

Manitoba Centre for Health Policy

First Nation People's Health in Manitoba

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A summary of the report *The Health Status of and Access to Healthcare by Registered First Nation Peoples in Manitoba*

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Cover Artwork: Cherish One Another
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Mind the Gap: Inequalities in Health

Imagine for a moment what it would be like to grow up knowing that you, your family and your community are three times less likely to make it to the age of 75 than everyone else in Manitoba. Not only that, but **the gap between your health and everyone else's is getting wider as time goes on**. This is the reality for First Nation people living in our province, and it is only one small piece of the unequal health status that looms large in their everyday lives.

To understand why First Nations' health is worse than other Manitobans, we need to first acknowledge the history of colonization and the horrendous effects it had (and continues to have) on the First Nations ways of life. As part of an effort to 'civilize' First Nation people, many children were forcibly removed from their families and communities and placed in residential schools. In being made to adopt the European way of life, they lost much of their language, their culture, and their connection to their families and communities. The trauma from this experience is still being felt today as the pain of this loss is passed down through generations.

In 2008, the Truth and Reconciliation Commission of Canada (TRC) was formed to give voice to the survivors of the residential school system. Their work showed how Government of Canada policies denied First Nation people equal access to high quality food and housing, higher education and higher paying jobs, and how this had a negative impact on their health. The TRC report contains 94 Calls to Action, which call upon all levels of government and educational institutions to improve the health and living conditions of First Nation people. They are a pathway to begin healing the harms enacted by residential schools and to advance the process of reconciliation in Canada.

It is in response to these calls, and especially Call #19, that researchers at the Manitoba Centre for Health Policy (MCHP) and the First Nations Health and Social Secretariat of Manitoba (FNHSSM) partnered on the latest report on Manitoba First Nation people's health.

An Updated Look at First Nation People's Health

The report looks at several aspects of First Nation people's health and their use of healthcare. It draws comparisons between First Nation people living on-reserve vs off-reserve, First Nation people vs all other Manitobans, and between people living in different health regions and tribal council areas. It also uses data from the First Nations Regional Health Survey in Manitoba (2015-16). The Regional Health Survey is the only survey on health and well-being in Canada that is developed and overseen by First Nations, and it includes information from First Nation people living on reserve¹.

Deaths before Age 75

Deaths that happen before the age of 75 are viewed as 'early' or 'premature'. The rate of early deaths serves as a good overall measure of how healthy groups of people are and what their need for healthcare is. We've already mentioned that First Nation people have a much higher rate of early deaths than other Manitobans, but the reasons behind this are complex. It's not just that First Nation people don't enjoy the same access to healthcare. There are also underlying social factors that affect their health and well-being. While health services are important, factors like access to quality housing, water and food also need to be addressed.

Mental Health

The mental health data at MCHP tell us how many people seek help from their doctors and get a diagnosis for a mental health disorder like depression or anxiety. In almost every health region across Manitoba, a far higher percent of First Nation people are diagnosed with a mood or anxiety disorder than are other Manitobans. And because we are only counting people who have a diagnosis, there are probably many more people who have a mental illness but have not seen a doctor about their symptoms.

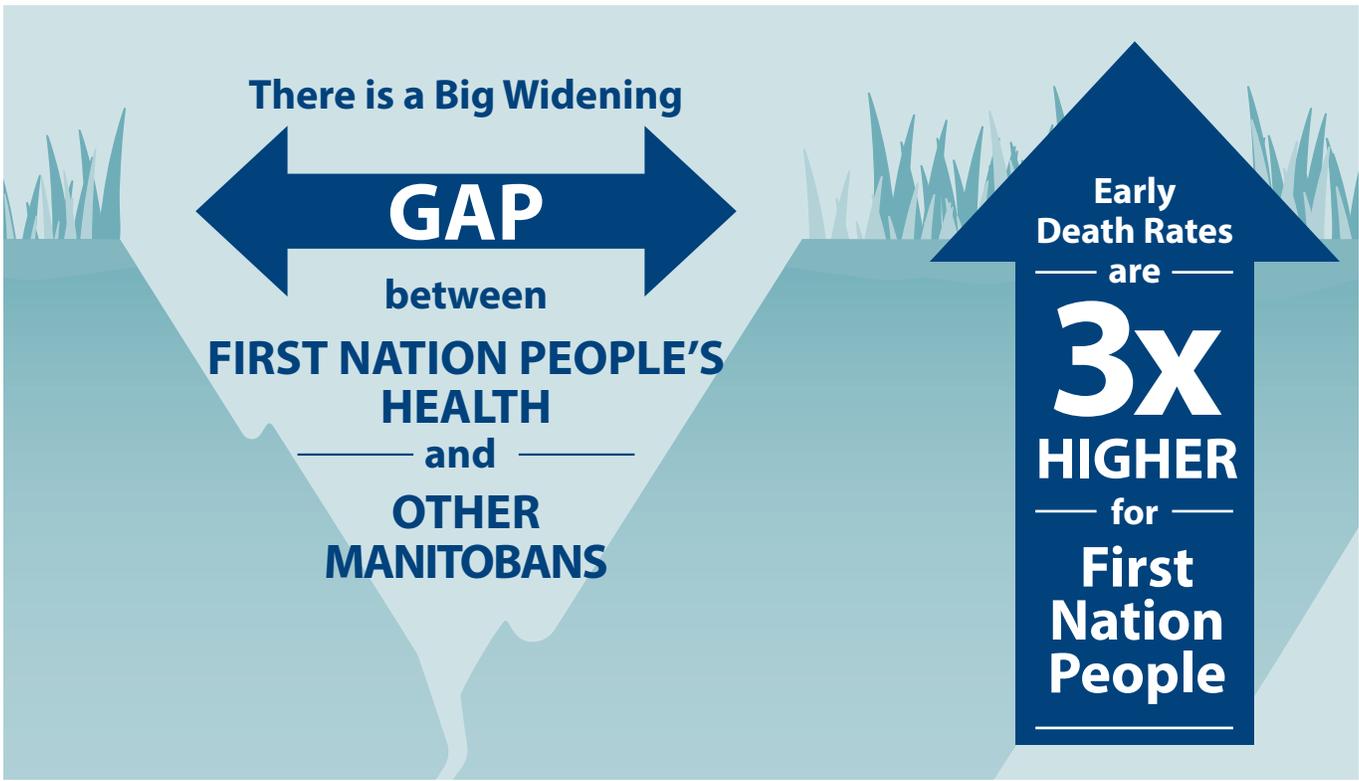
Mental health disorders make many aspects of life more difficult. Sadly, they are also linked to suicide and suicide attempts. The rate of suicide attempts for First Nation people is four times higher than for all other Manitobans. And the rate of deaths by suicide among First Nations is also much higher

