

Health Reports, October 2021

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The October 2021 issue of [Health Reports](#) contains two articles.

Causes of excess mortality among First Nations people

Previous studies have shown that Indigenous people have a shorter life expectancy and were more likely to die prematurely from avoidable causes compared with non-Indigenous people. The article "[Mortality among First Nations people, 2006 to 2016](#)" is the first to link census and administrative data to examine the causes of excess mortality of First Nations people at the national level. It also compares mortality for specific age groups and geographic regions between Indigenous and non-Indigenous people as well as between First Nations people living on and off reserve.

By examining specific causes of excess deaths among First Nations people, this analysis helps assess long-term trends of First Nations people's health, as recommended by the Truth and Reconciliation Commission.

Results showed that diabetes, heart diseases, chronic liver disease and cirrhosis, unintentional injuries, and intentional injuries (suicide and assault) were primarily responsible for the excess mortality of First Nations people compared with their non-Indigenous counterparts.

Hypertension associated with hearing health problems

Hypertension and the medications used to treat the condition have been implicated in the development of hearing loss and tinnitus. The article "[Hypertension associated with hearing health problems among Canadian adults aged 19 to 79 years](#)" examines the associations between hypertension and hearing health problems, defined as having hearing loss, tinnitus or both conditions.

Hearing health problems were significantly more prevalent among adults with hypertension (79%) than among those without hypertension (54%). Hearing loss and tinnitus (e.g., ringing in the ears) are common and potentially disabling conditions that impact many aspects of life, such as levels of stress, mental health and interpersonal relationships.

An estimated 40% of the adult population were free of hearing health problems, while the remaining 60% had either hearing loss (23%), tinnitus (22%), or both conditions (14%); 22% of the adult population had hypertension.

When age, sociodemographic, health-related and noise exposure variables were taken into account, the odds of hearing health problems were 70% higher for males and 60% higher for females with hypertension compared with their counterparts without hypertension.

The results from cycles 3 (2012 to 2013) and 4 (2014 to 2015) of the Canadian Health Measures Survey demonstrate the importance of screening those with hypertension for hearing health and support the integration of audiology and chronic disease management.

An infographic titled "[Hearing health of Canadian adults](#)" is also available.



Definitions, data sources and methods: survey numbers 3207 and 3233.

The articles "[Mortality among First Nations people, 2006 to 2016](#)" and "[Hypertension associated with hearing health problems among Canadian adults aged 19 to 79 years](#)" are now available in the October 2021 online issue of *Health Reports*, Vol. 32, no. 10 ([82-003-X](#)).

Also released today is an infographic titled "[Hearing health of Canadian adults](#)" available as part of the series Statistics Canada – Infographics ([11-627-M](#)).

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To enquire about "Hypertension associated with hearing health problems among Canadian adults aged 19 to 79 years," contact Heather Gilmour (heather.gilmour@statcan.gc.ca), Health Analysis Division.

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