



Aboriginal Health Determinants and Stroke/Chronic Disease

Health Nexus/Prevent Stroke

Webinar Series - Part 2

By

Marilyn Morley, Health Promotion Consultant

Suzanne Schwenger, Health Promotion Consultant

April 30, 2009





This presentation is for
informational purposes only

Please contact
mmorley@rogers.com for
information on use of this
presentation

Webinar Learning Objectives

1. Social Determinants of Health

2. Aboriginal Health Determinants

**3. Major Historical Events Affecting
Aboriginal People in Canada**

**4. Resulting Impacts to Aboriginal Health and
Wellness**

Social Determinants of Health



Social Determinants of Health

Over the last fifty years, a change has emerged in the way health researchers and practitioners understand the factors that prevent chronic disease and lead to good health.

Before that, it was largely considered a matter of bio-medical cause and effect, coupled with negative life style choices.

Social Determinants of Health

In 1948, the World Health Organization declared that, more than the absence of disease, health is “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”

Ottawa Charter for Health Promotion

And later in 1986, the Ottawa Charter for Health Promotion declared that health is “created and lived by people within the settings of their everyday life; where they learn, work, play and love.”



Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion defines health promotion as, “ the process of enabling people to increase control over, and to improve their health”.

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Ottawa Charter for Health Promotion

- **Health is, therefore, seen as a resource for everyday life, not the objective of living.**
- **Health is a positive concept emphasizing social and personal resources, as well as physical capacities.**
- **Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.**

Ottawa Charter for Health Promotion

The fundamental conditions and resources for health care outlined in the charter are as follows.

Improvement in health requires a firm foundation in these basic requisites:

- PEACE
- SHELTER
- EDUCATION
- FOOD
- INCOME
- A STABLE ECO-SYSTEM
- SUSTAINABLE RESOURCES
- SOCIAL JUSTICE AND EQUITY

Ottawa Charter for Health Promotion

- **Good health is a major resource of social, economic and personal development and an important dimension of the quality of life.**
- **Political, economic, social cultural, environmental, behavioral and biological factors can all favour health or be harmful to it**
- **Health promotion action aims at making these conditions favourable through advocacy for health**

Ottawa Charter for Health Promotion

- Health promotion focuses on achieving equity in health
- Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest potential.

Ottawa Charter for Health Promotion

- **This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices.**
- **People cannot achieve their fullest potential unless they are able to take control of those things which determine their health**
- **Health promotion strategies and programs should be adapted to the local needs and possibilities and take into account differing social, cultural and economic conditions**

Social Determinants of Health

These declarations tell us that there are a large number of social factors and conditions, including income, employment, education, housing and others that lead to healthy people and communities.



