Métis family networks and hospitalization

Released at 8:30 a.m. Eastern time in The Daily, Wednesday, December 20, 2017

Social networks are important for promoting and maintaining health and well-being. Métis men and women with strong family networks reported better mental health than those with weak networks. This is among the findings of a study released today in the publication *Health Reports* that examines associations between family networks and self-perceived health among Métis aged 45 or older.

The study, based on the 2012 Aboriginal Peoples Survey, found that more than half (54%) of Métis had strong family networks and that, for women, older age, lower education, and non-participation in the labour force were associated with strong family networks. Métis men with strong family networks were more likely to report better general health.

The Métis population was also the subject of a second study released today, which looks at hospitalizations for ambulatory care sensitive conditions (ACSCs) such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma. Some ACSC-related hospitalizations are avoidable, and so are an indirect measure of access to primary care and the capacity of the system to manage chronic conditions.

Using linked census and hospital data, the study found that in urban areas, the ACSC hospitalization rate was twice as high among adult Métis as among non-Aboriginal adults (393 versus 184 per 100,000 population). Even when other socio-demographic differences between the two groups were taken into account, hospitalization for diabetes and COPD-related illnesses remained twice as likely among Métis adults.

Note to readers

The 2012 Aboriginal Peoples Survey is a national survey of First Nations people living off reserve, Métis, and Inuit who, as of February 1, 2012, were aged six or older and lived in private dwellings. The use of the term Métis is complex and has different historical and contemporary meanings. In the study "Family networks and health among Métis aged 45 or older," Métis were defined as respondents who self-identified as "Métis" with a single Aboriginal identity.

In "Hospitalization for ambulatory care sensitive conditions among urban Métis adults," the 2006 Census (long-form) was linked to the Discharge Abstract Database (DAD) for all Canadian jurisdictions, excluding Quebec. The study cohort consisted of census respondents aged 18 to 74 in census metropolitan areas (CMAs), or in zones strongly or moderately influenced by CMAs, who reported Métis as a single Aboriginal identity and respondents who did not identify as Aboriginal ("non-Aboriginal").

For more information about the 2006 Census of Population linked to the 2006/2007-to-2008/2009 DAD, see the article "Linking 2006 Census and hospital data in Canada," Health Reports, Vol. 26, no. 10. These data are currently available in the Research Data Centres.

Definitions, data sources and methods: survey number 3250.

The articles "Family networks and health among Métis aged 45 or older" and "Hospitalization for ambulatory care sensitive conditions among urban Métis adults" are available in the December 2017 online issue of *Health Reports*, Vol. 28, no. 12 (**82-003-X**).

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For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; **STATCAN.infostats-infostats.STATCAN@canada.ca**).

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