

# Study: Assessing the social determinants of self-reported Inuit health in Inuit Nunangat, 2012

Released at 8:30 a.m. Eastern time in *The Daily*, Monday, February 22, 2016

---

Inuit with strong or very strong family ties were more likely to be in excellent or very good health than those with weaker ties.

These findings, taken from a new study entitled "[Assessing the social determinants of self-reported Inuit health in Inuit Nunangat](#)," held even after controlling for other factors. The study used data from the 2012 Aboriginal Peoples Survey to assess the relationship between various social, economic and cultural factors and excellent or very good self-reported health. The analysis was conducted for two age groups: those aged 15 to 24 and those aged 25 to 54.

## **Family ties and postsecondary completion associated with excellent or very good health**

Among Inuit aged 15 to 24 in Inuit Nunangat, more than half (55%) of those with strong or very strong family ties had excellent or very good health, compared with 43% of those with moderate, weak or very weak family ties. The same relationship held true for Inuit aged 25 to 54, as those with strong or very strong family ties were more likely to be in excellent or very good health (42%) than those with weaker ties (34%).

Educational attainment was also positively associated with excellent or very good self-reported health for both age groups in the study. For Inuit aged 15 to 24, just over 6 in 10 of those who had completed a postsecondary certificate, diploma or degree had excellent or very good health, after adjusting for other factors. This was significantly higher than those who had not completed high school (41%). This was also true of those aged 25 to 54, as 46% of those with a postsecondary certificate, diploma or degree had excellent or very good health compared with about one-third of those who did not have a high school diploma.

## **Younger Inuit living in a crowded dwelling are less likely to report excellent or very good health**

While some social determinants were associated with self-reported health for both age groups, there were some that only showed an association within one of the two groups. For example, Inuit aged 15 to 24 in Inuit Nunangat who lived in a crowded dwelling were less likely to be in excellent or very good self-reported health (46%) than those who did not (54%), even after controlling for other factors. However, the same statistical relationship was not evident for those aged 25 to 54.

## **Difficulties accessing health care negatively associated with self-reported health for older Inuit**

On the other hand, among Inuit aged 25 to 54 in Inuit Nunangat, just under one-quarter of those who had had an unmet health care need in the 12 months preceding the survey reported being in excellent or very good health, after adjusting for other factors. This figure was significantly lower than for those who reported no such experience (41%). Among those in the younger age group, however, there was no discernable statistical relationship between health care access and self-reported health.



### Note to readers

The Aboriginal Peoples Survey (APS) is a national survey on the social and economic conditions of Aboriginal peoples (First Nations people living off reserve, Métis and Inuit) aged six years and older. The 2012 APS represents the fourth cycle of the survey and focuses on issues related to education, employment and health.

The article, "[Assessing the social determinants of self-reported Inuit health in Inuit Nunangat](#)," tests the association between the social determinants of health and excellent or very good self-reported health. A multivariate analysis was conducted using a logistic regression model.

All figures in this document are adjusted probabilities. These were computed by testing the relationship between a specific social determinant of health and the probability of being in excellent or very good self-reported health when the remaining variables were held constant (namely, the remaining variables were set to the mean value). However, the results are only associations between variables. As a consequence, it is not possible to determine any causal relationship between self-reported health and the social determinants of health.

**Inuit Nunangat** is the homeland of Inuit of Canada. It is composed of the communities located in the four Inuit regions: Nunatsiavut (northern coastal Labrador), Nunavik (northern Quebec), the territory of Nunavut and the Inuvialuit region of the Northwest Territories. These regions collectively encompass the area traditionally occupied by Inuit in Canada.

**Self-reported health** was measured by asking respondents to report their health as being, in general, "excellent," "very good," "good," "fair" or "poor."

**Family ties** were measured by asking respondents to rate the strength of their family ties among family members living in the same city, town or community but in another household.

**Crowded dwellings** were defined as private dwellings with more than one person per room.

### Definitions, data sources and methods: survey number [3250](#).

The article "[Assessing the social determinants of self-reported Inuit health in Inuit Nunangat](#)" is now available in the publication *Aboriginal Peoples Survey, 2012* ([89-653-X](#)). From the *Browse by key resource* module of our website, choose *Publications*.

For more information, contact us (toll-free 1-800-263-1136; 514-283-8300; [STATCAN.infostats-infostats.STATCAN@canada.ca](mailto:STATCAN.infostats-infostats.STATCAN@canada.ca)).

To enquire about the concepts, methods or data quality of this release, contact Thomas Anderson (613-404-2591; [thomas.anderson@canada.ca](mailto:thomas.anderson@canada.ca)), Social and Aboriginal Statistics Division.