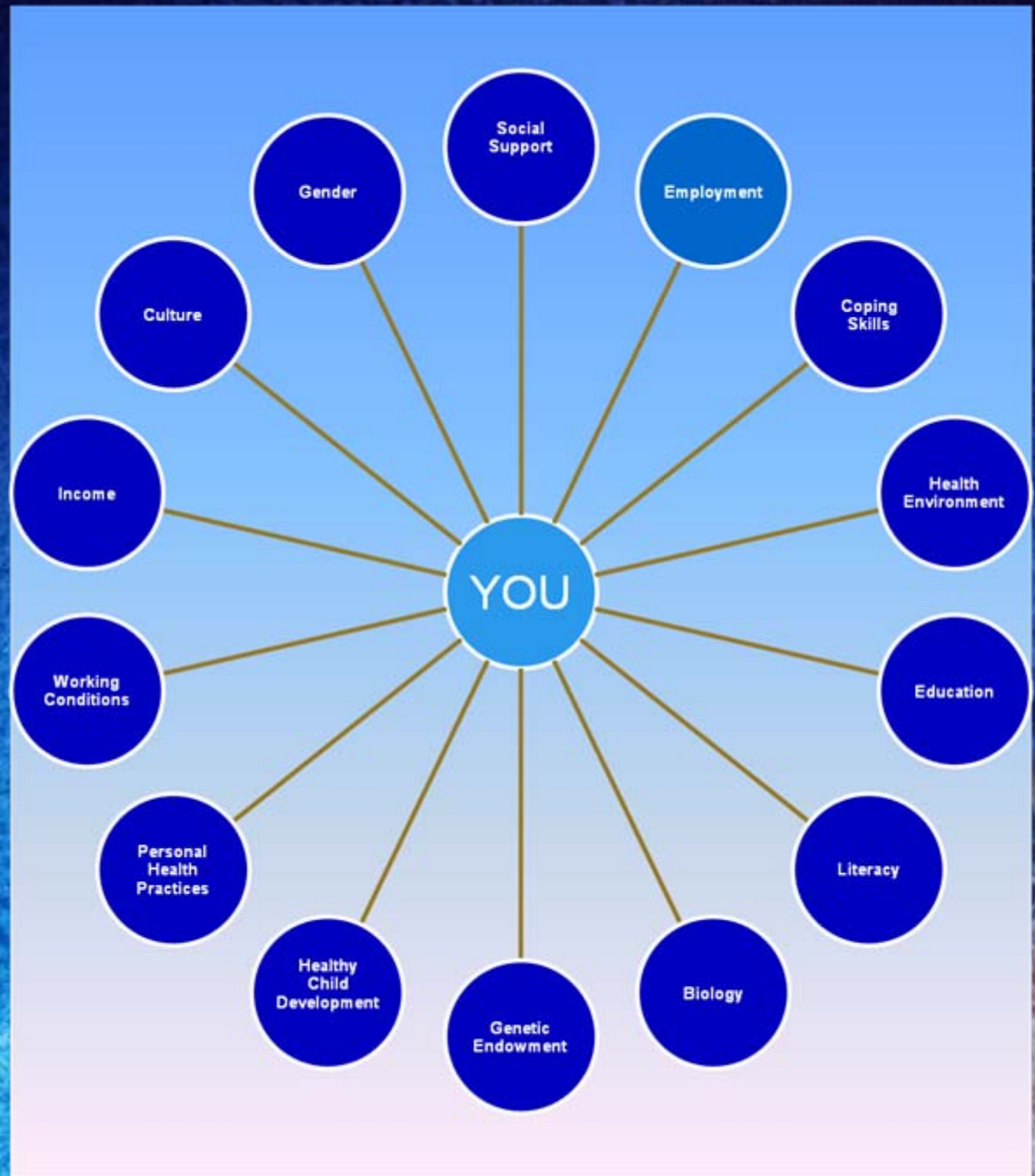
Determinants of Health

In 1998, Health Canada developed a comprehensive list of those factors, calling them the Determinants of Health:

Culture	Social Support	Education and Literacy
Income, Employment and Working Conditions	Social Environments	Physical Environments
Personal Health Practices	Coping Skills	Healthy Child Development
Biology and Genetic Endowment	Health Services	Gender

Determinants of Health

These factors come together to help us reach a state of complete physical, mental, and social well being.



How are Social Determinants of Health Linked to Health Inequities?

Many people in our society experience challenges in accessing resources that can help them lead a healthy and full life.

The challenges may be specific or may be structural. They may lack access because of poverty, homelessness, distance, or related reasons. They may be denied access because of racism or discrimination

How are Social Determinants of Health Linked to Health Inequities?

And because these determinants of health intersect with each other, they may face multiple exclusions and marginalization, such that they may be unemployed, homeless, have no support systems, and be suffering from a chronic illness. This contributes to health inequities.

Inclusion is a way of creating a society in which all are able to lead healthy and fulfilling lives.

Global Direction in Health Inequities

In the spirit of social justice, the Commission on Social Determinants of Health was set up by the World Health Organization (WHO) in 2005 to marshal the evidence on what can be done to promote health equity, and to foster a global movement to achieve it.

The Commission calls on WHO and all governments to lead global action on the social determinants of health with the aim of achieving health equity.

Global Direction in Health Inequities

It is essential the government, WHO, civil society and other global organizations now come together in taking action to improve the lives of the world citizens.

Achieving health equity within a generation is achievable, is the right thing to do and now is the right time to do it.

