

# *Connections to the Past:* *An Introduction to the Health of* *First Nations, Inuit and Metis Peoples*

**Margo Greenwood**

National Collaborating Centre for Aboriginal Health







# Overview of Presentation

- First Nations, Inuit and Métis Peoples of Canada
- Historical Overview of First Nations, Inuit and Métis Peoples
- First Nations, Inuit and Métis Peoples' Health
  - Social Determinants of Health
  - A Population Health Approach
- Where to from here?



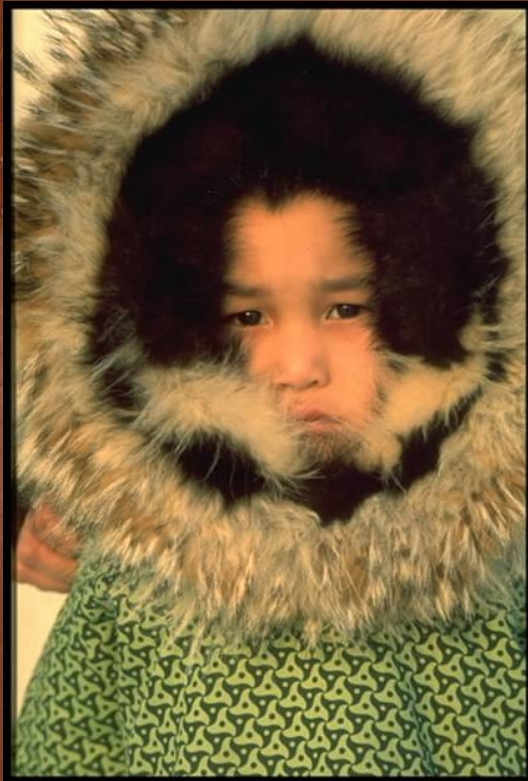
*First Nations, Inuit and Métis  
Peoples of Canada*







# First Nations, Inuit and Métis Peoples in Canada



Canada's total Aboriginal population is just over 1.3M, which is 4.4% of the total population (Stats Canada, 2006)

- First Nations (62%)
- Métis (30%)
- Inuit (5%)
- Other\* (3%)

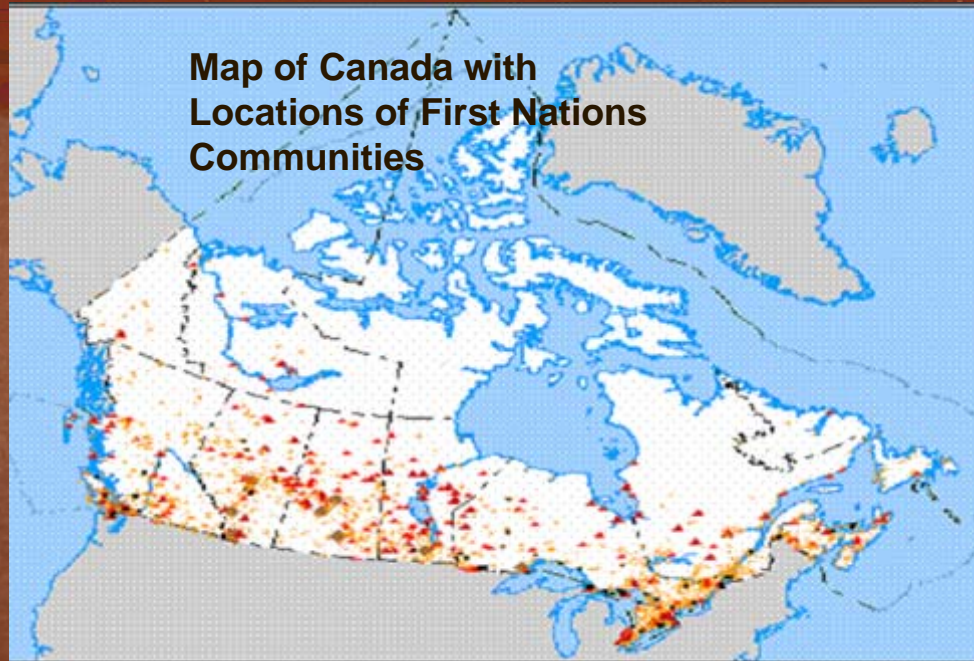
\*Persons who identified with more than one Aboriginal group or registered Indians or band members who did not identify as Aboriginal





# First Nations

The term First Nations came into common use in the 1970s to replace the term Indian. The collective term includes multiple nations; there are currently for than 600 First Nations recognized by the federal government.

