Canadian Aboriginal health: Is discrimination alive and well?

Table ronde avec Gavin Mooney

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Gavin Mooney's presentation ...

- Racism is at the root of the health inequities observed in Australian Aboriginal health
- Policies maintain Institutionalized forms of racism in the health care system

Could it be that this holds true for Canada as well?

Are Canadian & Australian Aboriginal populations' situation similar enough ?

- Strikingly similar in key aspects

Aspects	Description
Traditional life style & belief systems	Hunter-gatherer nomadic society living in extended family groups, Respect for elders and oral traditions Holistic and communal concepts of health (1, 2)
Experience of European colonization	Large-scale genocide Dispossession form land & disruption of traditional lifestyle Forced removal of children to orphanages (2)
Health disparities (vs. Non-aboriginal population)	Addictions, mental health, violence against women , diabetes, HIV, TB Environmental degradation and contamination (1)

(1) UN (2009) State of World's Indigenous Peoples

(2) Muthu, Y. & G. Grzeszczyk (2011), Analysis of the Australian and Canadian governments' aboriginal policies, *AlterNative, 7 (1) : 15-26*

Are Canadian & Australian Aboriginal populations' situation similar enough ?

- But also very different in many other aspects

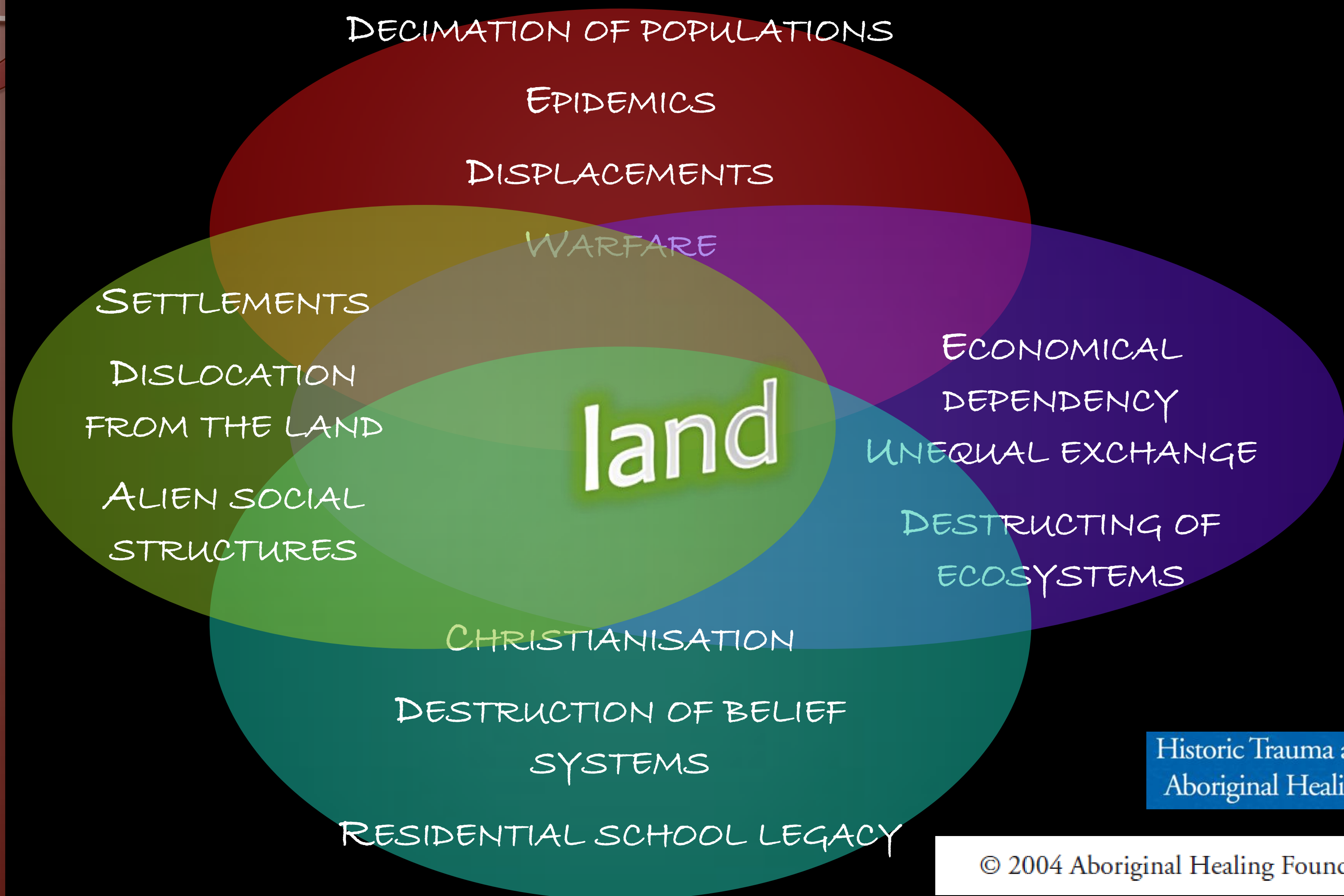
	Australia	Canada
Origins	50,000 -60,000 years ago Papua New Guinea or Indonesia	60,000 – 11,000 years ago, from Asia via the Bering Strait
Population	410,003 (2.2 % of population)	1,172,785 (3,8% of population)
Colonial policies	Until 1992, native title was denied by national government Failure to accept responsibility for historical assimilation policies	Official apology for residential schools But persistence of policies which were originally meant for assimilation (Reserve system & Indian Act)
UN HDI	Non – aboriginal population 4 Aboriginal populations 103	Non – aboriginal population 8 Aboriginal populations 32