**Closing the Gap in a Generation,
Health Equity through Social Determinants of Health, WHO,SSDH, 2008**

**Health Determinants
of
Aboriginal People
in
Canada**



Health Determinants and Aboriginal People

- **According to the Public Health Agency of Canada, health determinants are the PHYSICAL, BIOLOGICAL, SOCIAL, CULTURAL and BEHAVIORAL factors that influence health.**

Aboriginal Health Determinants

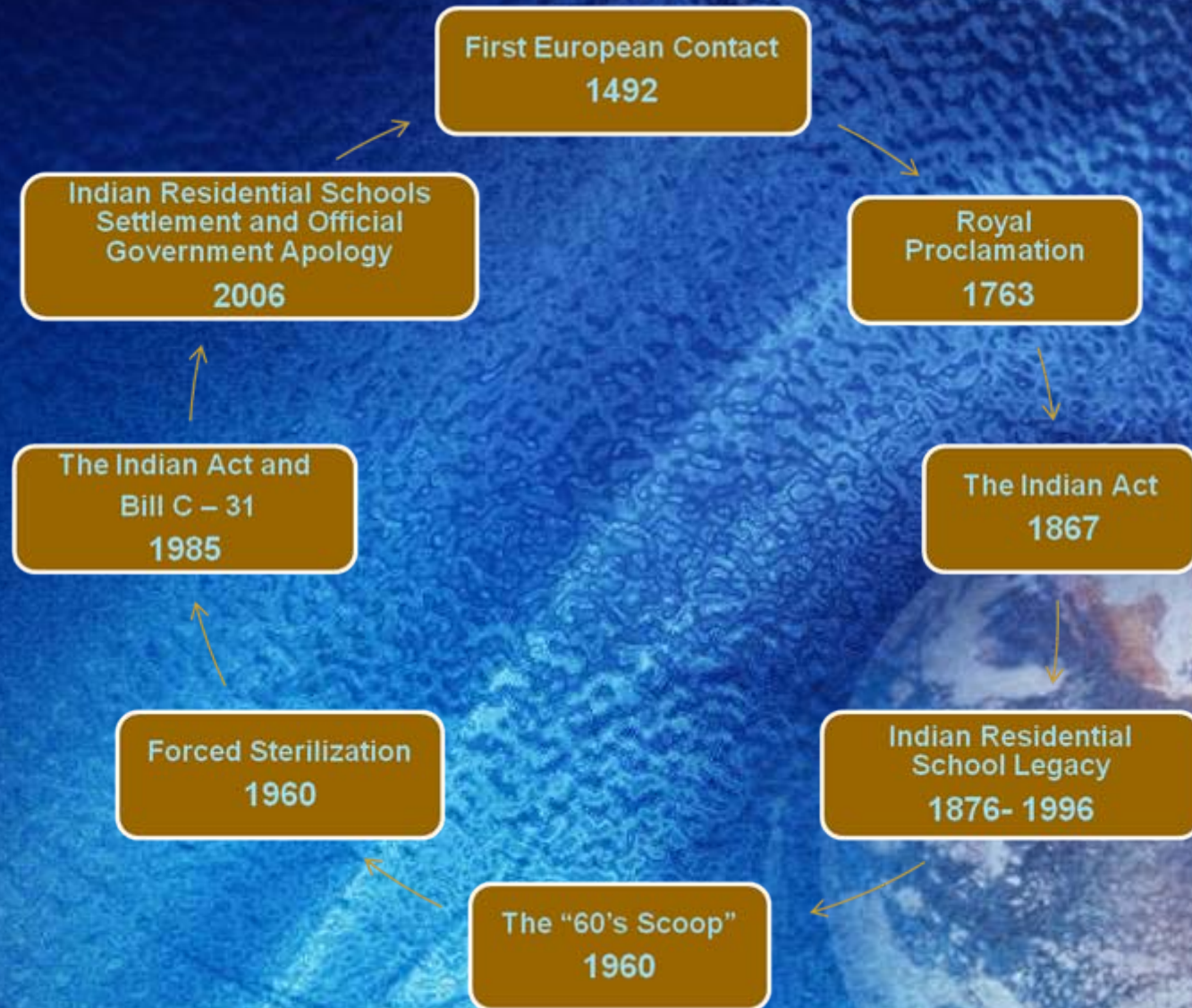


Aboriginal health outcomes are affected by these health determinants which intersect and influence each other

**Historical Events
and the
Health, Wellness and Spirituality
of
Aboriginal People
in Canada**



Major Historical Events Affecting the Health, Wellness and Spirituality of Aboriginal People in Canada



State of Health – Pre-Contact 1492

- **Aboriginal people enjoyed relatively good health**
- **Historical accounts indicate that they were able to control disease and enjoyed high levels of physical and mental health**
- **In 1492, an estimated 90 – 112 million Indigenous people lived on the American continent ...and perhaps 15-18 million living in what is now called the United States and Canada. (Vecsey 1996)**

State of Health – Pre-Contact 1492

- **When the Europeans arrived, Aboriginal nations had well established alliances and confederacies**
- **Aboriginal industries were fishing, hunting and agriculture**
- **As well the land and all it provided was the conduit for cultural expression**

Royal Proclamation of 1763

- In fact, the Royal Proclamation of 1763 recognized the autonomy and independence of Aboriginal Nations.



