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4

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ABORIGINAL YOUTH AND SOCIAL INEQUALITIES IN HEALTH

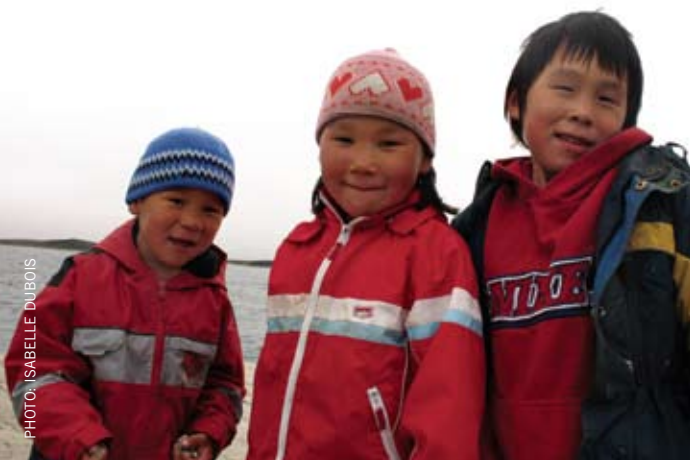


PHOTO: ISABELLE DUBOIS

Invest in aboriginal youth today for healthy communities tomorrow

On November 21, 2007, the Institut national de santé publique du Québec, with funding from the Ministère de la Santé et des Services sociaux du Québec, Health Canada (First Nations and Inuit Health Branch) and the National Collaborating Centre for Aboriginal Health (UNBC), held a theme day on the health of aboriginal youth as part of the *Journées annuelles de santé publique*. Entitled *Miser sur la jeunesse autochtone aujourd'hui pour des communautés en santé demain* (Invest in aboriginal youth today for healthy communities tomorrow), the day covered the health of aboriginal youth not from the perspective of worrisome data and

the magnitude of their problems, but from a pro-active and intervention perspective to address social inequalities in health.

This special day also provided an opportunity to learn about innovative projects that are contributing to improvements in the health and wellness of aboriginal youth and their communities. Indeed, the programs, measures, intervention tools, and communal projects presented had a common goal of taking action on various social determinants that have protective effects on health by being rooted in the realities of native communities. These initiatives, described in this summary report, can be regarded as signposts of more profound changes that will help current and future generations blossom into healthy communities...

CONTEXT | THE ISSUE OF SOCIAL INEQUALITIES IN HEALTH

People under 30 years of age constitute 60% of the aboriginal population of Québec. Native youth often grow up in poor living conditions and difficult environments. Moreover, economic and social problems combined with a succession of traumatic experiences and sociocultural dislocation have a lasting impact on the health and well-being of young aboriginals and their communities.

Socioeconomic and health indicators tend to highlight these problems by pointing to the darkest realities of native communities – poverty and unemployment, abuse, addiction (smoking, drugs, gambling), obesity and suicide, are among those most frequently reported. These data, which can contribute to stigmatizing these communities, do not reflect the diversity of aboriginal youths' situations. The problems are not of the same magnitude in all communities, since contexts and conditions can vary from one community to another.

In 2001, the percentage of the First Nations population under 30 years of age was 61.1%, compared to 38.8% for the population of Canada as a whole.¹

However, these indicators reveal the magnitude of social inequalities in health faced by First Nations and Inuit compared to non-native people. They are called “social” inequalities because they are not the result of individual factors

(genetic, biological, etc.), but are related to social, political, economic and cultural processes. Indeed, disparities in health between native and non-native people are above all the result of different social constructs, leading to marginalization of aboriginals, whether in their own communities or in urban settings. It is therefore urgent to eliminate processes which have deleterious effects on the health of the current generation of First Nations and Inuit and those who will succeed them.

MAGNITUDE OF SOCIAL INEQUALITIES IN HEALTH

SELECTED HEALTH AND SOCIAL DATA

(as of the early 2000s)

Among the First Nations and Inuit of Canada

- The mortality rate in native children is three times that of non-native children. Suicide is among the main causes of death in First Nations children and youth (10 to 24 years of age).²
- In First Nations, 20% of births involve a teenage mother vs. 5.6% of births in Canada as a whole.³
- Reported cases of chlamydia are seven times higher than those for Canada as a whole. In addition, although aboriginal people formed only 3.3% of the population of Canada in 2002, they accounted for 5% to 8% of existing cases and 6% to 12% of new cases of HIV infection in that year.⁴