Muthu, Y. & G. Grzeszczyk (2011), Analysis of the Australian and Canadian governments' aboriginal policies, *AlterNative, 7 (1) : 15-26*

Archibald (2006). Decolonization and Healing: Indigenous Experiences in the United States, New Zealand, Australia and Greenland. Healing Foundation

Colonization

Centuries of Multiples losses… some of which still ongoing



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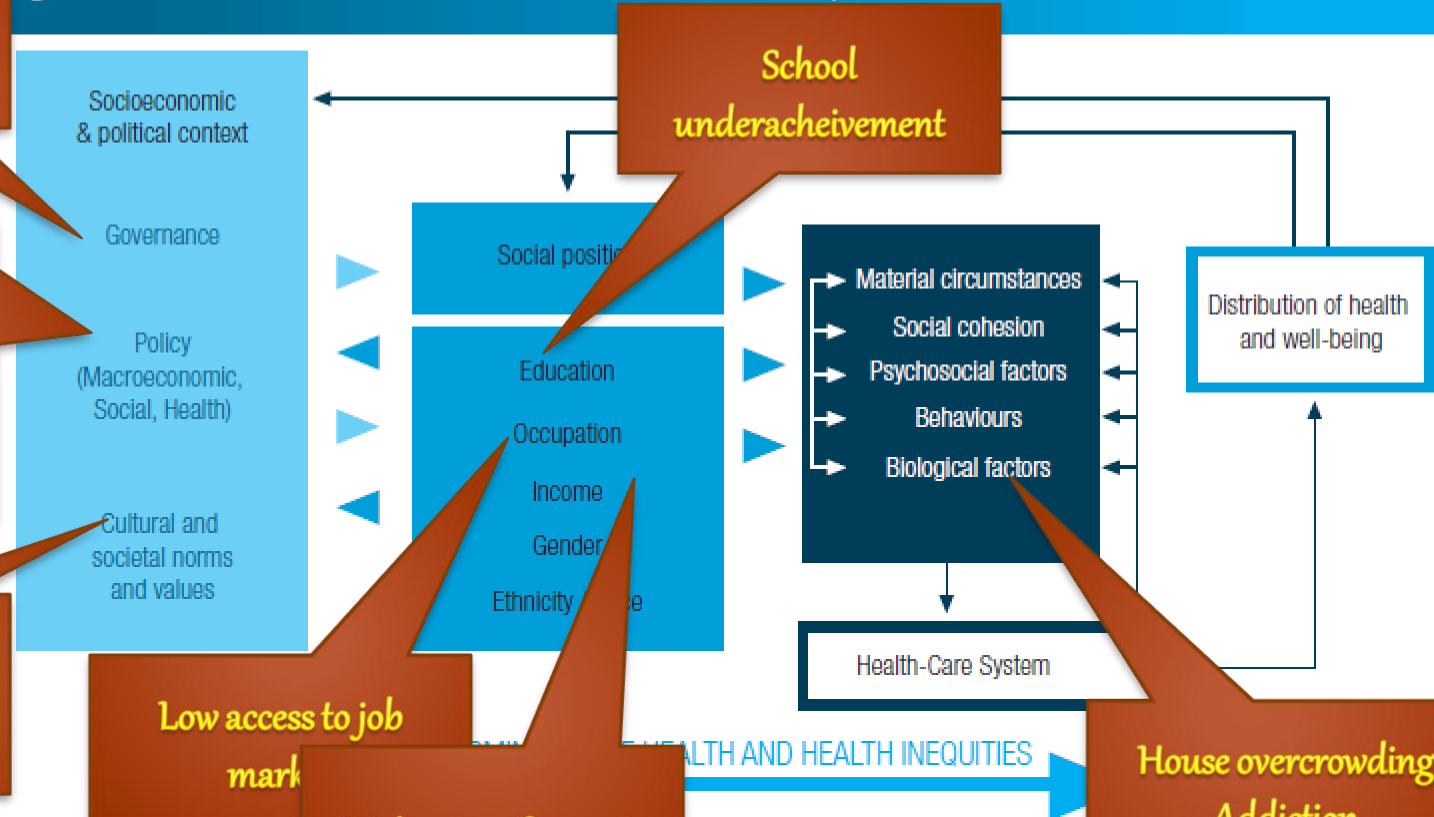
Colonization

