

Well-being of the non-reserve Aboriginal population

by Vivian O'Donnell and Heather Tait

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The concept of well-being is a complex one with physical, mental, emotional and spiritual aspects. The interrelation between these facets is a theme explored by many indigenous cultures. For example, many Aboriginal societies use the “Medicine Wheel”, a symbol of holistic healing that embodies these four elements of “whole health.” The natural world is also an essential part of well-being because of the intrinsic connections and interrelationships between people and the environment in which they live. Well-being flows from balance and harmony among these elements.

CST What you should know about this study

The Aboriginal Peoples Survey (APS), conducted between September 2001 and June 2002, surveyed about 117,000 individuals to collect information regarding the lifestyles and living conditions of Aboriginal people. It was developed in partnership with several national Aboriginal organizations, including the Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, National Association of Friendship Centres and the Native Women’s Association of Canada.

Aboriginal identity population refers to those people who reported being North American Indian, and/or Métis and/or Inuit. Also included are those who did not identify as an Aboriginal person but who had registered Indian status as defined by the *Indian Act* of Canada and/or Band or First Nation membership.

The non-reserve population includes the over 700,000 Aboriginal people who do not live on Indian reserves, except in the Northwest Territories, where both on- and off-reserve Aboriginal populations are included. According to the 2001 Census, the total non-reserve Aboriginal population represents about 70% of the total Aboriginal population in Canada.

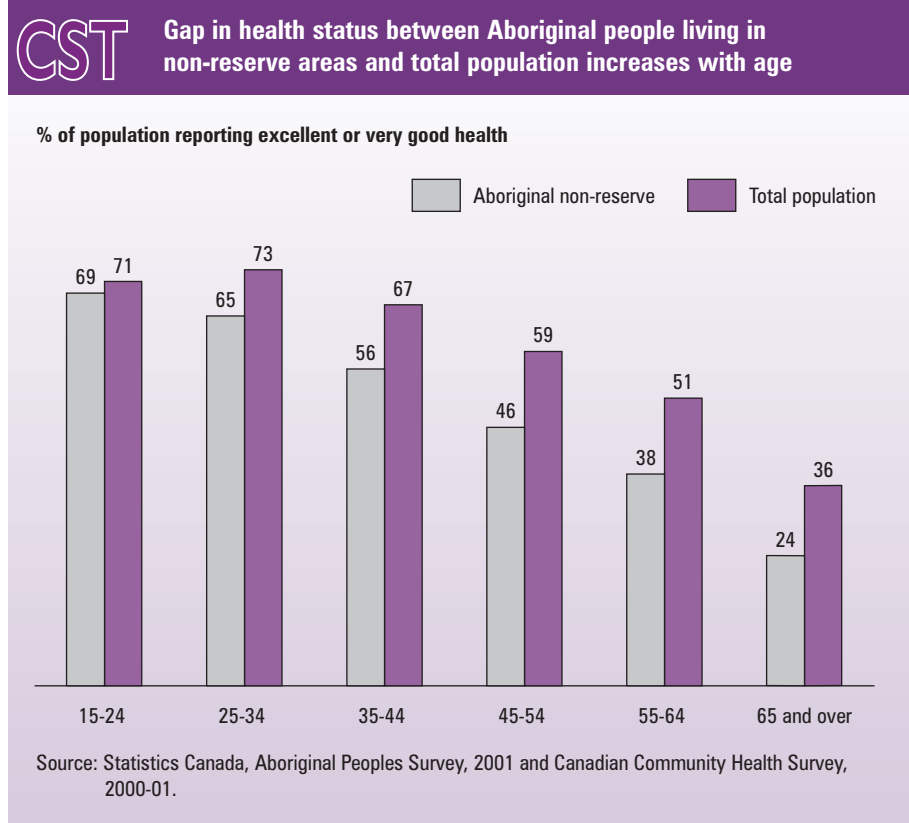
For this analysis, the Canadian Arctic consists of the four Inuit regions as defined by the Inuit Tapiriit Kanatami, where the majority of Inuit live: the northern coastal and south-eastern part of Labrador, Nunavik in Northern Quebec, the territory of Nunavut, and the Inuvialuit region in the northwestern corner of the Northwest Territories.