First Nations in Québec compared to the population of Canada as a whole

- Life expectancy is six to seven years shorter.
- Diabetes is two to three times more common.
- Obesity rates are two to three times higher.
- From early childhood on, the risk of experiencing poverty, abuse or placement is three to five times higher.⁵

SELECTED SOCIOECONOMIC DATA

(as of the early 2000s)

Among the First Nations and Inuit of Canada

- The unemployment and poverty rate is three times higher than that of the non-aboriginal population. Nearly half (47%) of First Nations people living on reserves have an annual income below \$10,000. Approximately 60% of aboriginal children under six years of age live in poverty.⁶
- Approximately 5% of registered Indians, 7% of Métis and non-registered Indians, and 2% of Inuit have obtained a university degree or certificate, compared to 18% of people in Canada as a whole.² Nearly half (48%) of aboriginal people 20 to 24 years of age living outside of reserves have not completed high school, compared to 26% of all Canadians in this same age group.⁶

Among the First Nations of Québec

- One out of four are unemployed.
- Approximately half of adults have not completed high school.
- Two out of three women have an annual income lower than \$10,000.
- Almost half (44%) of children live in single-parent families.⁵

BUILDING HEALTHY COMMUNITIES

Issues and Challenges



PHOTO: ISABELLE DUBOIS

Though prevention and health promotion activities for youth can contribute to building healthy communities, they cannot be conducted in only one intervention sector using one model, nor can they be accomplished without the cooperation of the target population, their families, friends, and stakeholders.

Furthermore, improving the health and well-being of aboriginal communities cannot be limited to a strict framework of curative activities, since there are anterior processes that can contribute to altering physical and mental health. Unhealthy lifestyle habits and difficult living conditions are very often related to discrimination, loss of identity, low self-esteem, and shared suffering associated with marginalization. In prevention and health promotion interventions, it is therefore of primary importance to foster individual and collective empowerment, strengthen cultural

factors, cultivate social cohesion, reinforce parenting and social skills, and build self-esteem as well as focusing on healthy lifestyle habits.

The initiatives presented during the theme day on the health of aboriginal youth are aimed at reducing social inequalities in health by strengthening various health protection factors and targeting social determinants, not just individual ones. Most of these projects have been developed by aboriginal individuals, organizations and communities involving not only youth, but also adults and elders in a variety of ways and levels of participation.

INITIATIVES CONTRIBUTING TO REDUCING HEALTH INEQUALITIES

Innovative projects presented during the theme day on the health of aboriginal youth: descriptions of their context, goals and activities.

Chî Kayeh

PEER EDUCATION PROGRAM IN CREE HIGH SCHOOLS ON SEXUALITY

CONTEXT Launched in 2005 as pilot project in two Cree communities, Waswanipi and Waskaganish, the Chî Kayeh Program on Sexual Health for High School Students was developed after a large-scale public consultation in these two communities involving elders, parents, school principals, teachers, religious educators, doctors and nurses. Young people's opinions on sexuality and relationships were also taken into account in developing the program.

GOALS Given the ongoing high incidence of sexually transmitted infections in the *Iiyiyu Aschii* – the Cree Lands of James Bay – the Chî Kayeh program was designed for high school students. Integrated into the curriculum, it targets the prevention of sexually transmitted diseases and aims to reduce the number of unwanted pregnancies. The program is meant to inform but also to develop knowledge, know-how, and know-how-to-be. It contributes to youth being able to grow and blossom in the emotional, social and sexual aspects of their lives.

It also covers peer and social pressures related to sexuality which young people face. Traditional Cree values related to sexual health are also presented.

ACTIVITIES Chî Kayeh is essentially based on *aashumii*, namely peer education. First, students in Secondary 3 and 4 are taught Cree traditions and values related to sexual health, then learn about risk behaviours, teenage pregnancies, fetal alcohol syndrome, peer pressure, waiting until later to have sexual relations, and condom use. On one of the three last themes indicated in the previous sentence, students must then prepare and give an oral presentation to their classmates. After the content of their message is considered clear and appropriate for younger schoolmates, they then give the presentation to students in Secondary 2.

