The Housing Conditions of Aboriginal Canadians: A Determinants of Health Framework and Current Policy Analysis

Briefing Document

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The Health Issue at Hand

Aboriginals in Canada consist of people registered as “Indian” under the Indian Act (also referred to as “status or treaty Indians”), “non-status Indians”, the Métis, and the Inuit, which includes the people who reside in Nunavut, the Northwest Territories and northern Quebec.[1] In total Aboriginals make up about 4.4% of the Canadian population.[1] Aboriginal policy in the context of Canada’s history dates back to 1763 and the *Royal Proclamation*.[1]

The health of Canada’s Aboriginal people is poor, as compared to the Canadian population as a whole.[2] One factor which has been linked to poor health status in Aboriginals is **housing** or **physical living conditions**, including the determinants of health that are related to it such as: [1]

- clean water
- food availability
- income
- adequate waste disposal

As a result of these and other factors, Aboriginal Canadians have greater chances of developing mental illness, alcoholism, family violence, injuries, diabetes, tuberculosis, HIV infection, obesity, and hypertension.[2] In addition this population has higher levels of infant mortality, lower life expectancy, and higher rates of both suicide and homicide over the rest of the Canadian population as a whole.[3] **Better housing** for our Aboriginal people can therefore result in **better overall health status** for this population. This is especially true of on-reserve Aboriginals for which conclusive evidence is available.

Summary of Literature Review

A previous **literature review** using a Medline search was conducted resulting in five articles published between 1996 and 2002. The studies ranged from meta-analyses to position papers, were all Canadian, and were sponsored by a variety of organizations and agencies. Although each clearly had both strengths and weaknesses, these five

papers resulted in the following key findings:

1. Aboriginal Canadians are less healthy than the rest of Canadians.[3,4]
2. Providing health *care* services to this population cannot in itself remove the health disparities; upstream provisions must also be used.[3]
3. Maintaining cultural identity of Aboriginals is key to providing programs to combat health inequalities.[5]
4. More research in this area is needed, and must be conducted by native people themselves.[4,6] The formation of the IAHR (Institute of Aboriginal Peoples' Health) is a step in the right direction.[6]
5. The Aboriginal Peoples Survey (APS) is data rich and a good source for this type of research.[7]

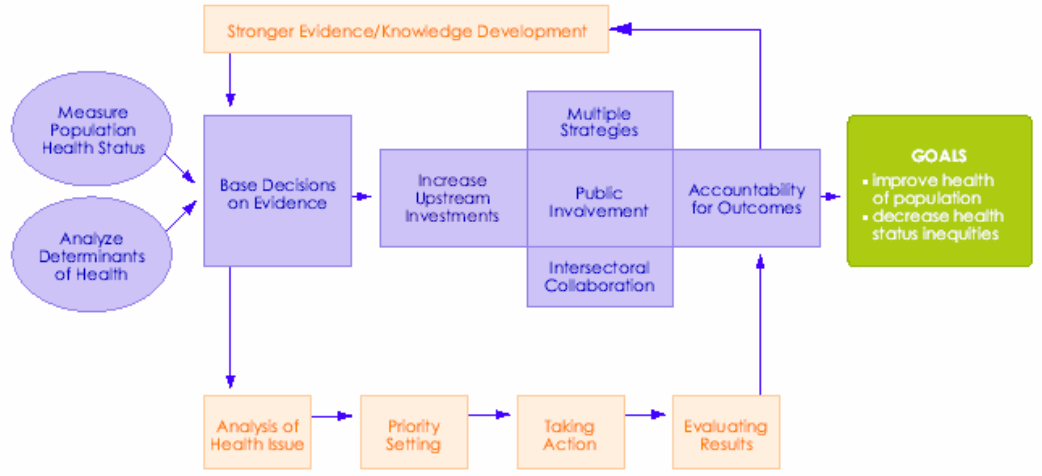

Figure 1. The Population Health Template[8]

In the population health template shown above the items in the blue ovals and boxes are known as the 'elements'. Only recently have the elements in boxes been given attention in the context of Aboriginal health, and specifically in terms of housing conditions. More focus especially on the final five elements (grouped together on the right forming a "cross") is needed for continued improvement in the health status of our native people.

Application of the Determinants of Health Framework

The **Mandala of Health** model provides an excellent framework in which to evaluate this situation. The reason it is so appropriate is because the model's inherent philosophy closely mirrors that of Aboriginal tradition and culture. First and foremost, in the middle of the symbolic 'universe' is the balance between the individual's mind, body and spirit – an approach that is always used in the Aboriginal healing traditions. Family and community play a very important role in the health of natives, as do culture and the biosphere. The other main components in the smaller circles (personal behaviour, psycho-socio-economic environment, physical environment and human biology), known as **health influences**, play a role to varying degrees. For instance, the physical environment according to most native cultures is Mother Earth; however, human biology could also be considered Mother Earth in the Aboriginal context since it too is related to nature. The links between the health influences (the sick care system, lifestyle and work) are implicit in this context rather than explicit since they aren't a part of the Aboriginal philosophy.