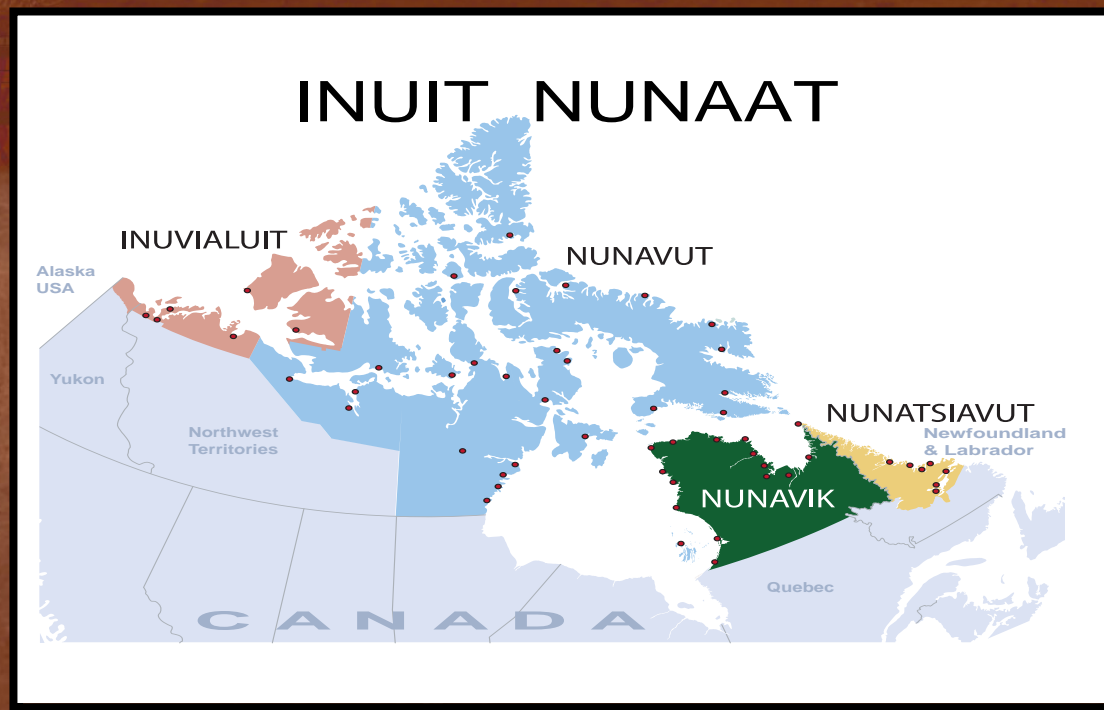






# Inuit

Inuit are the Aboriginal People of Arctic Canada. Inuit live primarily in the Northwest Territories, Nunavut, northern parts of Québec and throughout northern and central Labrador.



Map: Inuit Tapiriit Kanatami, 2007





# Métis Nation

Historically, the term Métis applied to the children of marriages of Cree, Dene and Anishnabe women, and the French and Scottish fur traders across the Métis Nation Homeland. Today "Métis" means a person who self-identifies as Métis, is of Historic Métis Nation ancestry, and is accepted by the Métis Nation. Métis never lived on reserves and the term "on reserve" does not apply to them.



Map: The Governing Member Provinces of the Métis National Council, 2007





# Certificate of Indian Status

- The federal government distinguishes between status and non-status Indians.
- The terms "status" and "registered" are used interchangeably.
- A registered Indian is a person registered under the terms of the Indian Act who has the right to live on-reserve and has access to benefits defined by a treaty and/ or policy.