Projects in Native Friendship Centres

BEING A YOUNG ABORIGINAL IN AN URBAN SETTING

CONTEXT Located in various towns and cities in every province of Canada, Native Friendship Centres offer a wide

range of services – assistance, training and education for aboriginal people living in an urban area. They help

reduce isolation and strengthen ties to the local community by fostering social integration. In 2001, the Urban Aboriginal Youth Council (UAYC) was created through the incentive of native youth who were actively involved in the eight Friendship Centres in Québec. Members of the UAYC act as

spokespersons who initiate or support the development of projects specifically addressed to youth in Native Friendship Centres.

GOALS These projects foster social inclusion, the promotion of native culture, and the creation of bridges between native and non-native cultures. Projects have objectives such as strengthening self-esteem, transmission of traditional knowledge, acquisition of leadership skills, and the development of various social and parenting skills.

ACTIVITIES Native Friendship Centres have initiated a variety of projects. The Mëmëgwashi Gala of the Val-d'Or Centre provides a window into educational achievement through annual awards to graduating students in the region, from kindergarten to university. The Mothers Circle in La Tuque and the Auassiss Daycare Centre in Québec City focus on developing parenting skills and supporting single mothers. The Senneterre and Montréal Centres organize activities in the forest under the supervision of elders and offer workshops on traditional native skills such as woodworking, leather tanning and snowshoe-making. The Sept-Îles Native Friendship Centre provides support to Cégep (junior college) students, either helping them find accommodation or in their academic life (e.g. tutoring).

In Canada as a whole, 48% of aboriginal people live in urban centres; in Québec, the figure is 37%.⁷

To learn more about the Regroupement des centres d'amitié autochtones du Québec, visit their website at:

http://www.rcaaq.info/anglais/index_ang.html



Positive discrimination to reduce inequality

BECOMING A DOCTOR...

CONTEXT The percentage of aboriginal people who have a university degree is much lower than that for the population in general. Living in isolated communities and lack of emotional, social and financial support are some of the factors which have a negative influence on the pursuit and achievement of studies at the university level. In addition, although

there is a real need for medical personnel in these communities, very few aboriginals have jobs in the health and medical sector. Canada has developed

a program to foster the enrollment of Inuit, Métis and First Nations students in faculties of medicine.

GOALS This program is designed to increase the number of aboriginal doctors, but also reduce the severe shortage of medical personnel in native and Inuit communities. Having aboriginal doctors in these communities would facilitate communication and trust between patients and doctors, thereby contributing to the quality of health care. This positive discrimination program has also had symbolic effects. Aboriginal general practitioners and specialists show young native people that it is within the realm of possibility to succeed in university and then hold positions that are deemed of high value in the social ladder.

Through a variety of measures, positive discrimination aims to equalize opportunities for populations **who have experienced systematic discrimination.**

ACTIVITIES The program is voluntary and is arranged through an agreement with the government of Canada and a faculty of medicine. A number of universities have already accepted and applied these positive discrimination measures by adopting prescribed criteria to pre-admit young aboriginals into the medical program.

The Well-Being of First Nations Youth in Québec

A COLLECTIVE ISSUE AND CHALLENGE

CONTEXT Created in 1994, the First Nations of Quebec and Labrador Health and Social Services Commission has as its mission the promotion and monitoring of the physical, mental, emotional and spiritual health of aboriginal individuals, families and communities in Québec and Labrador by providing comprehensive programs in health and social services adapted to native culture. As a collective issue, the health of aboriginal youth is one of the main priorities of the organization.

GOALS To improve the well-being of children and youth, the Commission develops and employs a variety of means, including sensitization tools, prevention programs and provision of services to assist children and families and is involved in the social development of communities. Given that the well-being of a child is significantly related to that of the family but also interwoven with that of his/her community, the Commission acts at various levels in various fields in terms of health protection, prevention and promotion.

ACTIVITIES The Commission has developed a number of tools to sensitize children and youth, and their families, to health issues, such as those designed for community workers in sexual health and HIV prevention or those on nutrition for families. In addition, the Commission assists and supports communities in the implementation or improvement of programs and services for young

Learning to cook healthily

NOURISHING THE BODY, SPIRIT AND HEART...

CONTEXT Colonization and its after-effects have profoundly affected the lifestyles and diet of aboriginal peoples. Diabetes, obesity, heart disease, and anemia are increasing. The origins of these diseases can be related to diet but also living conditions and lifestyle habits. Fighting the effects of malnutrition in native communities means intervention in terms of nutrition knowledge and cooking skills but also the social practices associated with diet. This is the goal of the “Learning to Cook Healthily.”

