Social Determinants of Health in Remote Communities

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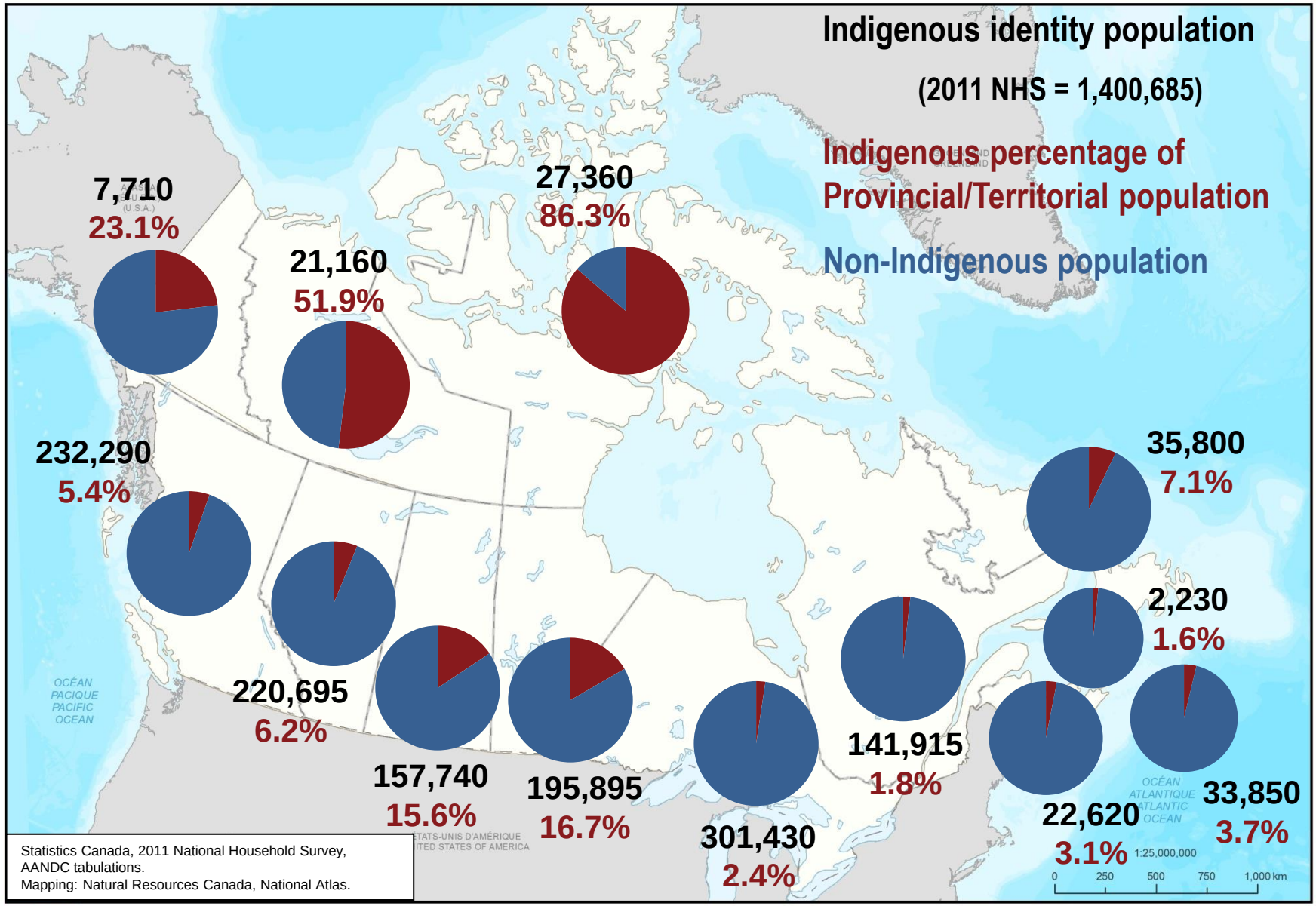
Learning Objectives

Identify the key socioeconomic and cultural factors that influence health status and care delivery in remote northern communities to improve care delivery and outcomes.

Describe the impact of these factors and consequent health challenges they create in improving care delivery and outcomes for individuals in remote communities.

Conflicts - none



Statistics Canada, 2011 National Household Survey, AANDC tabulations.
Mapping: Natural Resources Canada, National Atlas.