A Time of Change...

- **Establishment of nation to nation treaties**
- **Ship to shore trading**
- **Aboriginal people provided skills and intelligence for the booming fur trade**
- **Aboriginal people became allies when Europeans went to war**

A Time of Change....

- **However over time the Europeans began to see treaties as “real-estate transactions” to legitimize expropriation of land**
- **Europeans were breaching their original agreements with Aboriginal people**
- **As well land was often taken through various means of deception including; influencing Aboriginal people with alcohol**

Over Time...

- **Trading posts became a nucleus for disease out breaks**
- **Ecological balance was disrupted due to over fishing and hunting and the decline of the fur trade negatively affected Aboriginal communities**
- **Increased dependence on European goods, foods and alcohol**
- **Access to European weapons interfered with Aboriginal social and political order**

Struggle to Maintain Identity

- In the 19th century government policy changed from government to government relations with Aboriginal nations to **COLONIAL DOMINANCE**
- The new Dominion of Canada no longer needed Aboriginal people as allies in war
- The new Dominion needed more land for the new settlers

Struggle to Maintain Identity

- **The decline of the fur trade meant that Aboriginal skills were no longer needed**
- **Assimilation became the new goal of the Dominion which created legislation and policies to that end, even outlawing traditional ceremonies**

Indian Act of 1876

- **Legislation designed to facilitate the assimilation of Aboriginal people into colonists' white European culture**
- **Turned Aboriginal people into wards of the state; created reserves where Indians were to live; ignored previously signed treaties and hired Indian Agents to enforce the new legislation**

Indian Act of 1876

- The intent of the *Indian Act* is best summed up in the words of Duncan Campbell Scott, Deputy Superintendent of Indian Affairs from 1913 to 1932:

“ I want to get rid of the Indian problem....Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question and no Indian department”

(Scott, 1920)

Indian Act of 1876

The Indian Act spelled out conditions for being an “Indian” women:

- Any woman that married an Aboriginal man could be considered an Indian and could be allowed to live and even be buried on a reserve she also gained “Indian Status”.
- However, any Aboriginal woman who married a white, European male was now considered to be a bona fide member of Canadian society. She and their children lost her Indian status.

Indian Act of 1876

- **Aboriginal people required an Indian Agent's consent to leave the reserve; doing so without permission could result in serving prison time;**
- **Displacement of traditional forms of governance by federally imposed "Band Systems";**
- **Aboriginal people had to give up their "Status" in order to vote, own property, or serve in the military**

Indian Residential School System



Photo: J. Longboat, From Truth to Reconciliation, Aboriginal Healing Foundation

Indian Residential School System

- **The Residential School System began as early as 1874 to comply with the provisions in the Indian Act.**
- **The aim of the Federal Government of Canada was to assimilate First Nations, Métis and Inuit peoples into the white European culture of the colonists.**

Indian Residential School System

- **The results culminated in a formal partnership with the Roman Catholic, United, Anglican and other churches**
- **The federally funded, church administered schools were developed to annihilate the “Indian” identity and to further assimilate Aboriginal children into the broader Canadian society**
- **Children were forcibly removed from their families and were placed in residential schools located generally in remote areas**

Indian Residential School System

- **Within these institutions Aboriginal children (some as young as 3 years) lost their culture, identity and traditions which were replaced with negative feelings of shame, self-worth, trust and respect for others and themselves**
- **For decades Aboriginal children were subjected to horrible trauma- physical, psychological, spiritual and sexual abuse that was perpetrated by school official and staff**
- **Many who were not direct victims of abuse were direct witnesses and suffer the effects of intergenerational trauma**

Indian Residential School System

- Over the years, 130 schools were opened and were located in every province and territory except Newfoundland, New Brunswick and Prince Edward Island.
- The Government, with various religious organizations, operated these schools until 1969, when the government assumed total control for the residential school system.
- By the mid 1970's most of the schools closed, with the last federally-run residential school closing in 1996.

Indian Residential Schools in Canada



Information compiled from the Aboriginal Healing Foundation's "Directory of Residential Schools In Canada")

Indian Residential Schools Resolution

- In recent years some former students filed class action suits against the Federal Government, the Churches and others in which they sought compensation on behalf of themselves and other former students who suffered harms and abuses at residential schools.
- It is estimated there are 86,000 people alive today who attended residential schools across the country.

