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Does socioeconomic context influence the health of Canada's First Nations population?

Canada's aboriginal population has lower life expectancy and self-rated health than the greater Canadian population, and higher rates of morbidity, chronic disease, suicide, injury, and mortality – an alarming fact, given the cardinal role of health in our overall well-being.

Aboriginal health research has suffered the same fate as other issues pertaining to this group of Canadians—a shortage of studies, a narrow perspective that rarely includes social determinants, and very little generalizable *causal* work.

Further, the fundamental historical, cultural and socio-economic diversity of Aboriginal peoples is often missed. Yet strong differences exist. Intra Aboriginal (off-reserve, on-reserve, Métis, Inuit) income differences, for instance, tend to be larger than those between Aboriginals and the Canadian population. Similarly, youth suicide is virtually unknown in many British Columbia First Nations bands, while other communities have rates 800 times the national average.

- ◆ ***In 2001, approximately 1.32 million people self identified as having Aboriginal ancestry (2001 Census)***
- ◆ ***The Registered Indian population numbered 703 800 in over 600 Bands, with approximately 419 800 (60%) on-reserve (INAC 2004)***
- ◆ ***The proportion of Registered Indians living on-reserve is projected to increase from an estimated 60% in 2001 to 75% in 2021***

Finally, although community level variables have demonstrated their theoretical utility and capacity to explain a variety of social phenomena, they are all but absent from Aboriginal research. Income inequality in particular has received significant international attention, yet virtually no research has examined the effect of income inequality on various outcomes for Aboriginals, including health outcomes.

Not so for Nick Spence's doctoral research - one of the few studies to focus on the context of Aboriginal communities as a determinant of population health outcomes, and the only known study of the Canadian Aboriginal population to include a multilevel perspective and empirically test related hypotheses.

The study used the 2001 Aboriginal Peoples Survey and logistic hierarchical linear modeling to investigate three questions:

- Does the socioeconomic context, as indicated by the income inequality of Canada's First Nations reserves, influence the health outcomes of its residents, as measured by self-rated health? If so, what is the probable underlying process?
- Does the socioeconomic context alter the effect of individual-level influences on health, including social support?

- What are the other key determinants of Aboriginal health?

Interestingly, despite the strong theoretical basis for the influence of social context on the Aboriginal population, Spence finds little evidence of its effect on self-rated health. Rather, it is the characteristics of individuals – their education, labour force participation, life styles, and social support – that explain variations in health outcomes.

To discuss this unexpected finding and its implications, and to discover more about the factors affecting health outcomes in Aboriginal populations, please join us at the UWORDC Brown Bag on November 12.

Note: Summary prepared by Heather Juby, RDC Knowledge Transfer Coordinator, based on Nicholas David Spence. 2007. *New Vistas on the Income Inequality-Health Debate: The Case of Canada's First Nations Reserve Population*. Ph.D. Dissertation, University of Western Ontario

For more information or to enquire about the concepts, methods or data quality in this study please contact Nicholas David Spence at ndspence@uwo.ca.

The analysis was carried out at the University of Western Ontario Research Data Centre. The Research Data Centre program is part of an initiative by Statistics Canada, the Social Sciences and Humanities Research Council, the Canadian Institutes of Health Research and university consortia to strengthen Canada's social research capacity.