% residing in urban areas in 2006. Almost half of the Aboriginal population (48%) consists of children and youth under the age of 24.¹²

While there have been improvements over the past decade in the availability and quality of housing for Aboriginal people, these improvements have so far failed to keep pace with these demographic pressures.

Aboriginal Housing In Canada

Although recent census data shows that overcrowding in Aboriginal homes has declined in the last decade, housing and living conditions across Canada remain a critical health issue for Aboriginal people, particularly with respect to the spread of communicable disease like tuberculosis.¹³ In 2006, 11% of Aboriginal people lived in homes with more than one person per room, a decline of 6% since 1996.¹⁴ Overcrowding is particularly acute for First Nations on-reserve, where approximately 26% live in crowded homes, and for Inuit, where 36% of the population report living in crowded homes. Almost half (49%)

of Inuit in Nunavik reported lived in crowded dwellings.¹⁵ Given the population growth of the Aboriginal population, these statistics are particularly worrisome.

In the ten year period since the 1996 Census, there has also been no marked improvement in the number of Aboriginal people living in homes that require major repairs.¹⁶ Nearly one in four Aboriginal people reported living in such homes. Among First Nations, 28% lived in a home requiring major repairs. On reserve, housing disparities were greater with approximately 44% of First Nations residing in homes in need of major repairs. For Inuit people, approximately 28% reported living in homes requiring major repairs; this number increased to 31% in Inuit Nunaat.¹⁷

Living on reserve has become less attractive over the years for many First Nations people. The problems with

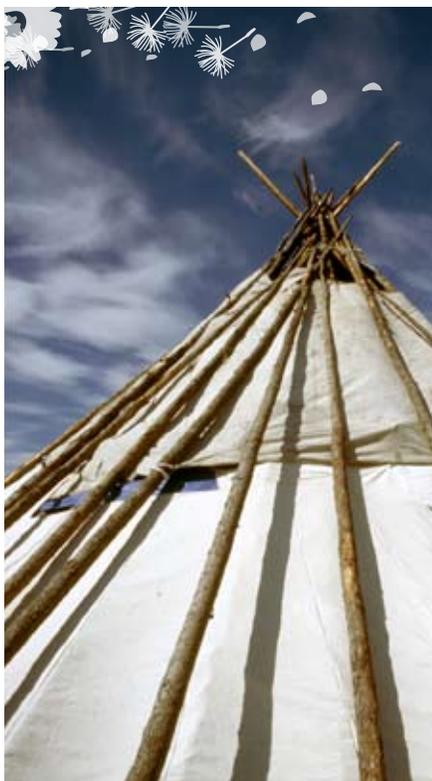
on-reserve housing conditions have been recognized widely.¹⁸ There are backlogs in social housing construction and limited funding for basic on-reserve services such as sanitation, education, and access to primary health care.¹⁹ On-reserve housing tends to deteriorate more rapidly because of poor construction, lack of maintenance and overcrowding.²⁰ These housing deficiencies can lead to elevated social, physical and medical stresses. Progress in on-reserve housing is impeded by several factors that include: ambiguous legal rules for on-reserve housing, uncertain band council regulation powers, socio-economic and demographic factors (Aboriginal growth rate, levels of income and unemployment, societal problems on reserve), and increasing band debt.²¹

These conditions, in conjunction with better opportunities for education and employment, access to services, and home ownership off-reserve, can lead to migration into the cities in

search for a better life, however, many instead encounter homelessness. While estimates vary, a study by Hwang (2001) revealed that Aboriginal people are over-represented in Canada's overall homeless population by a factor of 10.²² There are important health implications associated with homelessness. The homeless are at risk of dying prematurely and suffer from a wide range of health problems stemming from the physical and social conditions under which they live.²³ Homeless people are admitted to hospital up to 5 times more than the general population.²⁴ They have significant barriers in accessing health care that include inability to provide proof of insurance coverage, inability to afford prescription medication, and the daily struggle for the essentials of life such as food. In addition, many homeless people also suffer from mental illness or substance abuse problems and encounter a health care system that often fails to provide adequate treatment.²⁵ Together, these barriers can result in neglect of personal health issues.