Indian Residential Schools Settlement Agreement

- **On May 10, 2006, the Government of Canada announced the approval, by all parties of the Indian Residential Schools Settlement Agreement.**
- **The Government's representative, the Honourable Frank Iacobucci, concluded the Settlement Agreement with legal representatives of former students of Indian Residential Schools, legal representatives of the Churches involved in running those schools, the Assembly of First Nations, and other Aboriginal organizations.**

Indian Residential Schools Settlement Agreement

The Settlement Agreement includes the following measures:

- **Advance Payments**
- **Common Experience Payment**
- **Independent Assessment Process**
- **Truth and Reconciliation**
- **Commemoration**
- **Healing**

Forced Sterilization of Aboriginal Women – 1960's

- This occurred in British Columbia, Alberta and in the United States
- The policy was intended to stop “mental defectives” from having children
- In 1937 the amendments to the Act stipulated consent was no longer required when a patient was deemed mentally defective or “incapable of intelligent parenthood” making Aboriginal women likely targets

The “60’s” Scoop

- **The “60s” Scoop refers to the adoption of First Nation/Métis children into non-Aboriginal families primarily in Canada, United States and overseas between the years of 1960 and the mid 1980's;**
- **First coined the “60’s Scoop” in a report done by Patrick Johnston (1983) published as Aboriginal Children in the Child Welfare System by the federal department of Social Policy Development.**

The “60’s” Scoop

- **Aboriginal children were literally apprehended from their homes without the knowledge or consent of families and bands (Johnston, 1983 Timpson, 1995)**
- **Johnston recalled being provided with the term by a BC social worker who told him....*with tears in her eyes - that is was common practice in BC in the mid-sixties to “scoop” from their mothers on reserves almost all new born babies. She was crying 20 years later because she realized – what a mistake that had been (Johnston, 2005)***

The Indian Act and Bill – C31

- **Prior to 1985, under certain provisions of the Indian Act, Register Indian women who married men who were not register Indians lost their status, and as a result their band membership**
- **This meant that women could no longer pass their status on to their children**

The Indian Act and Bill – C31 - 1985

- The opposite was true for men for registered Indian men as the Indian act conferred status to the non-registered spouse.
- The 1985 Act to amend the Indian Act, know as Bill C-31, eliminated certain discriminatory provisions of the Indian Act, including the section, that resulted in Registered Indian women losing their status for marrying non-status men.
- Bill C- 31 enabled people affected by the discriminatory provisions of the Indian Act to apply to have their Indian Status restored.