A critical social determinant of health



EMBODYING Discrimination (Krieger, 1995)

Whether legal, overt, systemic, interpersonal, discrimination hurts health via multiple pathways:

- Economic and social deprivation
- Exposure to toxic substances and conditions
- Socially inflected trauma - physiology of resistance
- Internalized oppression & Self-destructive behaviors
- Inadequate access and quality of health care

Apartheid in Canada

Gilles Paradis
Scientific Editor

REVUE CANADIENNE DE SANTÉ PUBLIQUE • VOL. 100, NO. 4

"How can a society (...) which values (...) solidarity, justice (...) and fairness, ignore for so long social conditions that would be intolerable for ourselves? Would any province tolerate rates of unemployment of more than 25% for decades (...) a median income less than half that of the rest of Canada (...) that one fifth of its households do not meet adequacy standards ? (...)

Indeed, our past and current inactions and our unwillingness as a society to forcefully engage with First Nations are shameful. »

Could it be that some of the things we do with the intention of closing the gap of health disparities between Aboriginal and non-aboriginal populations in fact lead to more exclusion, stigma and In turn, more dis-ease?

1. Health care services are geographically accessible in Aboriginal communities, but are they « culturally safe »?

2. Health care professionals and clients, do we have the same priorities?

3. Monitoring health disparities, measuring their consequences or their causes?

Health services – Geographically accessible but culturally safe?

- In addition to the usual "invisible" barriers to seeking care including (prejudices and language)
  - Lack of understanding of the ethic of noninterference
    - Being questioned, tested, and given multiple instruction on what to do and not do can be viewed as disrespectful (1)
  - Lingering fear of institutions and difficulties at building trusting relationships with health care providers
    - Survivors of residential schools have negative experience with authority and institutions (1)
    - Traced back to the insensitive treatment of those with tuberculosis when people were immediately removed from their home community to southern sanatoria and never came back (2)

(1) Smylie et al. (2000). **A Guide for Health Professionals Working with Aboriginal Peoples**. J Soc Obstet Gynaecol Can; 22 (12)

(2) Adelson (2005) . **The Embodiment of Inequity** Health Disparities in Aboriginal Canada . Revue canadienne de santé publique ; 96 (S **2)**

Health care professionals and clients do we have the same priorities?

- **Teenage pregnancy: a problem? For whom?**
  - From our Southern perspective, understood as exposing the mother and her child to a high psychosocial risk situation
  - Justification for interventions providing targeted support to pregnant teens, particularly to increase her parental skills and ensuring proper child development
  - In Inuit populations, women considered of marriageable age by mid-teens and teenage pregnancy a normal occurrence, and not at all addressed from a parental deficit perspective (1)

(1) National Collaborating Centre for Aboriginal Health (2010). A Framework for Indigenous School Health: Foundations in Cultural Principles

S. Leonard Syme, Ph.D.
Bringing the "Social" to Epidemiology

"Almost all of our public health interventions have failed. The problem is that we have messages to give, and people have lives to lead, and usually the two don't intermix.

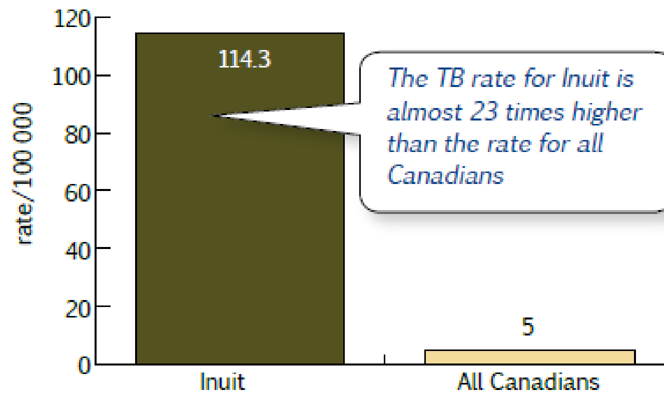
We are interested in cholesterol and blood pressure, and people are interested in jobs, their house, their kids, income security, and so on.