While it is difficult to completely measure well-being using quantitative methods, this article uses several different health, education, housing and language indicators to contribute to an understanding of the experiences and living conditions of Aboriginal people living outside of reserves. Data from the 2001 Aboriginal Peoples Survey (APS) and the 1996 and 2001 Censuses are used to provide a more complete picture of the well-being of the non-reserve Aboriginal population across Canada.

Most non-reserve Aboriginal people report excellent or very good health. Health is a key component of well-being. Self-rated health status is considered a reliable indicator of health that successfully crosses cultural lines.¹ In 2001, the majority of non-reserve Aboriginal adults (56%) reported that their health was excellent or very good. By comparison, 65% of the total Canadian adult population reported excellent or very good health.²

While the total non-reserve Aboriginal population rated their health status lower than the total Canadian population, this gap was negligible among young adults. The APS data showed some promise for the new generation of Aboriginal young people. Seven out of 10 Aboriginal people (69%) aged 15 to 24 in non-reserve areas rated their health as very good or excellent, virtually on par with 71% of the total Canadian population in the same age group. As the Aboriginal population is the fastest growing component of the youth population, these young people will play a pivotal role in the future.

The gap between the health status of the Aboriginal population and the total Canadian population widened significantly in the older age groups. For every 10-year age group between the ages of 25 and 64, the proportion of Aboriginal people with fair or poor



health was about double that of the total Canadian population. This was even more pronounced among Aboriginal women. For example, four in 10 (41%) Aboriginal women aged 55 to 64 reported fair or poor health, more than double the 19% of women in the same age group in the total Canadian population.

Differences in health ratings are also linked to the existence of chronic conditions, that is, a health condition that had been diagnosed by a health-care professional and had lasted, or was expected to last, at least six months. Individuals with chronic conditions rated their health as fair or poor more often than those without chronic conditions. Nearly one half, or 45%, of all Aboriginal adults reported the presence of one or more chronic conditions. The most common chronic conditions for the adult non-reserve Aboriginal population were arthritis or rheumatism (19%), high blood pressure (12%), and asthma (12%).

Prevalence of diabetes is increasing

In 2001, diabetes was the fifth most prevalent health problem among the adult non-reserve Aboriginal population, with 7% reporting the disease compared with an age-standardized rate of 2.9% for the total Canadian population. It has also become an important health issue because rates are rising among the non-reserve Aboriginal population, particularly among North American Indian adults. In addition to high rates, according to Health Canada, diabetes is a significant concern for the Aboriginal population because of “early onset,

1. Idler, E.L. and Y. Benyamini. 1997. “Self-rated health and mortality: A review of twenty-seven community studies.” *Journal of Health and Social Behaviour* 38, 1: 21-37; Shields, M. and S. Shooshtari. 2001. “Determinants of self-perceived health.” *Health Reports* (Statistics Canada Catalogue no. 82-003) 13, 1: 35-52.

2. Age-standardized to the Aboriginal population.

greater severity at diagnosis, high rates of complications, lack of accessible services, increasing trends, and increasing prevalence of risk factors for a population already at risk.”³ In 2001, 8.3% of non-reserve North American Indian adults stated that they had been diagnosed with diabetes, compared to 5.3% in 1991. The percentage of Métis and Inuit adults diagnosed with diabetes remained almost the same from 1991 to 2001. For Métis adults, the 2001 rate was 5.9% compared with 5.5% in 1991. Among Inuit adults, the rate remained almost unchanged: 2.3% for 2001 compared to 1.9% in 1991.