Indian Residential School Apology - 2008

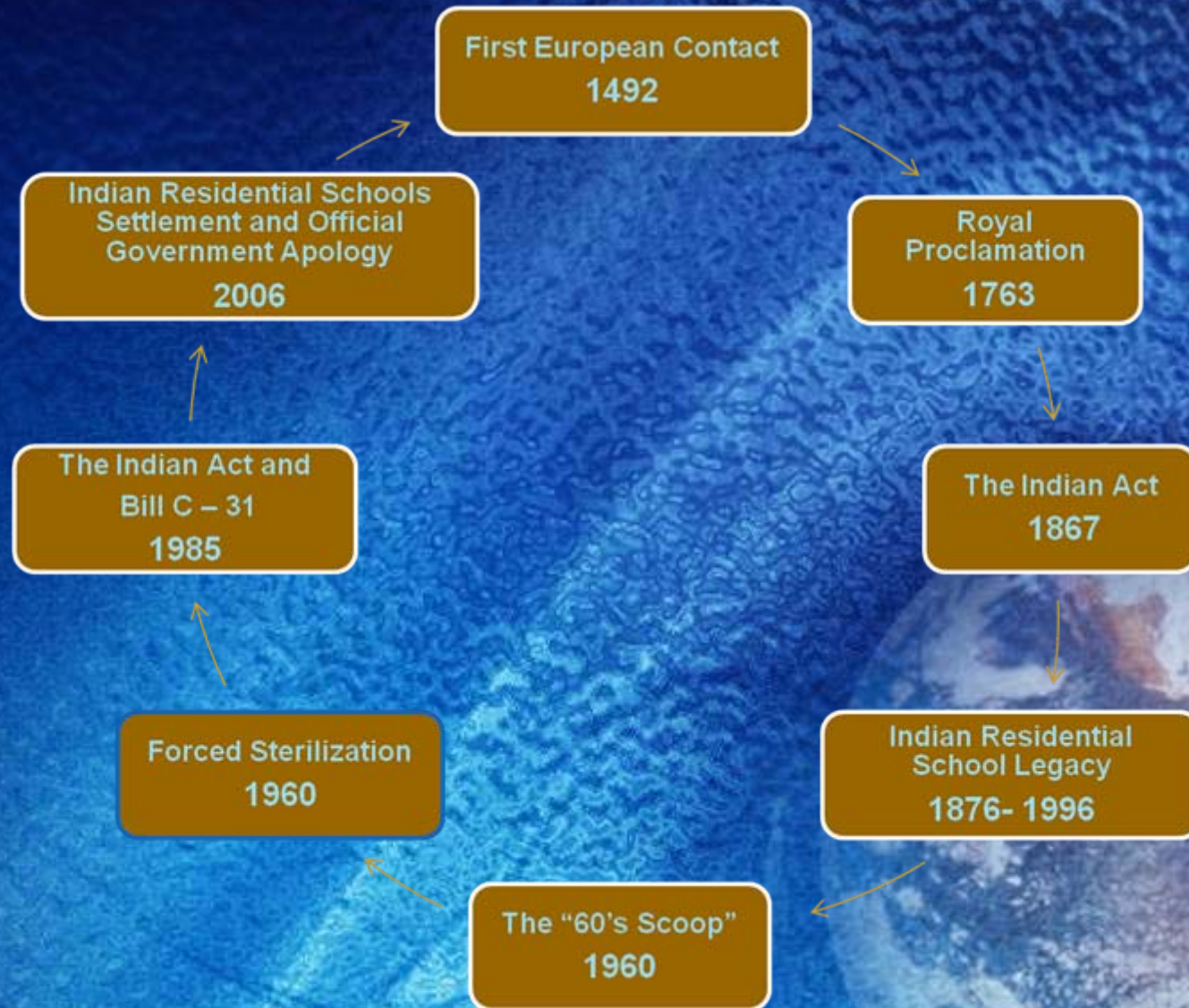
- **Two years after the government reached a 1.9 billion dollar settlement for the abuse of children in residential schools, Prime Minister Harper formally apologized to the survivors and their families on June 11, 2008.**



Indian Residential School Apology - 2008

- **The Prime Minister formally apologized for the mental, physical and sexual suffering that took place in compulsory schools which aimed to erase their indigenous culture.**
- **“I come before you today to offer an apology to former students of Indian Residential Schools,” Prime Minister Stephen Harper said addressing a packed House of Commons. The treatment of children in Indian Residential Schools is a sad chapter in our history.”**

Major Historical Events Affecting the Health, Wellness and Spirituality of Aboriginal People in Canada



Discussion:

What do you think the resulting impacts of historical determinants have been on the Health, Wellness and Spirituality of Aboriginal children, families, communities and nations in Ontario?

**Resulting Impacts
to
Aboriginal People**



Poverty Related Statistics

- **One in four First Nation children live in poverty**
- **It is estimated that 44% of the Aboriginal population living off-reserve is living in poverty;**
- **27% of Aboriginal families are headed by single mothers**
- **12% of Aboriginal families are headed by parents under the age of 25 years;**
- **40% of single Aboriginal mothers earn less than \$12,000 per year;**
- **47.2% of the Ontario Aboriginal population receives less than \$10,000 per year; and,**
- **Aboriginal women's poverty is particularly acute.**

Sources

Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and their Families in Ontario.
Public Alliance of Canada, 2008

Poverty Related Statistics

- **One in four First Nations children live in poverty**
- **It is estimated that 44% of the Aboriginal population living off-reserve is living in poverty;**
- **27% of Aboriginal families are headed by single mothers**
- **12% of Aboriginal families are headed by parents under the age of 25 years;**
- **40% of single Aboriginal mothers earn less than \$12,000 per year;**
- **47.2% of the Ontario Aboriginal population receives less than \$10,000 per year; and,**
- **Aboriginal women's poverty is particularly acute.**

Sources

Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and their Families in Ontario.
Public Alliance of Canada, 2008

Disability Related Statistics

- In 1991, disability rates among adults were high for Aboriginal people, compared with the total Canadian population; 31% versus 13%, double the national average
- Aboriginal women elders have one of the highest rates of disabilities of all groups in the country.
- Data from the 2001 Aboriginal Peoples Survey show that 72% of Aboriginal women age 65 and over have disabilities compared to 68% of men.