Canada

Dr Peter Henderson Bryce (1907)

Tuberculosis is a highly contagious disease, caused by bacteria that infects any organ, but most commonly affects the lungs. Today we have modern antibiotics to treat the disease, but in 1907 diet, rest, sunlight and fresh air were the main treatments.

TB was at epidemic levels among Aboriginal communities in the early twentieth century. With hundreds of children living so close together in dormitories, it is no wonder that the Industrial Schools, and later the Residential Schools, were breeding grounds for spreading the disease.

In 1907, Dr. Peter Bryce, the Chief Medical Officer for the Department of Indian Affairs conducted a study of the health of students in Industrial Schools in Manitoba, Saskatchewan and Alberta.

He found extremely high rates of death from tuberculosis in the schools. His findings were shocking, and his report received publicity across the country. Duncan Campbell Scott and the Department of Indian Affairs did very little to address the problem.

Dr Peter Henderson Bryce

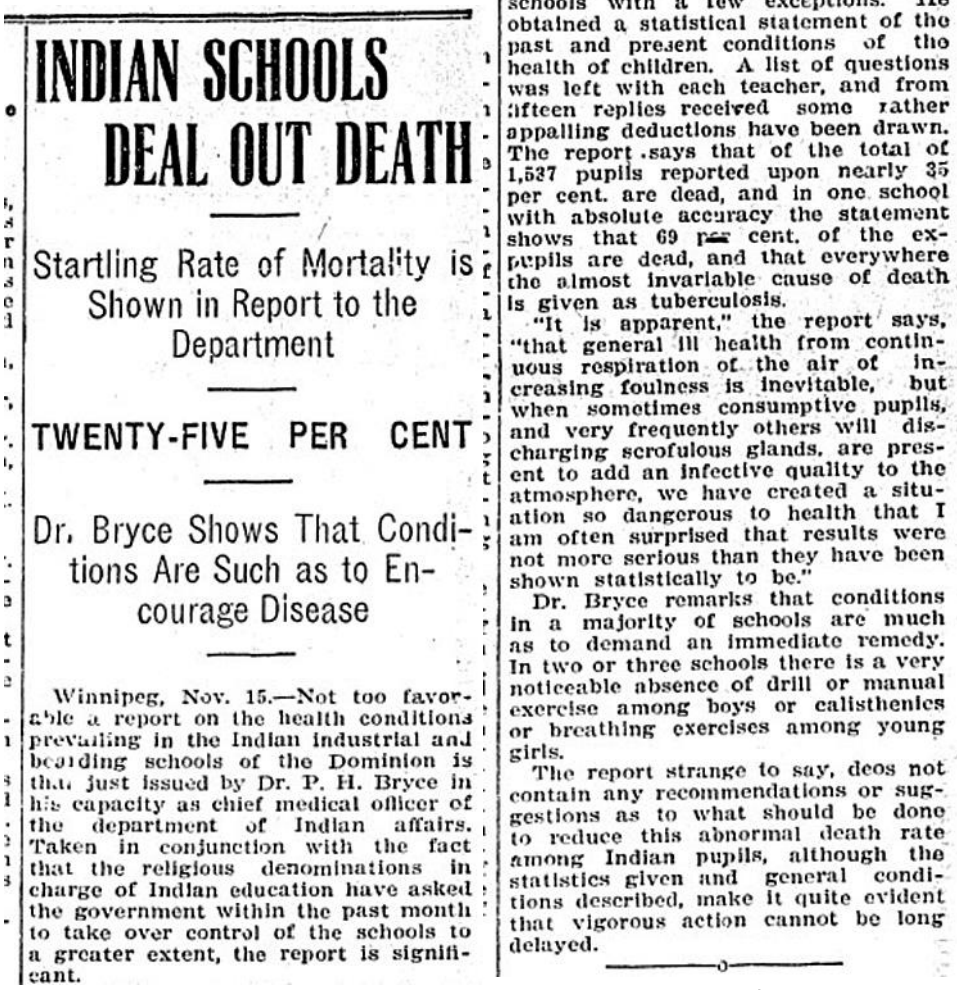
Bryce continued to push the government to recognize the problem. He conducted another study and report in 1909. This report was circulated to medical, school and church officials for comment. However, there was minimal action taken.

Bryce continued to criticize the department and ultimately he was removed from his position. In 1922, after years of inaction and no change in the death rates, he published *The Story of a National Crime: An Appeal for Justice to the Indians of Canada* to bring awareness to the issue.

fair ould res- lts ing

in the Mission launch.