# National Aboriginal Organizations

- The Assembly of First Nations (AFN) is the national organization representing First Nations citizens in Canada. The AFN represents all citizens regardless of age, gender or place of residence.
- The Métis National Council's (MNC) central goal is to secure a healthy space for the Métis Nation's on-going existence within the Canadian federation
- Inuit Tapiriit Kanatami (ITK) is the national Inuit organization in Canada, representing four Inuit regions – Nunatsiavut (Labrador), Nunavik (northern Quebec), Nunavut, and the Inuvialuit Settlement Region in the Northwest Territories.



Picture: <http://www.itk.ca/>



# *Historical Overview of First Nations, Inuit and Métis Peoples*







# Historical Overview

## Social engineering

- A history of colonization
- The Bagot Report (1845 )
- The Act for the Gradual Enfranchisement of Indians (1869)
- The Indian Act (1876)

## Social Disruption

- Production of Indian reserves
- Reallocation of resources
- Residential schools
- Infections diseases
- Family interventions
- Social and cultural breakdown







# Colonization and Intergenerational Trauma



CANADA

Knowledge of the historic role of colonization in Canada is vital to any understanding of Aboriginal peoples' current health status, and to the formulation of strategies, solutions and programs of change.

Assimilation took place through:

- Legislation (*Indian Act*);
- Residential schools
- Other assimilation actions.

**Colonialism has resulted in acute traumatization to the health and social fibre of Aboriginal peoples.**





# Health Care

Under the Constitution Act, "Indians and lands reserved for Indians" are a federal responsibility, and the provision of health care is a provincial responsibility.

- Registered Indians living on-reserve and Inuit living in traditional territories are a federal responsibility
- Registered Indians living off-reserve and Inuit living outside traditional territories receive health services from the provincial or territorial authorities, or providers paid by the provincial or territorial authorities
- Métis and other Aboriginal peoples who do not qualify for registration under the Indian Act receive their health services from provincial or territorial authorities





# *First Nations, Inuit and Métis Peoples' Health*







# Snapshot of Aboriginal Health



- Data collected at the national and provincial/territorial levels indicate that the health status of First Nations, Inuit and Métis is well below that of the non-Aboriginal population of Canada.
- Significant gap between Aboriginal and non-Aboriginal life expectancy and chronic diseases.
- High rates of:
  - births
  - suicide
  - Diabetes/ obesity
  - heart and circulatory disease
  - fetal alcohol spectrum disorder
  - infant mortality
  - injuries
  - tuberculosis
  - respiratory disease







# Royal Commission on Aboriginal Peoples

In 1996, the Royal Commission on Aboriginal Peoples (RCAP) report noted that **socio-economic factors** are important health determinants, but criticized the "individual level" analyses of socio-economic variables (such as income and employment) found in most health studies.







# Health as Socially Determined

- “Social determinants of health” are recognized by the World Health Organization and the Public Health Agency of Canada
- Social determinants of health are the economic and social conditions under which people live which determine their health. Virtually all major diseases are primarily determined by a network of interacting exposures that increase or decrease the risk for the disease. This is particularly the case for cardiovascular disease and type II diabetes. And these conditions are a result of social, economic, and political forces which include:
  - Aboriginal status
  - early life
  - education
  - employment and working conditions
  - food security
  - gender
  - health care services
  - housing
  - income and its distribution
  - social safety net
  - social exclusion
  - unemployment and employment security







# Indigenous Specific Determinants of Health

- Colonization
- Residential schools
- Self-determination
- Language and culture
- Indigeneity



Picture: <http://www.afn.ca/article.asp?id=58>





# Indigeneity as a Determinant of Health

Indigeneity is all that it means to be indigenous, and can be distinguished from socio-economic factors, ethnic minority issues, demographic variables, and locality

- e.g. Even when socio-economic factors are controlled, Maori patients are more likely to be admitted to a psychiatric inpatient unit (63% vs 33%)

The Indigeneity factor may reflect:

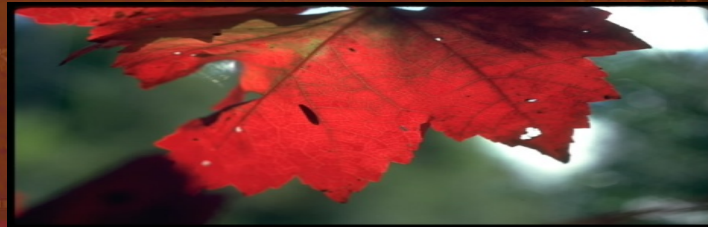
- Resource depletion
- Historical/political marginalisation
- Oppression and racism