FASD Related Statistics

While there are no national statistics on Fetal Alcohol Spectrum Disorder (FASD) initial studies indicate that Aboriginal communities may suffer the highest rates of FASD.

Of the persons affected with FASD:

- 95% will have mental health problems;**
- 60% will have "disrupted school experience;**
- 60% will experience trouble with the law;**
- 55% will be confined in prison, drug or alcohol treatment centre or mental institution;**
- 52% will exhibit inappropriate sexual behaviour;**
- more than 50% of males and 70% of females will have alcohol and drug problems;**
- 82% will not be able to live independently; and,**
- 70% will have problems with employment .**

Homelessness Related Statistics

- **Aboriginal people are overrepresented in the homeless population of every major city in Ontario where statistics are available. For example, the 2002 Hamilton Report Card on Homelessness reports that Aboriginal people comprise 20% of the homeless population while representing only 2% of that city's population.**
- **78% of the Urban Aboriginal Task Force (UATF) community survey participants reported that their housing needs are not being met.**
- **Low income is a major barrier to the ability of urban Aboriginal people to access safe, adequate and affordable housing. Consequently, many Aboriginal people with low incomes live in temporary housing with family or friends and must often move from one housing situation to another. This transience often puts Aboriginal people at higher risk of homelessness.**

Homelessness Related Statistics

- **Access to affordable housing is one of the most pressing issues facing Aboriginal people across Canada - there is insufficient supply to meet the need and existing housing stock is inadequate, overcrowded, unsanitary and unhealthy.**
- **In the 2006 Census, 11% of Aboriginal people in Canada reported living in overcrowded housing compared to 3% of non-Aboriginal people. In addition, 23% reported their housing in need of major repairs – more than 3 times the rate of non-Aboriginal people.**
- **In the 2001 Census, 24% of off-reserve Aboriginal households in Ontario were identified as in core housing need, with affordability as the primary factor.**

Violence Against Aboriginal Women Stats

- The homicide rate against Aboriginal women is nearly seven times that of non-Aboriginal women (5.4 per 100,000 compared to 0.8 per 100,000).
- Aboriginal women experience violence at three and a half times the rate of non-Aboriginal women.
- The spousal violence Aboriginal women experience is more frequent and more severe than that experienced in comparison to non-Aboriginal women:
 - 24% of Aboriginal women report spousal violence in the preceding five years
 - 7% non-Aboriginal women report spousal violence in the preceding five years
 - 54% of Aboriginal women who were victims of spousal violence were beaten, choked, threatened with or had a gun or knife used against them, or sexually assaulted (compared to 37% for non-Aboriginal female victims)
 - 43% of Aboriginal victims of spousal violence reported injuries
 - 31% of non-Aboriginal victims of spousal violence reported injuries

Violence Against Aboriginal Women - Statistics

- “In some northern Aboriginal communities, it is believed that between 75% and 90% of Aboriginal women are battered.”
- "Aboriginal women run eight times the risk of being killed by their spouse after a separation."
- 37% of Aboriginal women experienced emotional or financial abuse from a current spouse in comparison to 18% of non-Aboriginal women.
- “90% of federally sentenced Aboriginal women have histories of physical and /or sexual abuse”.

Victimization and offending among the Aboriginal population in Canada. Statistics Canada, 2006.

A Strategic Framework to End Violence Against Aboriginal Women, Ontario Federation of Indian Friendship Centres and Ontario Native Women's Association, 2007

Aboriginal Women: An Issues Background. Michelle M. Mann, Status of Women of Canada, 2005.

Family Violence in Canada, a Statistical Profile. Statistics Canada, 2007

Fact Sheets: Alternatives to Incarceration. Elizabeth Fry Society.

