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# Social Determinants of Aboriginal Peoples' Health in Canada

Fact Sheet No.5

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## Introduction

Aboriginal populations in Canada face multiple health inequities and a wide range of research regarding the causes of such inequalities exists.<sup>1</sup> In the past there has been some interest in the role of genetic differences between the Aboriginal population and the general Canadian population. Such genetic focussed research suggests, for example, that genetic adaptation to food insecurity led Aboriginal peoples to be at higher risk for high birth weight and diabetes later in life.<sup>2</sup> However, these biological explanations do not sufficiently explain the significant differences in major health issues (for example, higher rates of heart disease, lung cancer and type II diabetes) between the Aboriginal and general Canadian population.

Rather than biological determinants, studying the social determinants of health provides more sufficient explanations for the health disparities experienced by the Aboriginal population in Canada.<sup>2</sup> **Social determinants of health** include the social and economic factors in people's lives that directly and indirectly produce certain health outcomes. Social determinants of health influence a wide range of health vulnerabilities, health behaviors and management, yet little is known about the distinct influence of social determinants of health on Aboriginal people.<sup>2</sup> Communities that experience inequalities in the social determinants of health not only carry an additional burden of health problems, but they are often restricted from access to resources that might improve their situation.<sup>1</sup> Researchers are now trying to map out the interconnections between social determinants and their effect on one's access to the health care system.<sup>1</sup>

Social determinants of health create further health issues that lead to circumstances and environments that in turn lead to subsequent determinants of health for Aboriginal people. For instance, living in low income conditions may increase susceptibility to illness and disability which in turn leads to inability to participate in gainful employment.<sup>1</sup> In the Canadian context, there are additional social determinants of health that negatively contribute to the health of the Aboriginal population that do not apply to the non-Aboriginal population to the same extent.<sup>2</sup> Due to these additional social determinants, Aboriginal identity should not be considered simply as another determinant of health. Rather, Aboriginal identity must be considered as its own category under which Aboriginal-specific determinants of health fall.<sup>2</sup>

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<sup>1</sup> Reading, C. & Wien, F. (2009). Health inequalities and the social determinants of aboriginal people' health. National Collaborating Centre for Aboriginal Health, 2-24. <http://www.nccah-ccnsa.ca/>.

<sup>2</sup> Cooke, M., & Long, D. (2011). Moving beyond the politics of Aboriginal well-being, health and Healing. Visions of the heart: Canadian Aboriginal issues (pp.310-313).



Below is a comparison between general social determinants of health and those that are Aboriginal-specific:

"Traditional" Social Determinants of Health		Aboriginal-Specific Social Determinants of Health	
✓	Gender	✓	Participation in traditional activities
✓	Aboriginal Status	✓	Balance
✓	Housing	✓	Life control
✓	Income	✓	Environmental education
✓	Educations	✓	Material resources
✓	Work	✓	Social resources
		✓	Environmental/cultural connections

Reference: *Visions of the heart: Canadian Aboriginal issues*<sup>4</sup>

### Considering the History

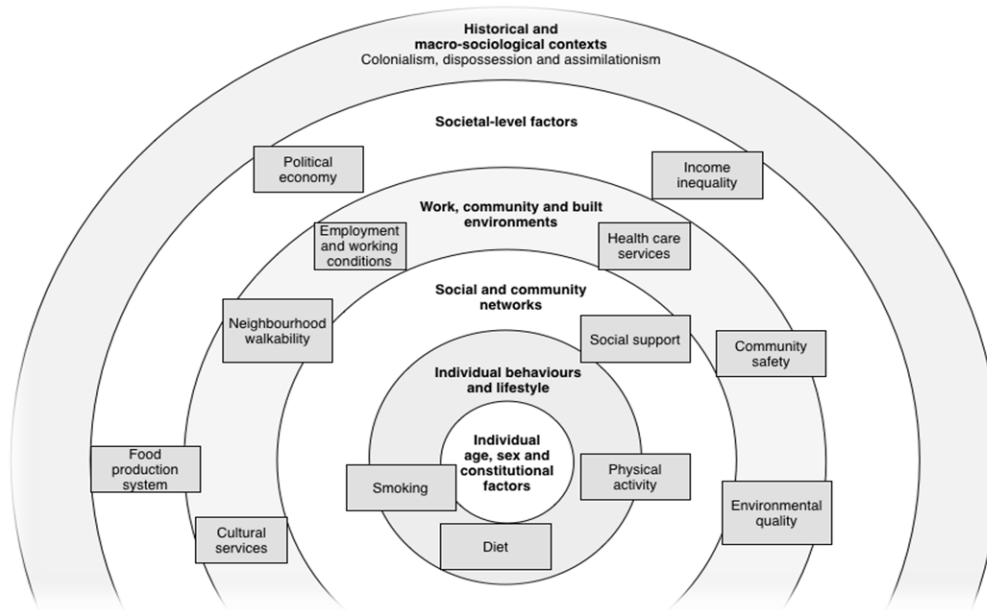
When considering disparities of health in the Aboriginal population, some people focus on the individual lifestyle factors and choices, yet these behavioral determinants are often the result of Aboriginal-specific social determinants, which are in turn a result of colonialism in Canada.<sup>1</sup> The relationship between individual behaviours, societal and historical factors is illustrated in Figure 1: Socioeconomic model. Colonialism continues to impact the health of Aboriginal people by producing social, political and economic inequalities. The impact of colonialism on Aboriginal people began with their dispossession of and displacement from traditional lands in the 20th century.<sup>1</sup> Also, Aboriginal people were restricted from or forbidden to hunt, trap or fish for the purpose of subsistence.