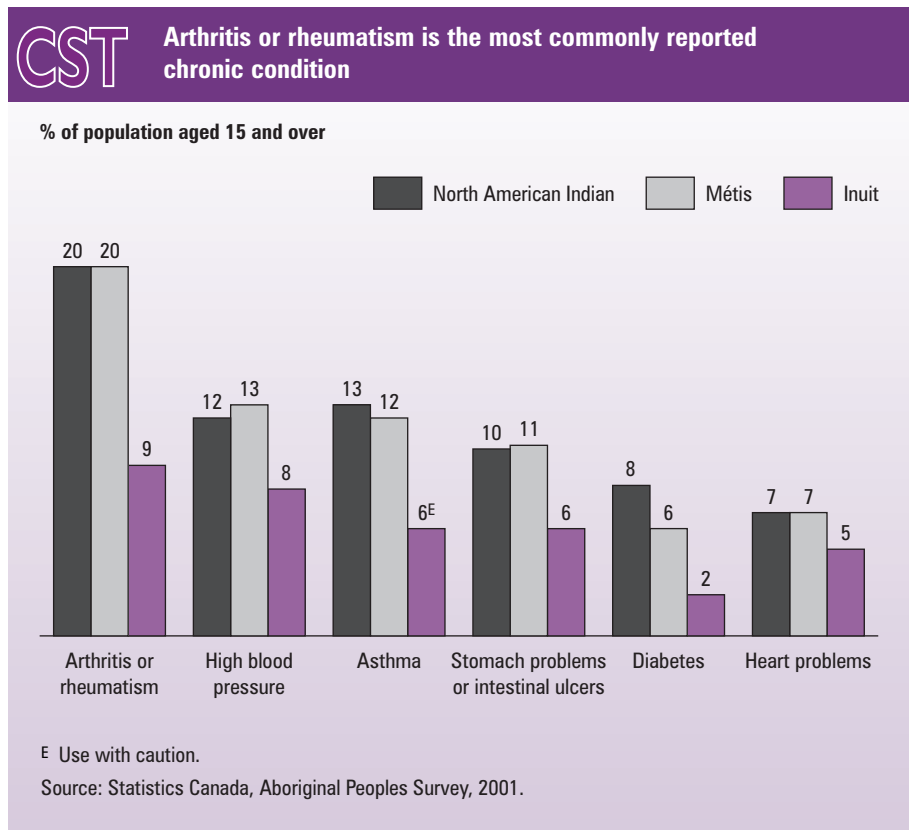
Diabetes was particularly prevalent among older Aboriginal women in 2001. Among Aboriginal women aged 65 and over, one in four reported they had been diagnosed with diabetes, compared with one in 10 for all Canadian senior women. For Aboriginal men the gap was smaller, with one in five Aboriginal senior men reporting diabetes compared to one in seven for all Canadian senior men.

Schooling: Aboriginal young people making progress at all levels

Education has been called “the key that unlocks the door to the future.”⁴ There are many types of knowledge and many things of great value that can be learned outside the classroom. However, a sound formal education is increasingly important for participation in today’s workforce and is often a key component of mental and intellectual well-being.

Progress is being made at the secondary level as fewer young Aboriginal people in non-reserve areas are leaving secondary school prior to graduation. Census data showed that in 1996, 52% of Aboriginal youth aged 20 to 24 had incomplete secondary school as their highest level of schooling, declining to 48% in 2001.⁵

Despite this progress, completing elementary or secondary school



remains a challenge for some. APS data show that for those aged 15 to 19, the most common reason for leaving school early was boredom. One-fifth (20%) of young non-reserve Aboriginal people who did not complete high school reported this reason. Data from the 1999 Youth in Transition Survey also show that boredom was the top reason given for not completing high school by Canadians aged 18 to 20 years living in the 10 provinces.

There has also been positive change at the postsecondary level. In 1996, 5% of young Aboriginal people aged 25 to 34 living in non-reserve areas had completed university compared with 8% in 2001.⁶ For other types of postsecondary education (including college and trades), there was an increase from 27% to 30% over the five-year period. Young people in each of the three main Aboriginal groups have made progress at the postsecondary level. The proportion of Métis people aged 25 to 34 with a completed postsecondary education rose from 34% to

40%; the proportion of North American Indian people rose from 31% to 36%; and the proportion of Inuit rose slightly from 27% to 29%. As large numbers of people retire and leave the work force in coming years, employment opportunities will exist for many well-educated young Aboriginal people. Aboriginal youth are making strides that could contribute to their success in the paid labour market.