Rich Mineral Belt.—The last num- ber of the Atlin Claim to hand has this to say [illegible] mining camp on the border between this province and Yu- kon Territory: "Last October the pro-



INDIAN SCHOOLS DEAL OUT DEATH

Startling Rate of Mortality is Shown in Report to the Department

TWENTY-FIVE PER CENT

Dr. Bryce Shows That Conditions Are Such as to Encourage Disease

Winnipeg, Nov. 15.—Not too favorable a report on the health conditions prevailing in the Indian industrial and boarding schools of the Dominion is that just issued by Dr. P. H. Bryce in his capacity as chief medical officer of the department of Indian affairs. Taken in conjunction with the fact that the religious denominations in charge of Indian education have asked the government within the past month to take over control of the schools to a greater extent, the report is significant.

The Indian schools, as is generally known, are conducted by the Roman Catholic, Anglican, Presbyterian and Methodist denominations, who receive grants from the government to assist in carrying on the work. Attention having been drawn to a large number of deaths among the pupils, either while attending school or soon after leaving, Dr. Bryce was instructed to make a report on the subject. During the spring months, he visited all the schools with a few exceptions. He obtained a statistical statement of the past and present conditions of the health of children. A list of questions was left with each teacher, and from fifteen replies received some rather appalling deductions have been drawn. The report says that of the total of 1,537 pupils reported upon nearly 35 per cent. are dead, and in one school with absolute accuracy the statement shows that 69 per cent. of the ex-pupils are dead, and that everywhere the almost invariable cause of death is given as tuberculosis.

"It is apparent," the report says, "that general ill health from continuous respiration of the air of increasing foulness is inevitable, but when sometimes consumptive pupils, and very frequently others will discharging scrofulous glands, are present to add an infective quality to the atmosphere, we have created a situation so dangerous to health that I am often surprised that results were not more serious than they have been shown statistically to be."

Dr. Bryce remarks that conditions in a majority of schools are much as to demand an immediate remedy. In two or three schools there is a very noticeable absence of drill or manual exercise among boys or calisthenics or breathing exercises among young girls.

The report strange to say, does not contain any recommendations or suggestions as to what should be done to reduce this abnormal death rate among Indian pupils, although the statistics given and general conditions described, make it quite evident that vigorous action cannot be long delayed.

Daily Colonist November 16, 1907

The Royal Commission on Aboriginal Peoples (1996)

RCAP's third volume, *Gathering Strength*, probes social conditions among Aboriginal people. The picture it presents is unacceptable. Aboriginal people's living standards have improved in the past 50 years, but they do not come close to those of non-Aboriginal people:

Life expectancy is lower. Illness is more common. Human problems, from family violence to alcohol abuse, are more common too.

Fewer children graduate from high school. Far fewer go on to colleges and universities.

The homes of Aboriginal people are more often flimsy, leaky and overcrowded. Water and sanitation systems in Aboriginal communities are more often inadequate.

Fewer Aboriginal people have jobs. More spend time in jails and prisons.

Indigenous Determinants of Health

Conventional DoH:

