POVERTY AS A SOCIAL DETERMINANT OF FIRST NATIONS, INUIT, AND MÉTIS HEALTH

Poverty and ill-health are inextricably linked; the lower an individual's socioeconomic status, the worse their health (Shimmin, 2019). Poverty can be experienced in multi-dimensional ways, including:

· material deprivation - the "lack of access to, or the skills to acquire, sufficient material and financial resources to thrive;"
· social isolation and lack of access to formal and informal supports that support resiliency in times of crisis; and
· spiritual poverty - the loss of meaning or purpose in one's life (Canadian Poverty Institute, 2019, para. 1).

Each of these dimensions "diminishes opportunities, limits choices, undermines hope, and threatens health" (Haines, Heath, & Smith, 2000, p. 1). The burden

© Credit: iStockPhoto.com, ID 826652432

of poverty falls most heavily on certain groups (women, children, lone-parent led families, ethnic and minority groups, and persons with disabilities), and it is more prevalent in isolated or remote regions of Canada (Campaign 2000, 2018; Statistics Canada, 2017a). Indigenous [1] peoples are among the poorest populations in Canada; as a result, they experience a disproportionate burden of ill-health (National

Collaborating Centre for Aboriginal Health [NCCAH], 2013).

For Indigenous peoples, poverty is rooted in colonialism and corresponding processes of racialization (Harell, Soroka, & Ladner, 2014). The dispossession of Indigenous peoples from their traditional lands, their forced relocation to reserves or settlements in marginal areas,

---

[1] The term 'Indigenous peoples' is used throughout this fact sheet to refer collectively to the Indigenous inhabitants of Canada, including First Nations, Inuit and Métis peoples (as stated in section 35(2) of the Constitution Act, 1982); however, the terms 'Aboriginal' and 'Aboriginal peoples' will be used as substitutes when reflected in the literature. Wherever possible, culturally specific names are used.

National Collaborating Centre for Indigenous Health

Centre de collaboration nationale de la santé autochtone

sharing knowledge · making a difference
partager les connaissances · faire une différence
ᖃᐅᔨᒪᔭᐅᖃᑦᑎᓂᕐᒃ · ᐱᕓᑦᑕᖅᑎᑎᓂᕐᒃ

The impacts of historic trauma from residential school experiences, the Sixties Scoop, and other colonial policies that aimed to erode Indigenous cultures and languages, coupled with ongoing attitudes of racism, discrimination and stereotyping, make it challenging to break the cycle of poverty and, in turn, to improve Indigenous peoples' overall health outcomes

(Homeless Hub, 2019).

© Credit: Library and Archives Canada, ID PA-134110, "Cree students at their desks with their teacher in a classroom, All Saints Indian Residential School, Lac La Ronge, SK March 1945."

and the destruction of their traditional economies have paved the way towards marginalization (Harell et al., 2014). These conditions are exacerbated by systemic underfunding of services, programs and resources, including for schools, child welfare services, health, housing, and water systems, and by lower educational attainment levels and lack of employment opportunities in Indigenous communities (Campaign 2000, 2018; Macdonald & Wilson, 2016; Wilson & Macdonald, 2010). The impacts of historic trauma from residential school experiences, the Sixties Scoop,[2] and other colonial policies that aimed to erode Indigenous cultures and languages, coupled with ongoing attitudes of racism, discrimination and stereotyping, make it challenging to break the cycle of poverty and, in turn, to improve Indigenous peoples' overall health outcomes (Homeless Hub, 2019).

This fact sheet examines poverty as a determinant of First Nations, Inuit and Métis health. It begins by providing a brief overview of the various ways in which poverty can be measured. It then examines the prevalence of poverty among Indigenous peoples, the various ways poverty manifests and is experienced by Indigenous individuals, families and communities, and how these manifestations directly and indirectly influence Indigenous health and well-being.[3] The fact sheet concludes with a discussion of various types of poverty reduction strategies and examples that have shown some success in Indigenous contexts. Since this fact sheet is intended to provide an update to our 2009 version, the focus is on literature published since 2010.

---

[2] The Sixties Scoop refers to a period in history over which thousands of Indigenous children were 'scooped' up from their families and communities and placed in foster homes or up for adoption, often with non-Indigenous families (First Nations Studies Program, 2009). While associated with the 1960s, this period actually began in the late 1950s and persisted for more than two decades.

[3] There is no uniform definition of the term 'well-being'. Unless otherwise defined, in this fact sheet the term will be defined as a positive population outcome measure that is based on a person's perception of satisfaction with life, incorporating elements of that person's self-perceived health, healthy behaviours, mental and physical illness, social connectedness, productivity, longevity, and factors in the physical and social environment (ie. education/housing) (Centers for Disease Control and Prevention, 2018).

Defining and measuring poverty

Poverty is defined and conceptualized in both absolute and relative terms. Absolute poverty is the severe deprivation of basic human needs such as food, safe drinking water and shelter, and is used as a minimum standard below which no one should fall regardless of where they live (Blondel, Clarke, Mohamed, & Mohamed, 2019; Katikireddi & Dundas, 2017). This type of measure is typically conceptualized in relation to the 'poverty line,' or the lowest amount of money needed to sustain human life. Relative poverty is defined as the inability to afford the goods, services, and activities needed to keep up with the standard of living of a given society, which typically refers to people whose total incomes are less than a certain percentage of their country's median income (Katikireddi & Dundas, 2017; Okalow, 2019).