Cardiovascular Disease (CVD) Studies in the Aboriginal Community and Related Statistics

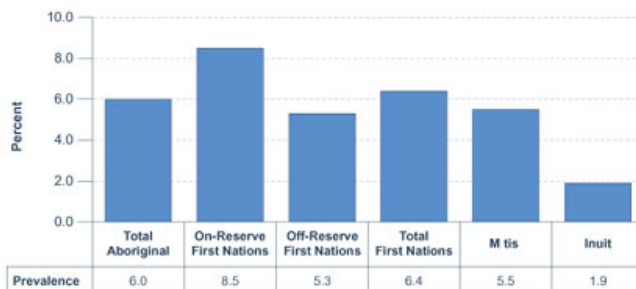
- In a recent studies related to cardiovascular disease and risk in the Aboriginal population it was noted:
 - An epidemic of CVD can be anticipated unless the current risk factors such as smoking and weight reductions strategies are addressed
 - To facilitate the success of CVD risk-reduction programs the Aboriginal community must be involved in their development and implementation

- D, Yi Q, Gerstein H, et al. Risk factors, atherosclerosis, and cardiovascular disease among Aboriginal people in Canada: the Study of Health Assessment and Risk Evaluation in Aboriginal Peoples (SHARE-AP). *Lancet* 2001;358:1147-53.

Diabetes in Aboriginal Communities

- The Aboriginal Peoples Survey (APS 1991) is the most recent comprehensive survey across Canada.
- According to this survey, the prevalence of diabetes among native groups in Canada is as follows:
 - 8.5 % of North American Indian peoples on Indian reserves and settlements;
 - 5.3% of North American Indian peoples off reserves;
 - 5.5% of Métis people and 1.9% of Inuit people.
 - Of the Aboriginal population represented in this survey, approximately 783,980 identified as North American Indian,
 - 212,650 as Métis
 - and 49,255 as Inuit.
 - Approximately two-thirds of the First Nations people with a diagnosis of diabetes are women, which is different from the overall trend of the general population.

Figure 6.1: Crude Prevalence of Self-Reported Diabetes from the Aboriginal Peoples Survey, 1991



Note: Based on Statistics Canada (1993) report.

Stroke and Related Risk Factors in Aboriginal Communities

- **Circulatory diseases are the leading cause of death among First Nations people.**
- **In the First Nations communities, up to 46% of adults 18 years of age and older report smoking daily.¹**
- **In the First Nations Regional Longitudinal Health Survey², 79% of First Nations adults are not sufficiently active, whereas 49% of First Nations adolescent males and 61% of First Nations adolescent females are not sufficiently active.**
- **Obesity is more prevalent among off-reserve (38%) and on-reserve (35%) Aboriginal peoples than among the general population (23%).**
- **More than 40% of First Nations youth are either overweight or obese.**
- **About 60% of First Nations children are either overweight or obese.**

1 -Heart and Stroke Foundation of Canada. ([Tipping the Scales of Progress: Heart Disease and Stroke in Canada. 2006.](#))

2- First Nations Regional Longitudinal Health Survey⁴¹

Stroke/Chronic Disease and Related Risk Factors in Aboriginal Communities

- Eight percent of First Nations people with acceptable weight report having cardiovascular disease, compared to 16% who are overweight and 27% who are obese.
- One in five (19.7%, age standardized) of First Nations adults age 18+ has been diagnosed with diabetes compared to one in 19 (5.2%) in the general Canadian population age 20+.³
- Heart disease is about four times more prevalent among First Nations adults with diabetes as among those without diabetes (14.9% versus 3.3%).
- High blood pressure is about four times more prevalent among First Nations adults with diabetes as among those without diabetes (42% versus 10.3%).
- High blood pressure is more prevalent among First Nations adults than the general population of Canada (20.4% versus 16.4%).

3- Heart and Stroke Foundation of Canada. ([Tipping the Scales of Progress: Heart Disease and Stroke in Canada, 2006.](#))

Summary

- **Gaining knowledge of how colonization and historical events have impacted the physical, emotional, mental and spiritual health of Aboriginal people today is critical towards understanding the devastating effect history has had on the First Nations, Inuit and Métis people of Canada.**

Summary

- **Historical past has resulted in accumulated loss of traditional values, language and family and community kinship, and family violence, sexual abuse, substance abuse, suicide, social issues and widespread chronic disease for Aboriginal people**
- **Aboriginal people are taking the responsibility of addressing the grief and loss in our communities, in culturally relevant ways.**

Summary

- **Aboriginal peoples self-determination to heal is supported by Elders who pass on their knowledge and wisdom to keep their culture alive and traditional healing methods alive so they may restore and balance their health, wellness and spirituality for the future generations.**

How will you play a part in restoring health for Aboriginal communities?



Health Nexus/Stroke

By

Marilyn Morley, Health Promotion Consultant

**Suzanne Schwenger, Health Promotion
Consultant**