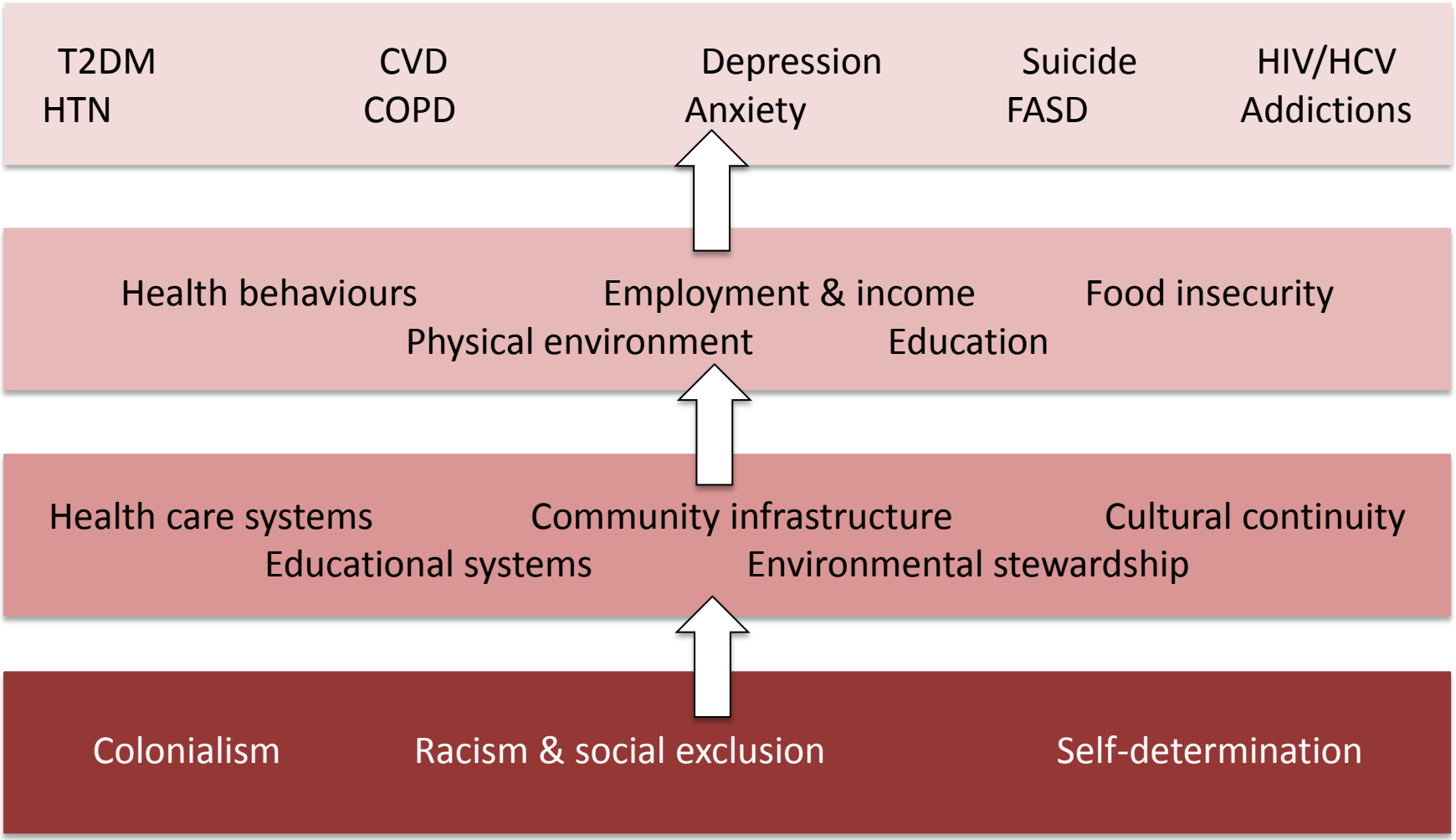
- Income
- Social status / differential
- Poverty
- Education
- Employment
- Social support networks
- Genetics