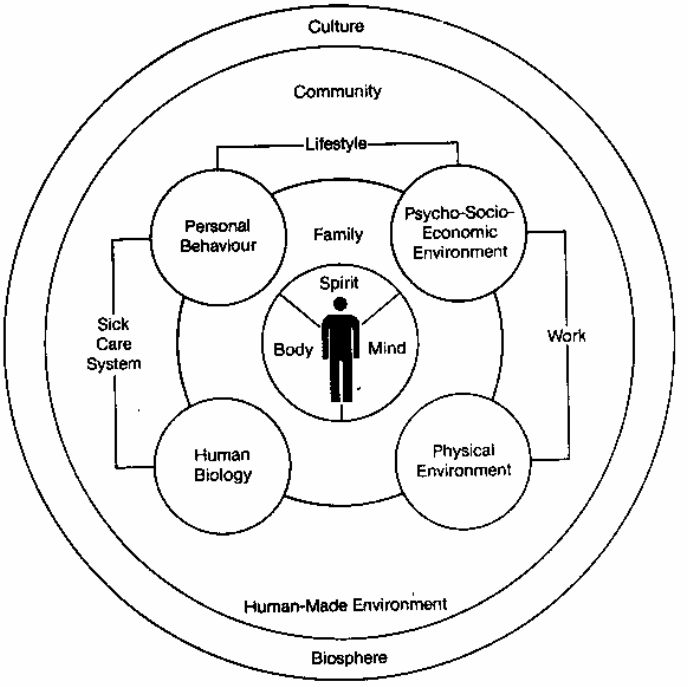

Figure 2. The Mandala of Health Model of the Human Ecosystem[9]

Interaction of the Determinants of Health

Using the framework described above, one can predict the interaction of many determinants of health on the Aboriginal housing issue. The main component, **housing**, fits into the physical environment. **Clean water and adequate waste disposal** both fall

into the human-made environment **and food availability** and **income** are related to the two factors that affect work: the psycho-socio-economic and physical environments. Also within the confines of the physical environment are **chronic flooding**, **inadequate ventilation**, and **poor air quality**, which has been known to be a result of mold problems.[10] Other determinants that play an indirect role include the community, lifestyle choices, and the cultural aspects of housing in the Aboriginal population. All three of these are interconnected and related to one another – a point the model drives home.

The major flaw in applying the Mandala of Health framework is this context is that housing cannot be placed as the centre of the 'universe'. Instead the balance within the model must be shifted away from the individual (mind, body and spirit) to give housing (physical environment) a disproportionate weight.

Congruence with Current Policy

In 1996, the Federal government changed its on-reserve housing policy.[11] The change represented a fundamental shift in thinking and aimed to allow communities to:

1. Protect and extend the life of existing houses and meet building standards;
   - Links with *physical environment*
2. Construct quality, affordable new housing based on the needs of the community;
   - Links with *community, lifestyle, family*
3. Support individual pride and responsibility through community involvement and private investments;
   - Links with *personal behaviour, psycho-socio-economic environment*
4. Relate housing activities to training, job creation and business development.[12]
   - Links with *work*

These objectives link well with the Mandala of Health model as noted below each item.

According to Indian and Northern Affairs Canada (INAC) the policy is working.[10] In the three year period from March 1997 to March 2000 a 7% increase in adequate

housing was seen in the 133 participating communities.[10] A further testament to the policy working is that over 60% of First Nations across the country are participating in this voluntary policy.[10]

Recommendations for Improvement

The on-reserve housing policy does not directly address the **cultural aspect** of housing that is highly desired by First Nations.[1] Nor does it tackle the issue of **income** head on; it instead raises funds for housing projects using other means, therefore keeping the income disparities between Aboriginal and non-Aboriginal Canadians in tact. Both of these are crucial to long-term success of Aboriginal housing policy.

Returning once again to the population health template it is now much more apparent that all elements have not been given equal attention. Using **multiple strategies**, and ensuring **public involvement** and **intersectoral collaboration** must not be underestimated. Under the status quo too little emphasis is placed on these three elements. Figure 3 describes the policy cycle, as adapted by Abelson[13] from Lomas.[14] In this figure, the three boxes on the exterior influence the entire process rather than just the components to which they are pointing. The areas that need greater attention for this policy are:

- problem definition
- policy formulation
- interests
- research

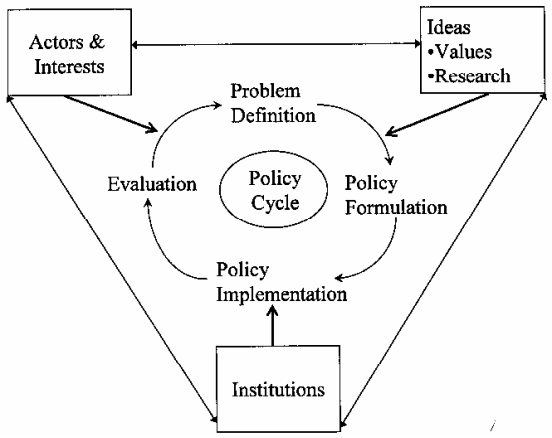

Figure 3. The Policy Making Process[13, 14]

Aboriginal housing situations like the one currently in progress at Davis Inlet are, at least in part, a result of the above four factors being misjudged. As noted by Stone,[15] one approach the First Nations can take is to **concentrate their interests** in order to raise the political agenda in their favour.

Endnotes

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