Supporting Indigenous Health Inequity Reporting in Canada: An Executive Summary on the Pan-Canadian Health Inequalities Reporting Initiative

Although Indigenous[1] peoples are the most youthful and fast-growing segment of Canada's population, they do not enjoy the same benefits of good health as other Canadians. First Nations, Inuit, and Métis individuals, families, and communities experience a disproportionate burden of ill health compared to their non-Indigenous counterparts, including higher rates of infant mortality, unintentional injury and death, tuberculosis, obesity and diabetes, mental illness and suicide, and exposure to environmental contaminants.[2] Disparities in Indigenous health outcomes are rooted in the determinants of health or the socioeconomic, environmental, and political conditions in which Indigenous peoples are born, grow, live, work and age. For Indigenous peoples, the determinants of health are inextricably linked to past and contemporary colonial policies and practices that perpetuate structural inequities and systemic disadvantage across the lifespan and across generations.[3] Indigenous health inequities are evident in the disturbingly high rates of substandard or overcrowded housing, poverty, food insecurity, unemployment, child apprehension, and incarceration, along with lower rates of educational attainment and access to quality health care services.

Closing the gaps in health outcomes between Indigenous and non-Indigenous populations in Canada is the responsibility of all Canadians. The Truth and Reconciliation Commission (TRC) of Canada's *Calls to Action* (2015) #19 called on the federal government, in consultation with Indigenous peoples, to establish measurable goals and indicators to assess long-term trends and monitor progress to close these gaps.[4] The deficiencies of Indigenous health data in Canada represent a unique challenge to this work, particularly the lack of disaggregated and longitudinal data, culturally relevant and strength-based indicators, and inclusive Indigenous-specific identifiers in primary population health data sources.[5] These data challenges contribute to a significant underestimate of inequities in health determinants, health status, and health care access between Indigenous and non-Indigenous Canadians.[6] The Pan-Canadian Health Inequalities Reporting initiative is a step forward in Canada's efforts to systematically measure, monitor, and report on health inequities between population groups, including inequities for First Nations, Inuit and Métis peoples.

Pan-Canadian Health Inequalities Reporting Initiative

The Pan-Canadian Health Inequalities Reporting (HIR) initiative is the "first pan-Canadian effort to document key health inequalities in Canada and describe differences in health outcomes, living conditions, and the structural conditions that support health among various populations."[7] The HIR initiative is a collaborative undertaking by the Public Health Agency of Canada (PHAC), the Pan-Canadian Public Health Network (PHN), Statistics Canada, and the Canadian Institute for Health Information (CIHI). The First Nations Information Governance Centre is a partner on one of the two major products of the initiative, the *Key Health Inequalities in Canada*: *A National Portrait* report.

Anchored in the Government of Canada's domestic and international commitments, notably the World Health Organization's (WHO) *Rio Political Declaration on the Social Determinants of Health* (2011), the United Nations (UN) *Transforming Our World: The 2030 Agenda for Sustainable Development* (2015), and the TRC's *Calls to Action*, the initiative provides a baseline of health inequalities data to inform policy, program, and future action to advance health equity.[8]

Several products have been developed to support this initiative, including the *Health Inequalities Data Tool*, the *Key Health Inequalities in Canada*: *A National Portrait* report, and a set of infographics on specific health indicators.

Health Inequalities Data Tool

The first HIR product, the *Health Inequalities Data Tool*, is an online, interactive tool that helps users to find, display, download, and print data on health inequalities in Canada. Launched in April 2017 and hosted on PHAC's Public Health Infobase website, the data tool has over 70 indicators of health outcomes, risk factors, and health determinants grouped into 12 domains, including:

- mortality and life expectancy
- morbidity and disability
- mental illness and suicide
- self-assessed physical and mental health
- disease/health condition
- health behaviors
- physical and social environments
- working conditions
- health care
- social protection
- social inequities, and
- early childhood development.

Absolute and relative measures of health inequalities are reported for indicators at national, provincial, and territorial levels where applicable. Indicators are also stratified by up to 14 socio-economic and demographic characteristics or social stratifiers relevant to health equity, including income, education, employment, occupation, material and social deprivation, First Nations (most indicators include First Nations living off reserve only), Inuit, and Métis identity, rural/urban residence, age, immigrant status, sexual orientation, functional health, cultural/racial background, sex, and jurisdiction (e.g. national or provincial/territorial).[9] Individual-level data for stratifiers such as income, education, deprivation, immigrant status and Indigenous identity are not available for all indicators; in these instances, area-based measures are used.