GOALS The project leader of “Learning to Cook Healthily” puts his talents as a chef to good use in many Cree and Atikamekw communities. He helps develop knowledge and skills in eating a healthy diet, while communicating a passion for cooking. Participants in this program go beyond knowledge and skill acquisition in healthy cooking, since they tend to nourish their spirit and heart as well as their body.

ACTIVITIES The project leader designs and presents training sessions/workshops to youth, families, and staff and clients of institutions providing food services (youth homes, daycare centres, high schools, restaurants and hotels) to familiarize them with healthy cuisine adapted to the aboriginal context. The recipes taught are delicious, simple and easy to make – they require little preparation and are developed from products and ingredients which may or may not be part of the traditional



PHOTO: CASSPNOI

people and their families. One of the current projects targets front-line social services to reduce the number of child placements. In this pilot project, interventions not only target families but also entire communities.

diet, and that are affordable and locally available. The pleasure of the senses, socialization and sharing of traditional knowledge is also on the menu of these workshops. The success of this project goes way beyond increased consumption of fresh vegetables and healthy foods – pride and professionalism are also outcomes of the course, as a young cook eloquently put it.

Comic books

A PREVENTION AND PROMOTION TOOL FOR CHILDREN AND YOUTH...

CONTEXT Because certain prevention and promotion campaigns are not adapted to the context of young aboriginals, they often prove ineffective. This is of major concern given the seriousness of health problems facing them. Confronted with this fact, the *Healthy Aboriginal Network*, located in British Columbia, decided to seek the participation of native youth in the development of prevention and promotion tools adapted to their cultural world. Hence many comics covering drug abuse, diabetes, suicide, stereotypes, body image and mental health have been created by and for native youth.

GOALS The comic book, besides being a very popular medium among youth, provides a means of using the symbolic power of images and storytelling to address sensitive topics and communicate messages. By soliciting the help of young aboriginals in the scripting and illustration of comics, the project founders were able to dramatize the experiences of young natives in cultural codes that integrate their own values, life experiences and imagination.

Identifying with situations and heroes in history which bear witness to the resilience of a people helps strengthen self-esteem, pride in being native, and fosters the capacity to act individually and as a group to confront adversity.

ACTIVITIES The first comic book in this project was published in 2006. Entitled *Darkness Calls*, it tells the story of a young aboriginal who, after a series of failures and humiliations, develops suicidal thoughts. However, his experience with a native spirit helps him turn things around... This work was very successful – more than 50,000 copies of the original edition were sold across Canada. A new French edition is currently in circulation and a short animated film narrated in Gitksan, a native language of the Canadian West, has been made based on the original work.

To learn more about *Darkness Calls*,
visit the following website:
<http://www.thehealthyaboriginal.net/>



Annual canoe trip

BY EXPLORING THE LAND AND WATERS, A COLLECTIVE IDENTITY IS DISCOVERED AND A SENSE OF SELF...

CONTEXT Kitcisakik is a small Anicinape community in the Abitibi-Témiscamingue region, located on the shore of Lac Dozois. Not having the legal status of a reserve, its members do not have access

to basic services which other Quebecers take for granted, such as electricity and running water. With no school,

children seven years of age and over must leave the family home each week to attend school in Val d'Or. In 1992,

GOALS The annual canoe trip provides a means of rallying youth, elders and families around a group project in which everyone can take part. It provides a way of getting in touch again with native traditions and strengthening the ties that bind the community together. Exploring the territory provides an opportunity to discover the roots of collective identity and get to know oneself better. It is a way of revisiting the history of each and every participant, thereby setting the foundations upon which children and youth can construct their own lives and grow as individuals and members of a group.

ACTIVITIES In 2007, 55 people in 28 canoes undertook the 15-day trip. As the days and kilometres went by, the adults and elders initiated the youths into the traditions which are part of the heritage to be passed on to the next generation, such as canoeing, relationship with the environment, spirituality, etc. Evenings provided an opportunity to share special stories, to talk about problems with alcohol and drugs, but also to give an account of one's experience of healing or to express one's hopes and aspirations, dreams and plans. Holding this event every year, with a growing number of participants, bears witness to its importance in the life of this native community.

To learn more about the community of Kitcisakik, visit their website at: <http://www.kitcisakik.ca/accueil.htm>



wishing to address the many problems families in the community face, Kitcisakik community workers established an annual canoe trip on the lakes and rivers of the Anicinape territory.

