

research snapshot

summarize | mobilize



Living Conditions Create Health Inequities in Aboriginal Communities

What is this research about?

Research shows that living conditions can affect the health of different Aboriginal groups in complex ways. These conditions are sometimes called “the social determinants of health.” Some of them, like poverty, are “proximal,” which means they have a direct impact on a person’s health. They are thought to be caused by “intermediate” determinants – a lack of community resources, for example. “Distal” determinants have the greatest reach. These are the overarching political, social, and economic factors that shape the other determinants. Policies of colonialism, for example, often result in people losing their land. A loss of resources can lead to poverty – and poverty can create illness. This complex chain, however, doesn’t necessarily stop there. Illness often prevents people from looking for work. In other words, illness caused by poverty can result in more poverty. But although it’s clear that a broad range of social determinants can interact to have an impact on the lives of Aboriginal peoples, little is known about these specific conditions and how they shape the health of different Aboriginal groups over an entire lifetime.

What did the researchers do?

Researchers in BC and Nova Scotia looked at data on Aboriginal peoples in Canada to better grasp how different Aboriginal groups experience health inequities that result from their living conditions – and to create a model that can help us understand how

What you need to know:

Because of their living conditions, Aboriginal peoples tend to be more vulnerable to stress, disease, and a lack of control of their health.

social determinants interact to shape health in the long term.

What did the researchers find?

There are a number of proximal determinants that have a direct and harmful impact on the health of Aboriginal peoples, starting in childhood. Health behaviours such as substance use and poor diet certainly pose a threat. But so, too, do the physical environments into which people are born. Housing shortages can lead to overcrowding in First Nation and Inuit communities. It can also lead to homelessness for Aboriginal peoples in cities. Those who live in remote and rural areas often lack access to nutritious food and community resources. A shortage of jobs, income, education, and food security can all have a negative impact on health. Many of these conditions are caused by intermediate determinants. For example, having timely access to health care and education can play a key role in the health of Aboriginal peoples. (First Nation adults living on reserves, in particular, face long wait lists).

Health is also shaped by the communities in which people live. Limited infrastructure and resources can marginalize some Aboriginal peoples. So, too, can a feeling of being cut-off from one's environment and culture. Indeed, among some of BC's First Nations, it has been shown that a lack of "cultural continuity" – a sense of a shared past and a promising future over which individuals have some control – has been linked to high suicide rates. Distal determinants like colonialism have the most profound influence on the health of populations. They produce social, political, and economic inequalities that can "trickle down" and create living conditions that pose a threat to health. Because of colonialism, generations of First Nation, Métis, and Inuit peoples were displaced from their lands and pushed into poverty. Racism and social exclusion have also created societies that are stratified along ethnic lines, limiting the access of Aboriginal peoples to resources, power, freedom, and control. Self-determination, however, has been cited as the most important determinant of health among Aboriginal peoples.

How can you use this research?

High quality data is a cornerstone of health research and public policy. But although there has been an increase in the amount of knowledge on Aboriginal health, the data that exists still falls short of what is available for other Canadians. This lack of information should be a concern of the Public Health Agency of Canada. The Integrated Life Course and Social Determinants Model of Aboriginal Health (ILCSDAH), developed by the researchers, may prove to be a useful resource for future studies. This model offers a way of understanding how social determinants interact and shape health across an entire life. It also shows how specific social and historical contexts create, and are created by, these determinants. Researchers and policymakers, however, must not treat Aboriginal peoples as one, monolithic group. The ILCSDAH model addresses the differences between diverse communities, including the Inuit, the

Métis, and First Nations peoples. Ultimately, it could help lead to interventions that improve Aboriginal health.

About the Researchers

Charlotte Loppie Reading is Associate Professor in the Faculty of Human and Social Development at the University of Victoria. Fred Wien is Professor and former Director of the Maritime School of Social Work at Dalhousie University.

reading@uvic.ca

Citation

Reading, C. L., & Wein, F. (2009). *Health inequalities and social determinants of Aboriginal Peoples' health*. Prince George: National Collaborating Centre for Aboriginal Health. Available online at <http://bit.ly/1dw0yHY>

Keywords

Health inequities, Social determinants of health, Aboriginal, First Nations, Métis, Inuit

Knowledge Mobilization at York

York's Knowledge Mobilization Unit provides services for faculty, graduate students, community and government seeking to maximize the impact of academic research and expertise on public policy, social programming, and professional practice. This summary has been supported by the Office of the Vice-President Research and Innovation at York and project funding from SSHRC and CIHR.

kmbunit@yorku.ca

www.researchimpact.ca