- *Sustainability* – requires real funding to match rising population growth and construction costs. In turn, effective measures must be put in place to monitor and track spending.
- *Jurisdiction and control* – requires the recognition and acceptance of Aboriginal rights and title with respect to housing and shelter as outlined in Section 35 of the Canadian Constitution. This recognition includes Aboriginal control over housing and infrastructure as core areas of self-government.
- *Coordination and alignment* – is required to overcome the myriad of on and off-reserve housing and infrastructure programs directed at First Nations by federal, provincial and municipal governments that have created large gaps in services.²⁷

Strategies to improve Aboriginal housing and health outcomes will require significant investments in on-reserve infrastructure, housing and services that are congruent with population growth. This will involve clarification of the roles and responsibilities of all jurisdictional levels responsible in housing provision. In addition, Indian and Northern Affairs Canada (INAC) and Canadian Mortgage and Housing Corporation (CMHC) program structures and delivery should be streamlined to ensure they work in collaboration with Aboriginal people to develop action plans for improving Aboriginal housing, to specifically address problems of mold on reserves, and to ensure that federally funded housing on-reserve meets the National Building Code.²⁸ Aboriginal run shelter programs have also been proven to be more effective in assisting Aboriginal clients than mainstream centres, and long-term and sustainable funding should be directed at these programs to ensure their continued survival.²⁹



Strategies to Improve Aboriginal Housing and Health Outcomes

The 1996 Royal Commission on Aboriginal Peoples identified three key problems with respect to Aboriginal housing policy in Canada: lack of adequate incomes to support the private acquisition of housing, absence of a functioning housing market in many localities where Aboriginal people live, and lack of clarity and agreement on the nature and extent of government responsibility to respond to the problem.²⁶ On reserve, housing policy is further complicated by the application of the Indian Act (1876) and collective systems of land tenure.

The Assembly of First Nations 2005 Housing Action Plan provides a broad framework for action premised on three key concepts:

Endnotes

¹ Krieger, J. and Higgins, D. (2002). Housing and health: Time again for public health action. *American Journal of Public Health* 92(5): 758-768.

² Centre for Housing Policy and Enterprise Community Partners (2007). *The positive impact of affordable housing on health: A research summary*. Washington, DC: Centre for Housing Policy and Enterprise.

³ Hwang, S. (2001). Homelessness and health. *Canadian Medical Association Journal* 164(2): 229-233.

⁴ 'Aboriginal' throughout this fact sheet refers collectively to the Indigenous inhabitants of Canada, including First Nations, Inuit and Métis peoples (as stated in section 35(2) of the Constitution Act, 1982). Wherever possible, we provide names and data for distinct groups/communities.

⁵ Indian and Northern Affairs Canada, Royal Commission on Aboriginal Peoples (1996). Volume 3: Gathering strength, Chapter 4: Housing. Ottawa, ON: INAC.

⁶ Krieger and Higgins, pp. 758-760.

⁷ Bryant, T. (2003). The current state of housing in Canada as a social determinant of health," *Policy Options*, March: 52-56.

⁸ Krieger and Higgins, pp. 759-760.

⁹ Statistics Canada (2008). *Aboriginal peoples in Canada: Inuit, Métis, and First Nations, 2006 Census*. Ottawa, ON: Statistics Canada, Catalogue no. 97-558-XIE, p. 6.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Clark, M., Riben, P., & Nowgesic, E. (2002). The association of housing density, isolation, and tuberculosis in Canadian First Nations communities. *International Journal of Epidemiology* 31: 940-945.

¹⁴ Statistics Canada (2008). *Aboriginal peoples in Canada in 2006: Inuit, Métis, and First Nations 2006 Census*. Ottawa, ON: Ministry of Industry, Catalogue no 97-558- XWE2006001.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Office of the Auditor General of Canada. (2003). *Report of the Auditor General of Canada to the House of Commons: Chapter 6 – Federal Government Support to First Nations – Housing on*

Reserves. Ottawa, ON: Office of the Auditor General of Canada, p. 2.

¹⁹ Webster, A. (2007). *Sheltering urban Aboriginal homeless people: Assessment of situation and needs*. Winnipeg, MB: National Association of Friendship Centres and the Institute of Urban Studies, University of Winnipeg, p. 451.

²⁰ Office of the Auditor General of Canada (2003), p. 9.

²¹ Ibid., pp. 4-5.

²² Hwang, S.W. (2001).

²³ Ibid.

²⁴ Ibid., p. 231.

²⁵ Ibid.

²⁶ INAC, 1996.

²⁷ Assembly of First Nations, *First Nations Housing Action Plan*, May 31, 2005

²⁸ Office of the Auditor General (2003).

²⁹ Webster (2007).



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