Wapikoni Mobile

PROJECTING ONESELF ON THE
SCREENS OF THE WORLD AND
INTO THE FUTURE...

CONTEXT Culture plays a primary role in individual and collective development. Music, writing, dance, painting or filmmaking are a few of the many ways of sharing and expressing one's

For additional information on the Wapikoni Mobile project, visit their website at: <http://www.onf.ca/aventures/wapikonimobile>



culture. Because of their isolation from major urban centres, young aboriginals are distanced from the creative and cultural scene. The Wapikoni Mobile project provides a way for young native people to penetrate the centres of creation and distribution while remaining in their community.

GOALS Created in 2004, this mobile film and recording studio addresses the needs of young aboriginals to express their creativity, sensibility and culture. It is designed to train native emerging talents. With the Wapikoni Mobile, youths have the equipment they need to produce and distribute their musical and audiovisual creations. Beyond the technical aspect, Wapikoni Mobile gives aboriginal youth a voice, so that they can exteriorize their emotions, express their vision of the world, develop confidence in themselves, and project themselves on the screens of the world and into the

future, creating a vital representation of their reality. The films and CDs they produce also provide a means of discovering native communities in a much more optimistic and favourable light than statistics and preconceptions may indicate.

ACTIVITIES Since its launch in 2004, the Wapikoni Mobile is traveling to an increasing number of places – 11 communities comprising five different First Nations (Atikamekw, Algonquin, Innu, Mohawk and Cree) are now receiving regular visits. Since 2006, three permanent studios have been operating in the communities of Wemotaci, Kitchisakik and Mashteuiatsh. At each stop the Wapikoni Mobile makes, volunteer trainers helped by social workers introduce a dozen aboriginal youths to sound recording, and shooting and editing short films. The studio is a meeting place where learning and self-worth are at the heart of the creative process. The productions are then presented in the community and elsewhere upon request. The success of certain films, which have received national and international awards, bring well-warranted attention to these communities.



CONCLUSION

This special day devoted to aboriginal youth revealed that, despite the persistence of social inequalities in health, there are projects in communities whose dynamism and synergic effects are indeed contributing to improving the health and well-being of aboriginal children and youth.

The various initiatives presented during this special day bear witness to the diversity of ways in which social inequalities in health can be combated and the need to understand them in a broader definition of health. The ways and means of fighting against social inequalities in health cannot help but be numerous and varied, since their ramifications are equally numerous and run deep.

In conclusion, one can only hope that these examples of structural change be supported and integrated at various levels. As the First Nations of Quebec and

Labrador Health and Social Services Commission has stated, by focusing on the vitality of First Nations and their youth, we are ensuring a vibrant future for Québec society as a whole.



PHOTO: C5SSPNOL



PHOTO: SUZANNE BRUNEAU

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QPHRN

Created in 2002, the Québec Population Health Research Network (QPHRN) is a network of approximately 600 researchers working in the fields of public health, population health, health care services, health policy and health and society. Its mission is to support research infrastructure, innovative, multidisciplinary scientific activities and publications, champion a new generation of young researchers by funding graduate studies, and foster knowledge sharing. Its ultimate goal is to identify, understand and act on the social determinants of health to improve the health of populations. The scientific director is Dr. Gilles Paradis.

NOTES

1. Health Canada: http://www.hc-sc.gc.ca/fnih-spnia/pubs/aborig-autoch/stats_profil-eng.php.
2. Indian and Northern Affairs Canada: http://www.ainc-inac.gc.ca/pr/info/insocsec/sdpr_e.html
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Knowledge Sharing and Application Group

The *PopHealth Notes* series is an initiative of the QPHRN's Knowledge Sharing and Application Group (*Axe Partage et utilisation des connaissances*). The group's research mandate is to sensitize researchers, public policy decision-makers, central and regional managers, and local workers in the field to the findings of health and population research and the issues raised by them. The group's activities reflect a two-pronged role – supporting other research themes of the QPHRN and initiating new projects designed to increase the sharing and application of knowledge in population health. The group is composed of Mr. Pierre Bergeron (INSPQ [*Institut national de santé publique du Québec*] and QPHRN), Mrs. Marie-Claire Laurendeau (INSPQ, CSSS Bordeaux-Cartierville–St-Laurent and QPHRN), Mr. Pierre Joubert (INSPQ and QPHRN), Mr. Joseph Lévy (UQAM [*Université du Québec à Montréal*] and QPHRN) et Mrs. Karine Souffez (QPHRN).

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