The data tool draws from 14 different national database sources from the 2007-2014 period, such as the Canadian Community Health Survey (CCHS), National Household Survey (NHS), Canadian Cancer Registry (CCR), Early Development Instrument (EDI), and the Canadian Tuberculosis Reporting System (CTBRS) among other sources. While these databases capture data for First Nations living off reserve, Inuit and Métis peoples, most exclude data for First Nations people living on reserve and in northern communities. The First Nations Regional Health Survey (RHS) – the only First Nations governed national health survey in Canada – collects equivalent data for First Nations living on reserve and in northern communities. Although RHS data is not included in the *Health Inequalities Data Tool*, the tool can be used in conjunction with RHS data accessible through the First Nations Information Governance Centre's (FNIGC) Data Centre, Data Online tool, and the RHS national reports: First Nations Regional Early Childhood, Education and Employment Survey and RHS Surveys 2008/10 and 2015/16.

The *Health Inequalities Data Tool* can help individuals and organizations within and outside the health sector identify key health inequalities between population groups to inform program and policy development, surveillance activities, and priority areas for action across jurisdictions. For example, the striking disparities in active tuberculosis rates among Inuit compared to First Nations, Métis and non-Indigenous Canadians highlights a need for national and territorial strategies, programs, and funding to close the gap for this population. The data tool can also help to generate research questions and hypotheses about the relationships between specific indicators, health outcomes, and social stratifiers. For example, the data indicates First Nations living off reserve, Inuit and Métis children are more vulnerable in at least one domain of early childhood development than non-Indigenous populations. This suggests that more research is needed to understand the nature and scope of Indigenous children's vulnerability, the key determinants underpinning vulnerability, and potential interventions.

For more information on the tool, visit the PHAC Public Health Infobase website at https://infobase.phac-aspc.gc.ca/health-inequalities/

Key Health Inequalities in Canada: A National Portrait

The *Key Health Inequalities in Canada*: *A National Portrait* report "draws on and complements the *Health Inequalities Data Tool* by highlighting some of the most pronounced and widespread health inequalities in Canada as potential priority areas for action."[10] It includes 22 key indicators of health inequalities selected from the 70+ indicators in the data tool:

- Health Outcomes:
    - life expectancy and health-adjusted life expectancy
    - infant mortality
    - unintentional injury mortality
    - suicide mortality
    - perceived mental health and mental illness hospitalization
    - arthritis
    - asthma
    - disability
    - obesity
    - oral health
    - tuberculosis

- Health Determinants:
    - high alcohol consumption
    - smoking, exposure to second hand smoke, and lung cancer incidence
    - housing below standards

- early childhood development
- household food insecurity
- working poor

The health inequalities indicators were selected using a combination of quantitative and qualitative criteria that took several factors in account, such as the magnitude of inequalities, distribution across population groups, mix of upstream and downstream determinants, coverage across social stratifiers, and alignment with federal, provincial, and territorial policy priorities.[11] Data for First Nations living off reserve, Inuit and Métis are provided for all indicators. RHS data and contextual information on First Nations living on reserve and in northern communities are provided for 10 indicators. The inclusion, interpretation and contextualization of RHS data was made possible through a close collaboration between PHAC and the FNIGC and its use adheres to the First Nations principles of Ownership, Control, Access and Possession (OCAP®). Additional context on understanding the Social Determinants of Health (SDOH)for findings related to Métis was provided by the Métis National Council. Although the indicators are useful for identifying and measuring inequalities between population groups, the report acknowledges that there are limitations when applied to Indigenous populations. For example, if used incorrectly, these quantitative and deficit-based indicators can reinforce negative stereotypes and discriminatory attitudes towards Indigenous peoples.[12] Ideally, Indigenous indicators must be community-driven, inclusive of Indigenous peoples' worldviews, histories, and resources, and emphasize protective factors, such as resilience, self-determination and identity.[13]

Health inequalities among First Nations, Inuit and Métis populations were evident across all indicators with significantly high rates observed for several key health outcomes (life expectancy, infant mortality, unintentional injury mortality, suicide mortality, and tuberculosis) and health determinants (developmental vulnerability in early childhood and food insecurity). Although it is beyond the scope of the report to assess causal relationships between health outcomes, health determinants and social stratifiers, it identifies important risk factors that play a role. For example, disproportionate experiences of poverty, food insecurity, inadequate access to healthcare, and inadequate housing among Indigenous peoples are key in understanding significantly higher rates of infant mortality.[14] Much like the data tool, the report can help individuals and organizations within and outside the health sector to better understand some of the most pronounced health inequalities affecting Canadians. This knowledge can be used to inform program and policy development, surveillance activities, and priority areas for research and for action across jurisdictions.