# A Population Health Approach

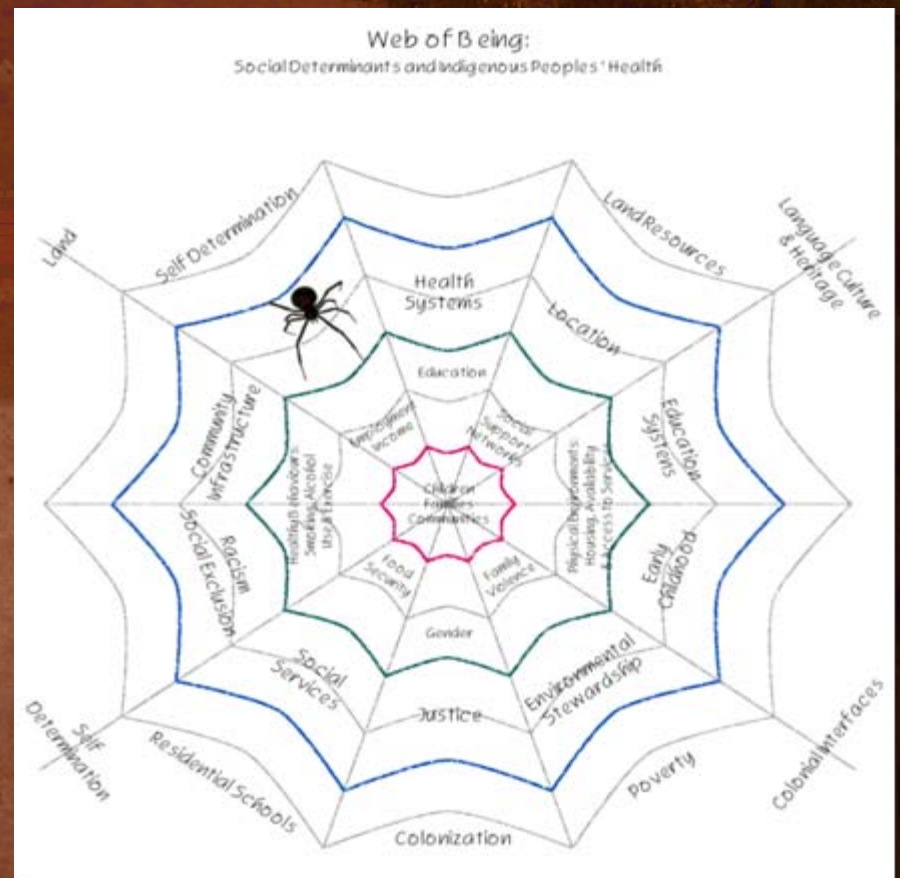


- Any framework will almost certainly result in identification of more health determinants than can be reasonably measured.
- Health determinants must therefore, be prioritized based on their importance, their current level of impairment or threat and the ability to affect change on them.
- While the Population Health Approach is relevant to policy discussions, to maximize its relevance, it is crucial that this approach be implemented in accordance with the values, attitudes and aspirations of First Nations people