However, APS indicates that there are still some obstacles to overcome. For women aged 25 to 44 who had

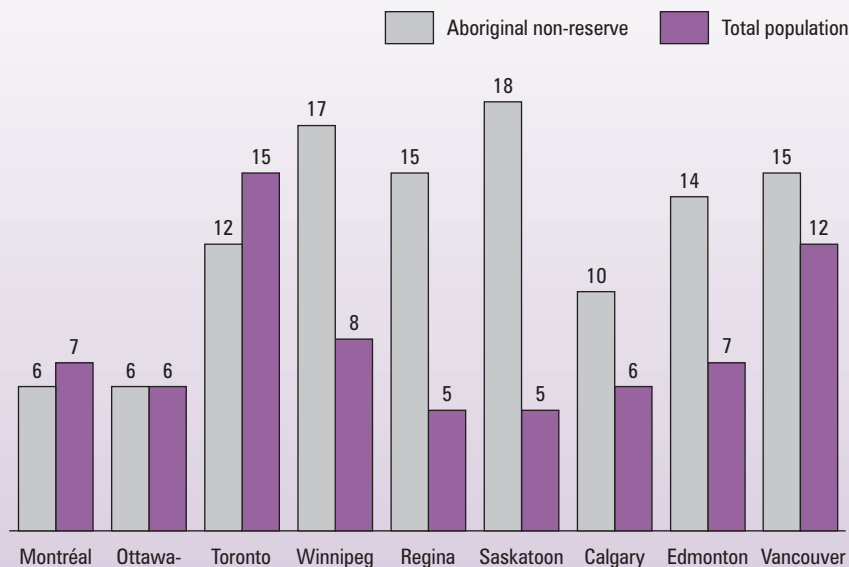
3. Health Canada. 2000. *Diabetes among Aboriginal (First Nations, Inuit and Métis) People in Canada: The Evidence*. Ottawa: Health Canada.

4. Royal Commission on Aboriginal Peoples. 1996. *Report of the Royal Commission on Aboriginal Peoples: Gathering Strength* vol. 3. Ottawa: Minister of Supply and Services Canada. p. 161.

5. Excluding people who were attending school at the time of the 2001 Census.

6. See footnote 4.

% of population with 1.0 or more persons per room



Source: Statistics Canada, Census of Population, 2001.

started their postsecondary schooling, the most common reason for not completing their education was family responsibilities (34%). Financial reasons topped the list for men, with nearly one in four (24%) stating this reason.

Non-reserve Aboriginal people are more likely to live in crowded conditions and be concerned about water quality

Health experts maintain that inadequate housing can be associated with a host of health problems. For example, crowded living conditions can lead to the transmission of infectious diseases such as tuberculosis and hepatitis A, and can increase risk for injuries, mental health problems, family tensions and violence.⁷ The census found that Aboriginal people were more likely to live in crowded conditions, that is, one or more people per room, than the total Canadian population, although the situation has improved slightly over time. In 2001, about 17% of non-reserve Aboriginal

people lived in crowded conditions, down from 22% five years earlier. In comparison, about 7% of all Canadians lived in crowded conditions in 2001.

Crowding continues to be an issue in the Canadian Arctic, where four-fifths of Inuit live. In 2001, more than one half (53%) of Inuit living in this region were in crowded conditions, down slightly from 61% five years earlier. This was particularly true in Nunavik in northern Quebec, which was the only Inuit region in which the crowding situation did not improve between 1996 and 2001.

In addition to adequate housing, a safe source of drinking water is also fundamental to good health. There were concerns over water quality among Aboriginal people, especially among Inuit in the Canadian Arctic. Just over one third (34%) of Inuit in the Arctic said there were times of the year when their water was contaminated. The problem was most serious in the Nunavik region in northern

Quebec, where nearly three-quarters (73%) of Inuit felt that their water was contaminated at some point in the year.

Aboriginal languages:

Some evidence of revitalization

Language is often recognized as the essence of a culture. The Royal Commission on Aboriginal Peoples has stated that the revitalization of traditional languages is a key component in the creation of healthy individuals and communities.⁸ Language is “not only a means of communication, but a link which connects people with their past and grounds their social, emotional and spiritual vitality.”⁹ The retention and revitalization of Aboriginal languages presented some challenges, as many people have found their Aboriginal languages slipping away from lack of use. However, the importance of Aboriginal languages is still widely recognized by Aboriginal people.