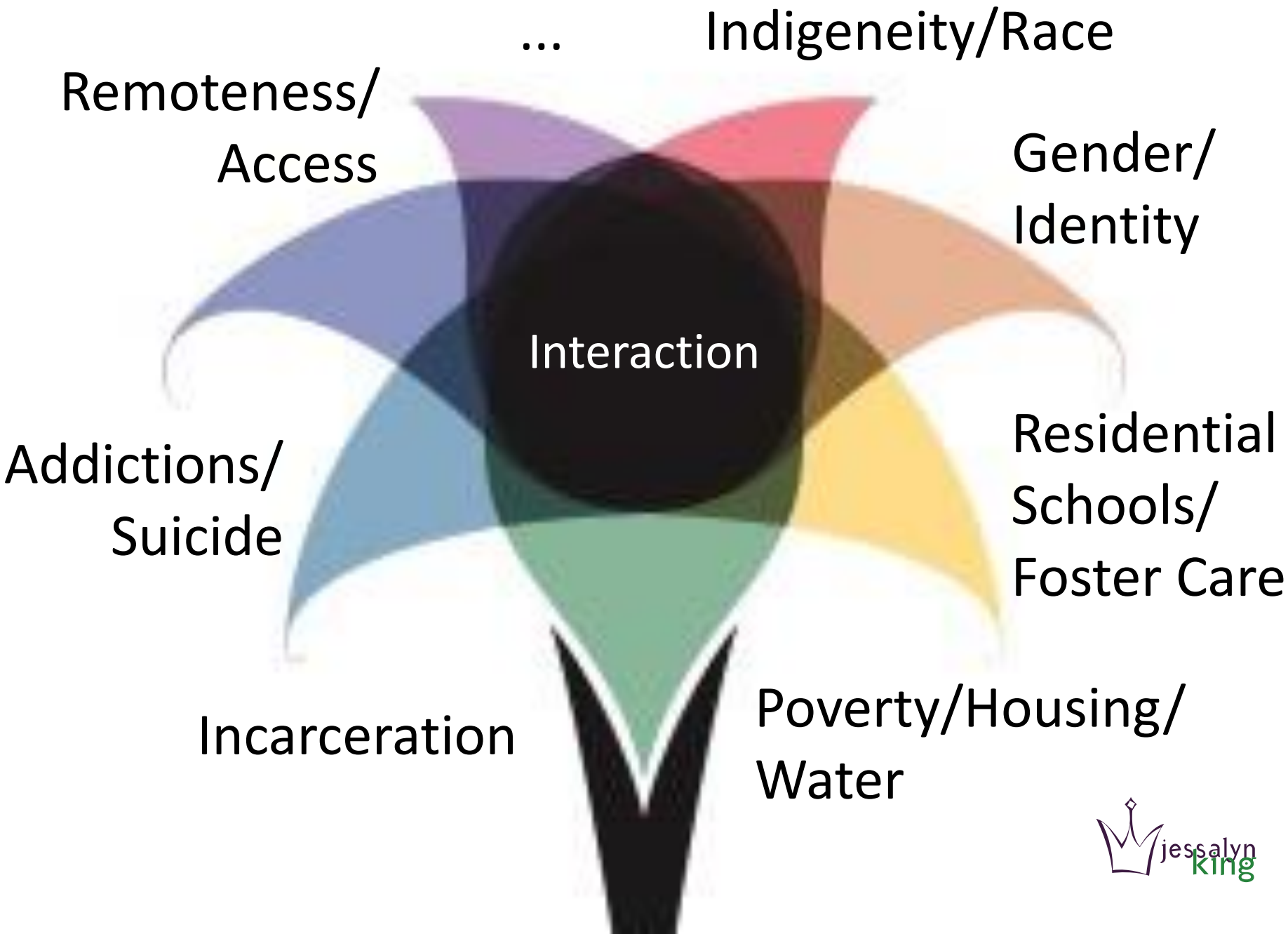
Indigenous DoH:

- Indigenous-specific:
  - Colonization
  - Connectivity to land / country (operationalized as land claim/title)
  - Self-determination
- Other DoH with Indigenous-specific impact:
  - Globalization
  - Racism
  - Gender
  - Worldview

King, M. *et al.* (2009). Indigenous health part 2: the underlying causes of the health gap. *Lancet* 374: 76–85.

Layering of IDoH
Loppie / Wien




...
Indigeneity/Race
Remoteness/
Access
Gender/
Identity
Interaction
Addictions/
Suicide
Residential
Schools/
Foster Care
Incarceration
Poverty/Housing/
Water
jessalyn
king