Call to Action #19

"Identify and close the gaps in health outcomes..."

"publish progress reports and assess long-term trends..."

¹While the full-length report contains information on many health and healthcare indicators available in the MCHP Data Repository and shows comparisons between all groups, in this summary we highlight only a few of the key findings.



Reasons Behind Higher Rates of Early Death for First Nation People are Complex

POOR ACCESS TO



QUALITY HOUSING



HEALTHCARE CLOSE TO HOME



CLEAN WATER



CONTINUITY OF CARE



HEALTHY AND AFFORDABLE FOOD



MENTAL HEALTH SUPPORTS

than for the rest of the province. In the Regional Health Survey, almost a quarter of First Nation people living on reserve felt that suicide was a challenge for their community.

These results will not be surprising for those who have heard about the recent mental health crises in First Nation communities across Canada. Many of these communities are in remote areas, and don't have access to supports like mental health counsellors. But First Nation people have shown how strong they are, even when faced with these challenges. In the Regional Health Survey, some communities report that they are making progress when it comes to mental health. They are drawing on their cultural roots, using traditional medicine, and making stronger connections with their families and communities. These are all positive aspects that show First Nation people are striving for mental wellness.

Prescription Opioids

Opioids are a type of drug that are very effective at relieving pain. Over the last ten years, opioids have been prescribed more often than before to treat pain from all kinds of illnesses and injuries. But we know now that opioids are highly addictive, and taking them can make a person dependent on having more of them. And that can be dangerous – an opioid overdose can cause the user to stop breathing.

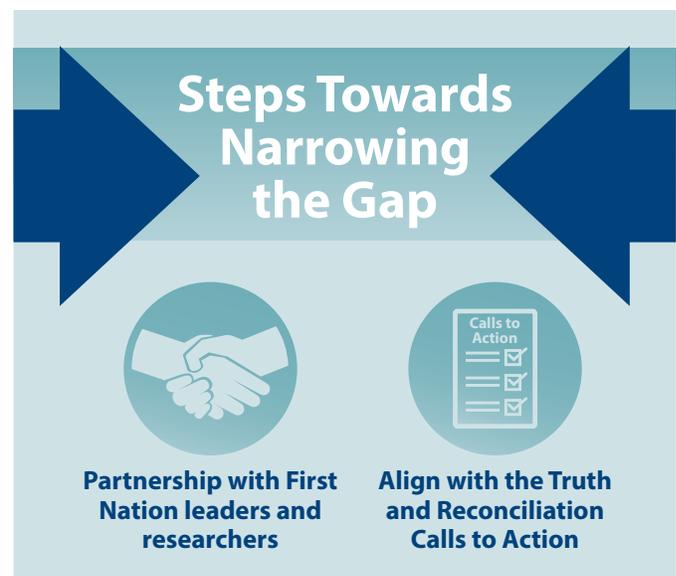
In our study, we looked at how many people received just one opioid prescription and how many had many prescriptions. A single prescription is used to treat pain from a one-time health event like surgery, and is less likely to lead to the user becoming dependent on opioids. But a pattern of many opioid prescriptions raises a red flag. While some people need to use opioids over the long term (for example, during cancer treatment), more than one prescription might also mean that the user will be at risk for opioid dependence.

We found that First Nation people were about twice as likely to be prescribed a single dose of opioids as other Manitobans. They were about 4 times more likely to have multiple prescriptions than other Manitobans. This pattern

could be seen in all regions across the province. And even though the results can't tell us why more opioids are prescribed to First Nation people, the large differences we see are a major concern to First Nation leaders.

Where to from Here?

In the two decades since MCHP's last report on First Nations' health, the gap between First Nation people's health and the rest of the province has grown. What steps can we take on the road to bettering the health of First Nation people and redressing the harms done? The partnership between researchers at MCHP and FNHSSM that was formed to produce this report is an important part of the journey. It reflects the aim of First Nations in Canada that there be "nothing about us without us." This is the kind of partnership that is needed at all levels of government across the country to move past the effects of colonization. Working together to define problems and solutions will bring about sustainable change in the many systems that affect First Nations' health and help to narrow the gap between First Nations and other Manitobans.



Manitoba Centre for Health Policy

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The **Manitoba Centre for Health Policy** is a research unit in the department of Community Health Sciences at the University of Manitoba's Max Rady College of Medicine, Rady Faculty of Health Sciences.

MCHP conducts population-based research on health services, population and public health, and the social determinants of health.

To View the Original Report, Please Visit

http://mchp-appserv.cpe.umanitoba.ca/reference/FN_Report_Web.pdf



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