In general, the vitality of many of the Aboriginal languages spoken by North American Indian and Métis people in non-reserve areas declined between 1996 and 2001. In 2001, among non-reserve North American Indian adults aged 15 and over, just under one third (32%) said they could speak or understand an Aboriginal language. Less than 15% said they were able to speak an Aboriginal language very well or relatively well. Aboriginal languages among North American Indian children in non-reserve areas were not as strong, as

7. Health Canada. 1999. *A Second Diagnostic on the Health of First Nations and Inuit People in Canada*. Ottawa: Health Canada. p. 14.

8. Royal Commission on Aboriginal Peoples. 1996. *Report of the Royal Commission on Aboriginal Peoples: Perspectives and Realities* vol. 4. Ottawa: Minister of Supply and Services Canada. p. 163.

9. Norris, M. Winter 1998. “Canada’s Aboriginal Languages.” *Canadian Social Trends*. p. 8.

only 25% could speak or understand an Aboriginal language. Of the three main groups, the Métis were least likely to know an Aboriginal language. In 2001, only 16% of Métis adults reported being able to speak or understand an Aboriginal language and only 5% were able to speak very well or relatively well. Moreover, only 11% of Métis children less than 15 years of age could speak or understand an Aboriginal language.

Inuktitut is one of the healthiest Aboriginal languages

Inuktitut, spoken by many Inuit, remains one of the healthiest Aboriginal languages in the country. APS found that the vast majority (90%) of Inuit aged 15 and over living in the Canadian Arctic said they could understand or speak Inuktitut. Eighty percent said they could speak it very well. Inuktitut remains strong among Inuit children in Canada's Arctic, as nine in 10 could speak or understand this language, and 63% could speak it very well or relatively well.

The 2001 Census showed some evidence of language revitalization. A slightly larger percentage of people could converse in an Aboriginal language than the share who reported having an Aboriginal mother tongue. Mother tongue is the first language learned in childhood and still understood. While 12% said they had an Aboriginal mother tongue, 15% said they could converse in an Aboriginal language. This perhaps suggests that some people are learning to speak an Aboriginal language later in life.

Parents are most likely language teachers

In non-reserve areas, parents were cited as the people most likely to help young language learners. Data from the 2001 APS show that almost seven in 10 children (68%) who could understand or speak an Aboriginal language received some help from their parents. This

was followed by grandparents, who were cited by 51% of children able to speak or understand an Aboriginal language.¹⁰

APS data showed that schools also help facilitate language learning. Although parents contribute much to teaching their children an Aboriginal language, schools have an important role to play. For example, children enrolled in Aboriginal Headstart, a pre-school program designed specifically for Aboriginal children, are introduced to the basics of many Aboriginal languages. Just over one third (35%) of children who could speak an Aboriginal language received help in learning their language from their school teachers. This was especially the case in the Canadian Arctic, where 54% of Aboriginal children received some help with language learning from their teachers.

The majority of Aboriginal people recognized the importance of Aboriginal languages. About six in 10, or 59%, of non-reserve Aboriginal adults stated that keeping, learning or relearning an Aboriginal language was very or somewhat important. The same proportion of people responding on behalf of children reported that it was very or somewhat important to them that the child speak and understand an Aboriginal language.

The greatest support for Aboriginal languages came from the Inuit, as nearly nine in 10 Inuit adults stated that their language was very or somewhat important. A similar proportion was provided by those answering on behalf of Inuit children. The comparable proportions for Métis and North American Indian people were one half and two-thirds respectively.

Summary

Gains are being made as the data for young Aboriginal people show health ratings similar to the national average and increasing numbers completing secondary school and moving on to finish postsecondary studies. However,

Canada's non-reserve Aboriginal population, consisting of North American Indian, Métis, and Inuit, face ongoing challenges in health, education, housing and language.

Despite their progress, Aboriginal people are more likely to have poorer health, including chronic conditions, lower levels of education and are more apt to live in crowded homes compared to the overall population in Canada. In addition, Inuit in the Far North have concerns about water quality. There is also a declining knowledge of Aboriginal languages, although it remains high for Inuktitut, the language spoken by many Inuit.

10. The person who knew the most about the child usually provided responses for children.



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