The political agenda of colonialism in 20th century Canada was to assimilate Aboriginal people into the dominant culture.<sup>1</sup> One of the most powerful and traumatic mechanisms used was mandatory attendance for Aboriginal children to attend Residential Schools. Culture, language, family ties and community networks were destroyed for generations of First Nations, Inuit and Metis children as a result of Residential Schools.<sup>3</sup> In addition to Residential Schools, colonization blocked access to traditional food cultivation. As a result, Aboriginal inhabitants became dependant on food of the colonizers.<sup>4</sup> This food was inferior in nutrients and quality. In addition, colonizers introduced harmful substances, like alcohol, which has had long-term effects on the health and society of Aboriginal peoples.<sup>4</sup>

<sup>3</sup> King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, 374 (9683), 65-75. <http://www.thelancet.com/>

<sup>4</sup> Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. *The Lancet*, 374 (9683), 65-75. <http://www.thelancet.com/>

*Figure 1: Socioeconomic Model*  
(Adapted from: Dahlgren and Whitehead, 1991; Willows, Heneley and Delormier, 2012)



### Urbanization and Aboriginal Health

Urbanization has also contributed to the poor health of Aboriginal people.<sup>4</sup> **Urbanization** is the growth of cities or the increased migration from rural to urban areas.<sup>4</sup> As a shift to more urban areas occurs, there is also an upsurge in lifestyle diseases such as hypertension, cardiovascular disease and diabetes. The increase in these lifestyle diseases is a result of the high calorie, high fat, high salt and low fibre diet associated with urbanization. Poor health and sedentary lifestyles are affecting Aboriginal populations on a larger scale as urbanization occurs.<sup>4</sup>



### Further Determinants of Health to Consider

As a result of colonization and urbanization, there are other social determinants that emerged which are more prevalent in the Aboriginal population than the non-Aboriginal population in Canada.<sup>4</sup> Firstly, socio-economic status (SES) has been shown in large amounts of research to have a major role in determining health. Through colonization, systematic racism and discrimination, Aboriginal peoples have been denied access to the resources and conditions necessary to maximize SES.<sup>1</sup> As a result of low SES, Aboriginal people in Canada face higher rates of unemployment, scarce economic opportunities, poor housing, and lower educational attainment than their non-Aboriginal counterparts. The most widely discussed impact of poverty is lack of access to material resources such as nutrient rich foods which can lead to higher rates of obesity and diabetes.<sup>1</sup>

Next, education is another component of SES that influences Aboriginal health in various ways.<sup>1</sup> Inadequate education often includes poor literacy which affects one's ability to acquire information about proper nutrition or healthy food preparation.<sup>1</sup> Low educational attainment also means less employment opportunities, resulting in higher chances of poverty.

Finally due to disconnection from the land and traditional activity, many Aboriginal youth are at-risk for unhealthy lifestyles that include lack of exercise and poor diet.<sup>1</sup> Poor diet and lack of physical activity are associated with the epidemic of Type 2 Diabetes amongst Aboriginal adults and is increasing among Aboriginal youth.

### Prescriptions for Correcting the Health Disparities

There is disparity in reliable data regarding the health of Aboriginal peoples.<sup>4</sup> More reliable data are needed to document the present health status of Aboriginal people so that strategies and programs can be developed to address the current needs and be assessed for effectiveness. Currently there is a mortality gap between the Aboriginal and non-Aboriginal population in Canada.<sup>4</sup> Rather than seeing this health gap as a cause for despair, it should be seen as a target for improving health.<sup>2</sup> Policy makers and community leaders need to be convinced that Aboriginal health requires attention and that methods of prevention should take priority over treatment. The process to correct the gap between Aboriginal and non-Aboriginal health requires the commitment of governments to the unique rights of Aboriginal people as well as the collection of adequate data about Aboriginal health.<sup>4</sup>