Indigeneity as a Health Determinant

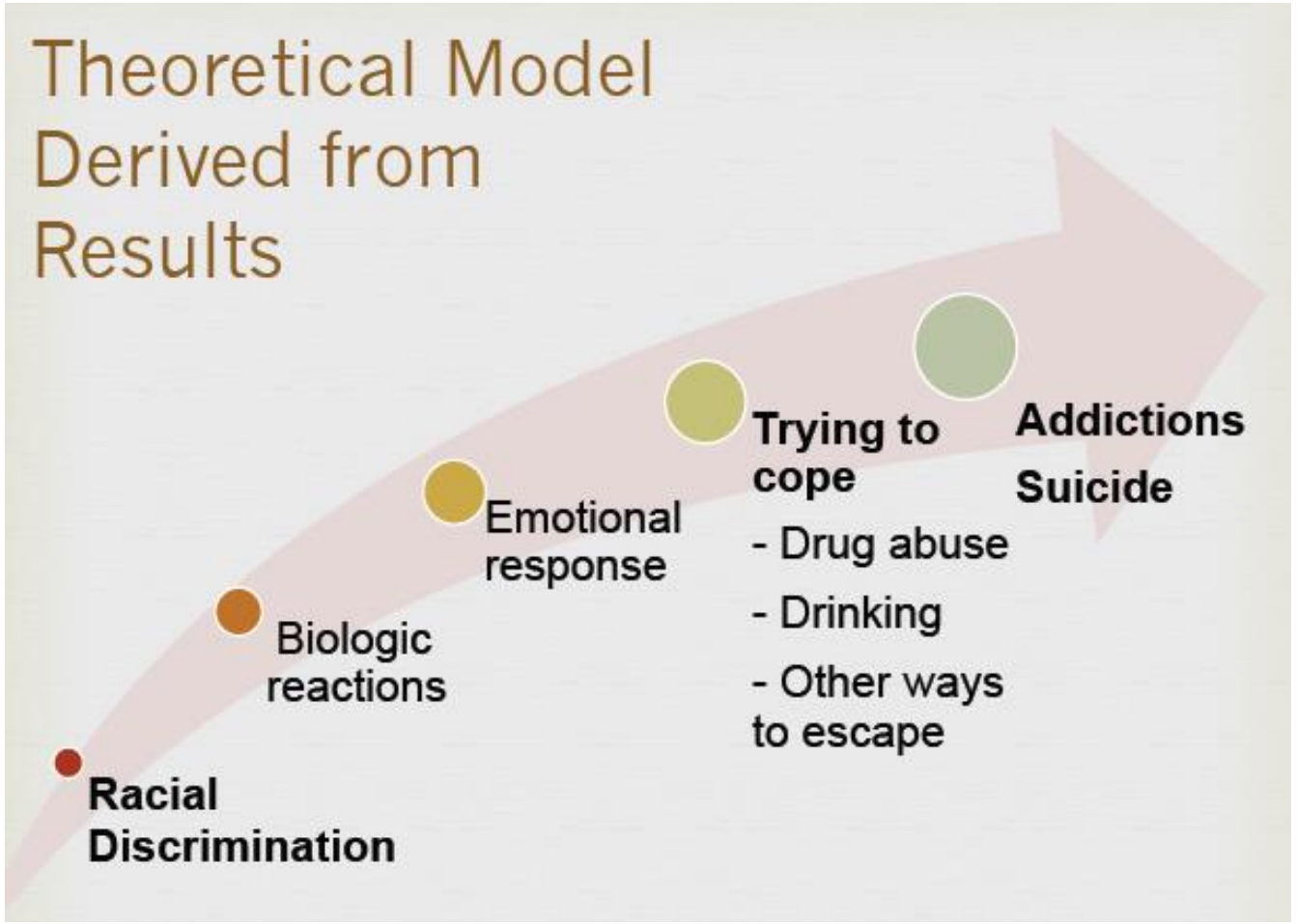
Positive identity, identity based on deficits, and negative identity are all seen within Indigenous populations

- Dispossession, alienation, subjugation
- Forced and learned dependency
- Essentialized, static