We really need to pay attention to the things that people care about, and stop being such experts about risk factors."

Can epidemiological methodologies create stigma?

- Measuring Aboriginal health
  - Describes health disparities in comparison to general population, rather than asking why inequalities arise in the first place
  - Focused on problems of the individual: the diseases that people have and the risk factors they experience
  - Assumes individuals as having freedom to make healthy choices, undermining the influence of social contexts and environments
- Just as for environmental and infectious diseases epidemiology, there are valid ecological-level exposures in social environments that are not captured by investigation at individual level

Berkman & Kawachi (2000). Soical Epidemiology. Ocford University Press



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Inuit Statistical Profile

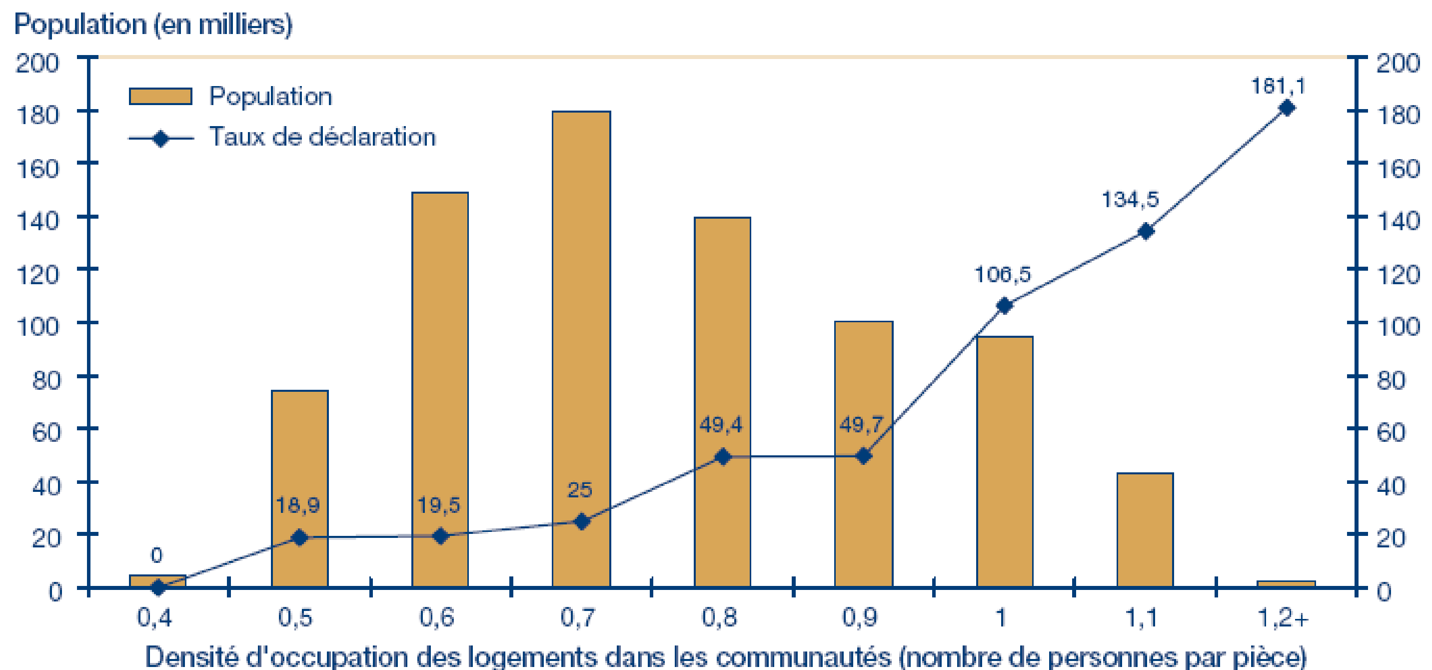
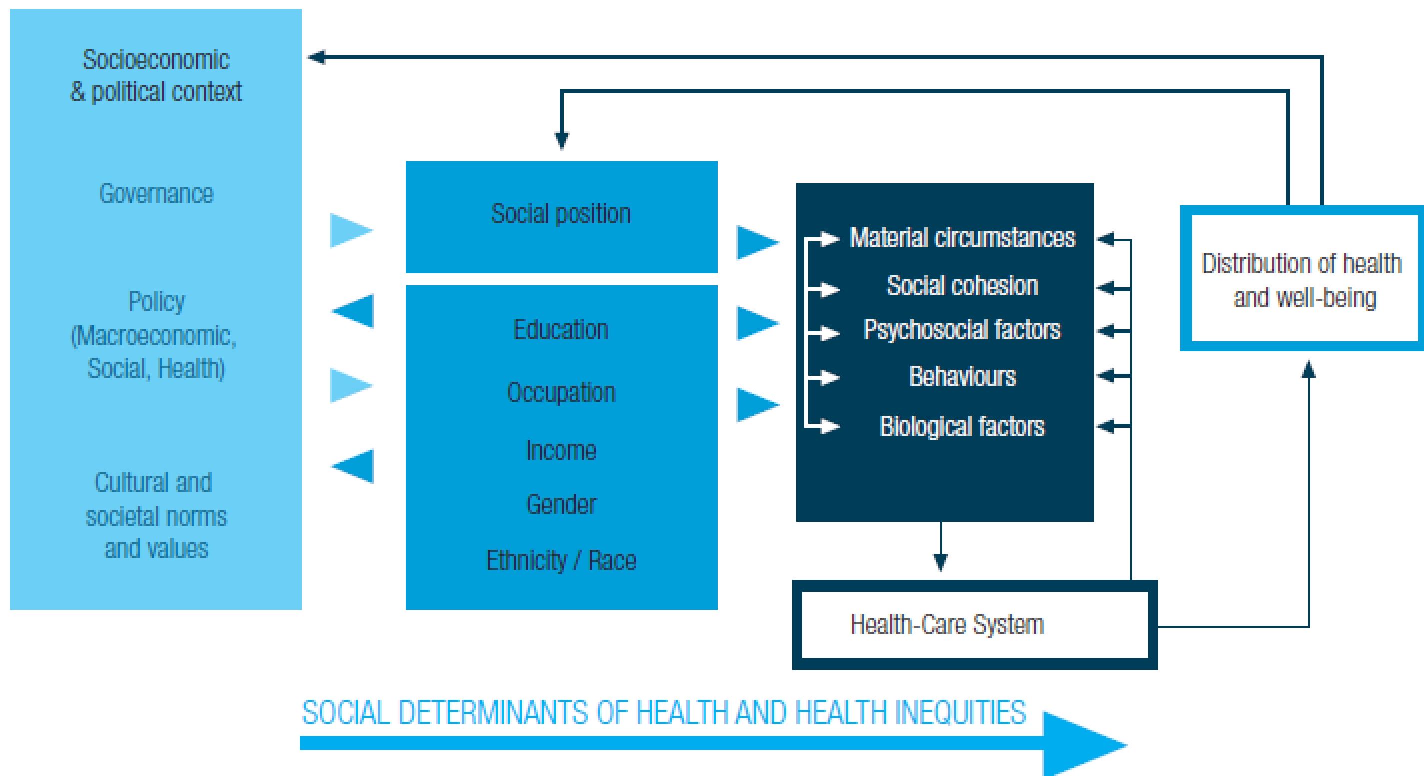


