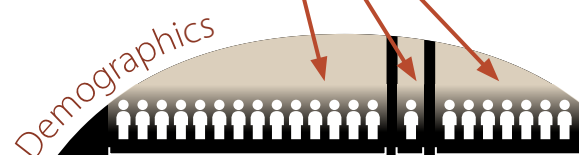


# The realities of wellbeing for First Nations, Inuit and Métis in Canada



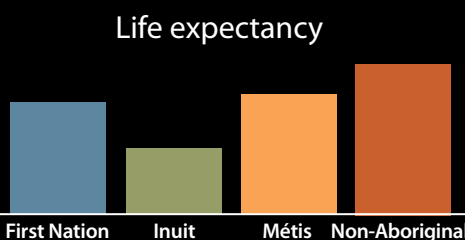
**First Nation Inuit Métis**  
1.1 million Aboriginal people

*This is the fastest growing segment of the Canadian population.*

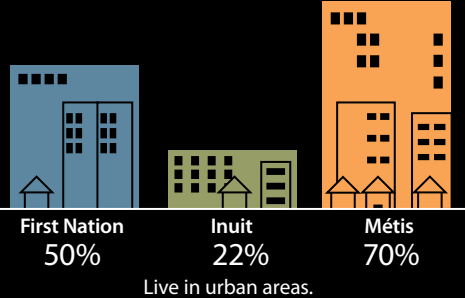
**Mean age**

Group	Mean Age
First Nation	29.5
Inuit	21.5
Métis	29.5

Non-Aboriginal population mean age is 39.7 years



*Urbanization is a growing trend.*



*20% change their place of residence within one year.*

**Young age and mobility** make it more difficult for patients to access quality care and build a sense of trust in health professionals and for health professionals to ensure continuity of care.

According to the Human Development Index: **Canada = 6<sup>th</sup> in the world**  
**First Nations = 68<sup>th</sup>**

Allocation of resources by the Federal government has been capped and is therefore **unable to adequately respond** to the resource needs of this population.

**Health**

Traditional medicines have been used for thousands of years by Aboriginal peoples in Canada, with demonstrated efficacy in treating a wide range of health issues.



You are pregnant. Imagine having to leave your family and community weeks before your due date. Imagine giving birth alone, without the support of those who know and love you.

The presence of family members at a birth is an important way many First Nations, Inuit and Métis are reclaiming birth and healing communities.



Most clinicians will encounter First Nations, Inuit and Métis in their practices.

*Aboriginal languages such as Cree, Ojibway, Michif and the dialects of Inuktitut, are the mother tongue for almost 20% of Aboriginal peoples.*

Create and protect spaces for Aboriginal mothers as givers of life.

**Social determinants of health**

**Empowerment** Despite systematic assimilation efforts, First Nations, Inuit and Métis communities continue to express their strength through language and culture

**Self-determination**

**Resilience**

The benefits of eating country foods are cultural, economic, and nutritional. Access to traditional foods is increasingly affected by climate change and environmental pollutants.

**Housing**

poor infrastructure, inadequate, insufficient, and unsafe housing, overcrowding, crowded housing, communicable disease

**Land**

In the backyards of many Aboriginal communities: Hazardous waste disposal sites, garbage landfills, incinerators and industrial plants.

**What's in your backyard?**

1/5 of First Nations communities are under a boil-water advisory.

Health professionals must recognize the effects of colonialization on health, sexuality, reproduction and birth, access to care, health care policies, and the ability of health professionals to deliver culturally-safe care.

**Poverty**

Limited choice High price Not enough

In 2010, 70% of Inuit preschoolers were found to live in food insecure homes.

~ 20 YEAR TREND ~  
**15% of Aboriginal peoples are unemployed.**

39% of Aboriginal single mothers earn less than \$12,000 per year. Is this enough for your family?

Being aware of the social determinants of health enables health providers to deliver safer care.

References: Statistics Canada, 2006 Census; Life expectancy at birth, by Aboriginal identity, Canada, 2001; Statistics Canada, Demography Division, 2001; www.statcan.ca/pub/98-502-x2010001/article/11442/c/c003-eng.htm; Human Development Report 2007/2008; www.hdrundp.org/en/reports/global/hdr/2007-2008; Languages in Canada 2006 Census; http://publications.gc.ca/collections/collection\_2011/pc-ch/C13-2-8-2010-eng.pdf; Egeland GH et al 2010. Food insecurity among Inuit preschoolers: Nunavut Inuit Child Health Survey, 2007-2008; CMAJ 182(3): 245-248; Health Canada, 2011; First Nations, Inuit and Aboriginal Peoples in Canada 2008 Labour Market, Work and Unemployment, Today and Tomorrow; Caledon Institute of Social Policy; Ottawa, ON; Mendelson, 2004; OHFC; Tenhouse Connections; Urban Aboriginal youth sexual health and pregnancy, 2002; Toronto, ON.