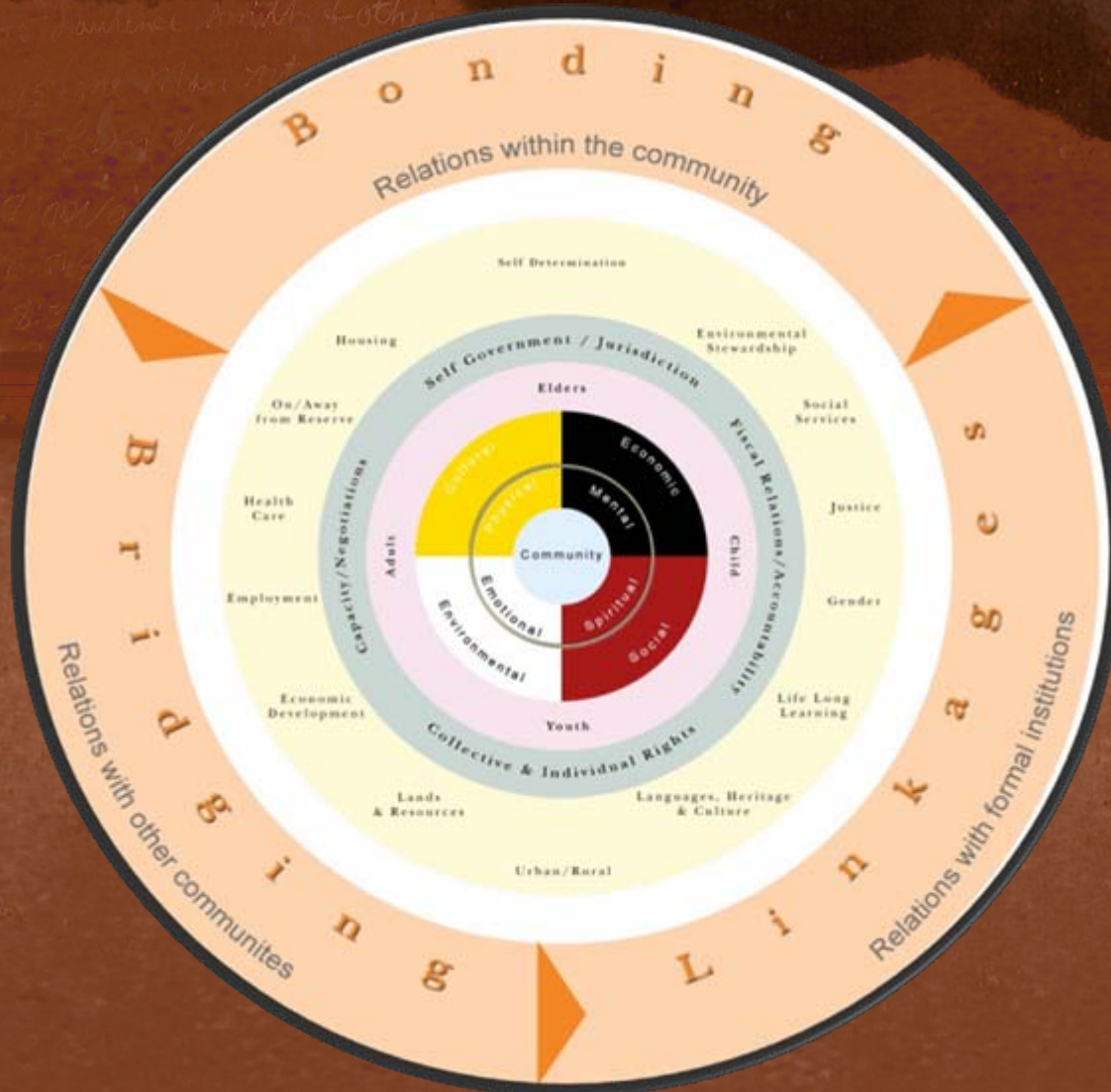




# The Web of Being







# First Nations Wholistic Policy and Planning Model

Source: **First Nations Public Health: A Framework for Improving the Health of Our People and Our Communities**, November 2006





# Integrated Life Course and Social Determinants Model of Aboriginal Health



-  Mental Health
-  Physical Health
-  Emotional Health
-  Spiritual Health

Charlotte Loppie © 2007  
Illustrated by Charlene Robichaud



*Where to from here?*







# The Opportunity for Us to Make a Difference

- Recognition and inclusion of Indigenous knowledges will require, at the very least, real and meaningful partnerships with indigenous peoples.
- Assess strengths as well as challenges
- Be mindful that no one size fits all – it is important to know how social problems are distributed across a population
- Support individuals and collectives in becoming **self-determining**
- Become advocates for change







# How to Contact Us

## The National Collaborating Centre for Aboriginal Health

University of Northern British Columbia  
3333 University Way  
Prince George, BC V2N 4Z9  
Canada

Tel: 250.960.5986

Fax: 250.960.5644

E-mail: [nccah@unbc.ca](mailto:nccah@unbc.ca)