For more information on the report, visit https://www.canada.ca/en/public-health/services/publications/science-research-data/key-health-inequalities-canada-national-portrait-executive-summary.html

Health Inequalities Infographics

A series of health inequalities infographics are in development to complement the report. — Several infographics, for example early childhood development, death from suicide and food insecurity, show significant disparities between First Nations living off reserve, Inuit and Métis populations and non-Indigenous Canadians. For example, food insecurity was found to be 3.7 times higher for Inuit, 2.7 times higher for First Nations living off reserve, and 2.2 times higher for Métis compared to non-Indigenous adults. The infographics acknowledge that these inequities are "anchored in colonial policies and practices that began with Residential Schools, loss of cultural continuity, territories and languages and that unaddressed intergenerational trauma has added to the ongoing challenges experienced by Indigenous peoples in Canada.[15]

To view the infographics, visit https://www.canada.ca/en/public-health/services/publications/science-research-data/understanding-report-key-health-inequalities-canada.html

Implications

The HIR initiative represents a step forward in terms of documenting the distribution, magnitude, and impact of inequalities in Canada across populations, including First Nations, Inuit and Métis peoples. The *Key Health Inequalities in Canada*: *A National Portrait* identifies several key principles for action and promising practices that can be adapted to advance health equity in the Canadian context, including:

- Adopting a human rights approach to action on the social determinants of health and health equity
- Intervening across the life course with evidence-informed policies and culturally safe health and social services
- Intervening on both proximal and distal determinants of health equity
- Deploying a combination of targeted interventions and universal policies/interventions
- Addressing both the material contexts and sociocultural processes of power, privilege and exclusion
- Implementing a "Health in All Policies" approach, and
- Carrying out ongoing monitoring and evaluation.[16]

These principles for action can be strengthened through continued recognition and support for the guiding principles and calls to action of the Truth and Reconciliation Commission and the inherent rights of Indigenous peoples as articulated in the United Nations Declaration on the Rights of Indigenous Peoples. Tackling inequities among Indigenous peoples requires ongoing respectful partnerships and collaborations with Indigenous peoples and their representative and governing organizations.

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[1] The term Indigenous refers to the original inhabitants of Canada and their descendants, including First Nations, Inuit and Métis peoples as defined by Section 35 of the Canadian Constitution of 1982.

[2] Greenwood, M., de Leeuw, S., & Lindsay, N. (2018). Challenges in health equity for Indigenous peoples in Canada. *The Lancet.* 391(10131), 1645-1648.

[3] Reading, C. (2015). Structural determinants of Aboriginal peoples' health. In M. Greenwood, S. de Leeuw, N. Lindsay, & C.Reading, C. (eds.), *Determinants of Indigenous peoples' health in Canada: Beyond the social*. Toronto, ON: Canadian Scholars' Press..

[4] Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Ottawa, ON: Government of Canada.

[5] Smylie, J., & Firestone, M. (2015). Back to the basics: Identifying and addressing underlying challenges in achieving high quality and relevant health statistics for Indigenous populations in Canada. *Statistical Journal of the*

International Association for Official Statistics, 31(1): 67-87; National Collaborating Centre for Aboriginal Health. (2009). *The importance of disaggregated data*. Prince George, BC. NCCAH.

[6] Smylie, J., & Firestone, M. (2015).

[7] Her Majesty the Queen in Right of Canada, as represented by the Minister of Health (2018). *Key health inequalities in Canada: A national portrait.* Ottawa, ON: Author

[8] Ibid.

[9] Public Health Agency of Canada. (n.d.). Health inequalities data tool overview - FAQ.

[10] Her Majesty the Queen in Right of Canada, as represented by the Minister of Health (2018). pg 21.

[11] Her Majesty the Queen in Right of Canada, as represented by the Minister of Health (2018). pg 21.

[12] Anderson, M., Smylie, J., Anderson, I., Sinclair, R., Crengle, S. Discussion Paper No. 18. First Nations, Métis, and Inuit Health Indicators in Canada. A Background Paper for the project "Action Oriented Indicators of health and health systems Development for Indigenous Peoples in Australia, Canada, and New Zealand" [Internet]. Melbourne: Onemda VicHealth Koori Health Unit; 2006 [cited 2017 Sep 29]. Available from: http://onemda.unimelb.edu.au/sites/ default/files/docs/dP18.pdf. (24)

[13] Donatuto J, Campbell L, Gregory R. Developing responsive indicators of indigenous community health. International journal of environmental research and public health. 2016;13(9):899.

[14] Her Majesty the Queen in Right of Canada, as represented by the Minister of Health (2018), pg 89.

[15] Her Majesty the Queen in Right of Canada, as represented by the Minister of Health (2018)

[16] Her Majesty the Queen in Right of Canada, as represented by the Minister of Health (2018), pgs 10-11.