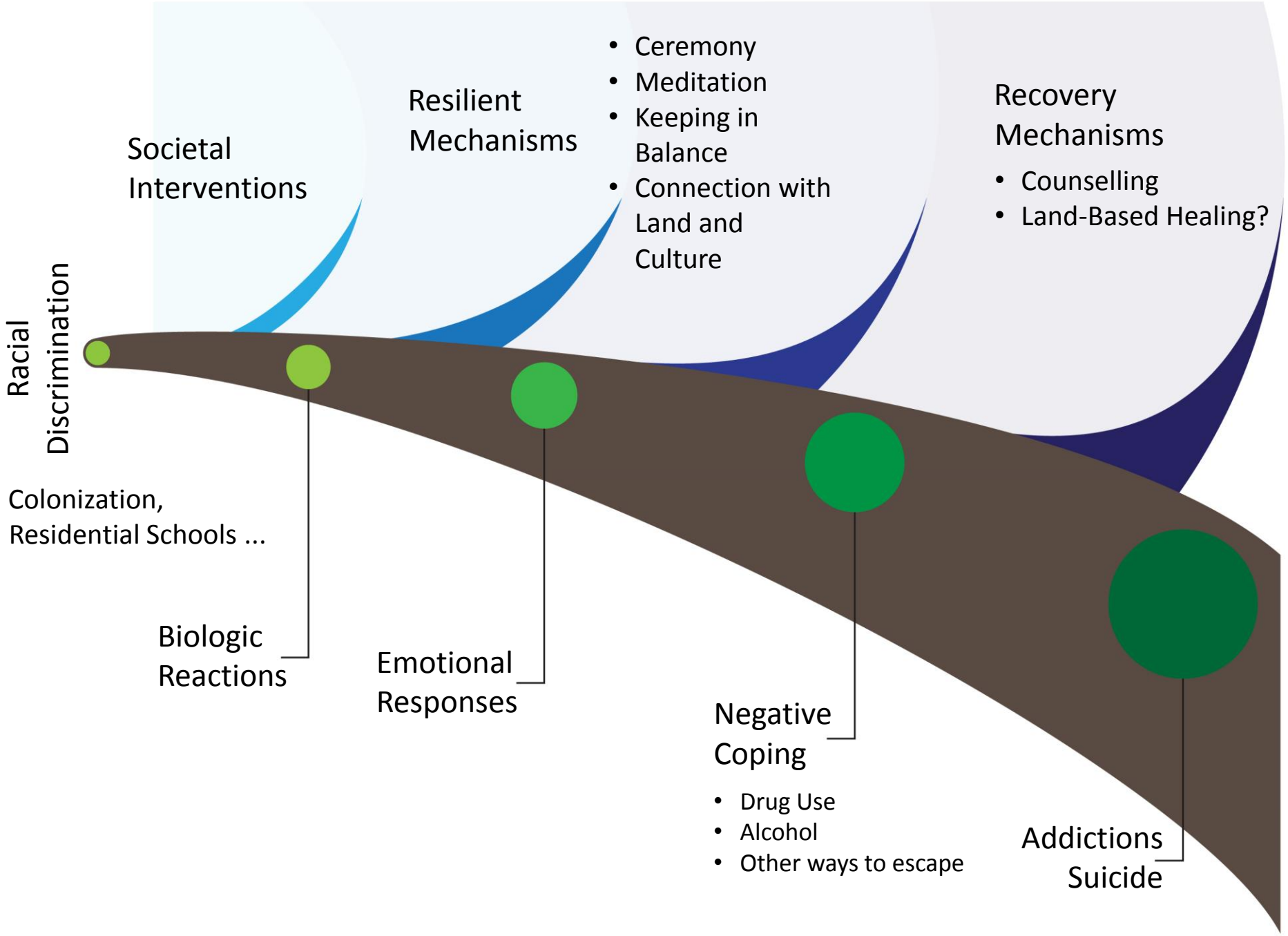
- Oldest cultures in the world – strong, vibrant, adaptable, resilient, sustainable
- Culture, language, tradition
- Self-determination, self-governance, non-interference, tolerance

Durie – the challenge is to facilitate the development of healthy identities based on cultural strengths, not on disadvantage, disease burden and discrimination.

Currie: University students' experiences with racism



Currie, CL *et al.* (2012). Racism experienced by Aboriginal university students in Canada. *Can J Psychiatry* 57(10):617-625.


Societal Interventions
Resilient Mechanisms
• Ceremony
• Meditation
• Keeping in Balance
• Connection with Land and Culture
Recovery Mechanisms
• Counselling
• Land-Based Healing?
Racial Discrimination
Colonization, Residential Schools ...
Biologic Reactions
Emotional Responses
Negative Coping
• Drug Use
• Alcohol
• Other ways to escape
Addictions
Suicide

The Royal Commission on Aboriginal Peoples *(cont'd)*

Aboriginal people do not want pity or handouts. They want recognition that these problems are largely the result of loss of their lands and resources, destruction of their economies and social institutions, and denial of their nationhood.

They seek a range of remedies for these injustices, but most of all, they seek control of their lives.

http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637
see also King, Smith & Gracey, Lancet 2009.

Footnote: RCAP "celebrated" the 20th anniversary of the release of their report in November 2016. The description of the disparities has barely changed in 20 years. Almost none of the recommendations were addressed or implemented. The gaps remain.

UN Declaration on the Rights of Indigenous Peoples

Article 24:

- Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.
- **Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps, with a view to achieving progressively the full realization of this right.**

TRC Calls to Action – December 2015

"We will, in partnership with Indigenous communities, the provinces, territories, and other vital partners, fully implement the Calls to Action of the Truth and Reconciliation Commission, starting with the implementation of the United Nations Declaration on the Rights of Indigenous Peoples."

PM Trudeau

Truth and Reconciliation Commission 94 Calls to Action *(Dec 2015)*

Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to **acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies**, including residential schools, and to recognize and implement the healthcare rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to **establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends**. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.


Lisa Boivin
Dene Artist