Figure 3.15
Taux de déclaration de cas de tuberculose et de population générale selon la densité de logement communautaire, 1997 à 1999
Population (en milliers)
Population
Taux de déclaration
0
18,9
19,5
25
49,4
49,7
106,5
134,5
181,1
0,4
0,5
0,6
0,7
0,8
0,9
1
1,1
1,2+
Densité d'occupation des logements dans les communautés (nombre de personnes par pièce)
Source : Santé Canada. La tuberculose dans les collectivités des Premières nations, 1999. Ottawa : ministère des Travaux publics et des Services gouvernementaux, 2001c

Discrimination and Aboriginal health in the Canadian context ...



CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization.

Any hope?

- **Vulnerable population interventions (2)**
  - Based on intersectoral approaches : engage with other sectors on the root causes
  - Participatory by including of members of populations in the articulation of the problem and the development of the program and its evaluation
- **Integration of social epidemiology and community-engaged interventions**
  - Community –based participatory research in addressing issues of power imbalance, capacity building, community use of the data (1)

(1) Wallerstein & Syme (2011). Integrationof social epidemiology and community-engaged interventions to improve health equity. Am j of public health published online

(2) Frohlich & Potvin (2008) . The inequity paradox: the population approach and vulnerable populations . Am j of public health; 98 (2).

Closing the 17 year gap means opening not just the Treasury coffers but our hearts

Gavin Mooney

Social and Public Health Economics Research Group, Curtin University

These recommendations will only be achieved if massive funds are made available. And that will happen only if Treasury opens its coffers and Australians open their hearts and show the compassion that has so long been missing in dealings with Indigenous Australians.

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Thank you!