In Canada, several tools have been utilized to measure both absolute and relative poverty, including the Low Income Cut-Off (LICO), the Market Basket Measure, the Low Income Measure (LIM), and the Community Well-being (CWB) Index. LICO has been the most widely used tool because it allows for comparisons over time (Government of Canada, 2017). It measures relative poverty and defines it as being below an income threshold whereby a household will devote at least 20% more of its share of income on basic necessities of food, shelter and clothing than does the average family (Government of Canada, 2017). The Market Basket Measure defines poverty in absolute terms as the ability to pay for a specific set of goods and services locally (Government of Canada, 2017). The Low Income Measure (LIM) defines poverty in relative terms as living below a fixed percentage of income, set at 50% of median household income (Government of Canada, 2017). In 2014, a greater proportion of Canadians were living in poverty using the LIM (13%) compared to the Market Basket (11.3%) and LICO (8.8%) measures (Government of Canada, 2017).

In its recently released Poverty Reduction Strategy, the Government of Canada adopted the Market Basket Measure as its official measure of poverty (Government of Canada, 2018). This measure takes into account the cost of a range of goods and services in 50 different regions across Canada, including clothing, footwear, transportation, nutritious food, shelter, personal care items, basic telephone service, leisure and entertainment activities, and school supplies (Government of Canada, 2018). However, for several reasons, using this measure remains controversial for anti-poverty advocacy organizations. Key expenses such as childcare, non-insured medically required health expenses such as dental and vision care, prescription drugs, private health insurance, aids for persons with disabilities, personal income taxes, payroll benefit contributions, alimony and child support payments, and union dues are not included (Campaign 2000, 2018). The measure focuses solely on the goal of physical subsistence, ignoring other dimensions of

poverty such as social exclusion, stress or exposure to difficult environments related to a person's or household's relative position in the income hierarchy, health status and developmental outcomes (Campaign 2000, 2018). It also fails to capture the unique barriers to breaking the cycle of poverty in Indigenous communities, such as challenges in obtaining a quality education or employment on reserve (Macdonald & Wilson, 2016).

Given the multi-dimensional ways that poverty can be experienced, the Community Well-being (CWB) Index has also been used as a tool for measuring poverty. The CWB considers income, education, housing and activity (work) in its measures. While there have been some improvements in CWB scores over time, a significant gap remains between Indigenous and non-Indigenous communities (Indigenous Services Canada, 2016). This has been attributed, in part, to a long history of underfunding for programs and services in Indigenous communities, which had been capped, until recently, at 2% per year for essential services and 3% for health services for more than a decade (Blackstock, 2016; Claggett, 2018; First Nations of Quebec and Labrador Health and Social Services Commission, 2014). This funding cap has failed to keep up not with both inflation and population growth.

The prevalence of poverty among Indigenous peoples

In 2016, Indigenous peoples constituted approximately 4.9% of the total Canadian population, an increase of 42.5% since the 2006 Census (Statistics Canada, 2017c). While three distinct groups of Indigenous peoples are recognized under Section 35 of the *Canadian Constitution Act* of 1982, there is considerable diversity among these groups and within them. First Nations are the largest group, accounting for 58.4% of the total Indigenous population (Statistics Canada, 2019f). They can be classified by whether they have Treaty Indian Status (are registered) or by whether they live on- or off-reserve. According to the 2016 Census, 76.2% of First Nations had Registered or Treaty Indian Status, as defined under the *Indian Act*, which entitle them to certain benefits, rights, programs and services, while 23.8% did not (Statistics Canada, 2019f). Among those with treaty Indian status, 44.2% lived on reserve while the remainder lived off reserve. There are more than 600 First Nations or Indian bands across Canada, each with their own unique cultural practices, language, traditions and history (Statistics Canada, 2017c). Inuit are the smallest group, accounting for approximately 3.9% of the Indigenous population (Statistics Canada, 2019f). The majority

(72.8%) live in their traditional homelands in the northern and Arctic regions of the Northwest Territories, Nunavut, Quebec, and Newfoundland/Labrador (Statistics Canada, 2017c). Métis account for approximately 1.7% of the Indigenous population and live primarily in metropolitan areas across Canada (Statistics Canada, 2017c). Indigenous peoples collectively are disproportionately affected by poverty; however, their lived experiences with it are very diverse across Canada due to their diverse cultural traditions, geographic locations, and socio-economic status.

While most low-income Canadians live in poverty for only short periods of time, Indigenous people are more likely to be living in persistent poverty [4] (Government of Canada, 2016; Lamman & MacIntyre, 2016). This is due to the ongoing socio-economic and structural disadvantages with which Indigenous peoples live, coupled with the fact that Indigenous families have a greater prevalence of demographic characteristics that place them at increased risk of poverty. The likelihood of living in poverty is three times greater for children living in lone-parent households compared to two-parent households, especially in those led by the mother, and it

is greater among households with more children under the age of 18 (Statistics Canada, 2017a). In 2016, 35% of Indigenous children under age 14 lived with a lone parent (38.9% of First Nation, 29.0% of Métis, and 27.7% of Inuit children) compared to 17.8% of non-Indigenous children (Statistics Canada, 2017b; 2019a).

Despite acknowledgement of the vast challenges facing Indigenous communities and identification of needed actions to address these challenges in the Royal Commission on Aboriginal Peoples' final report (1996), little progress has been made during the past two decades to address the poverty gap that exists between Indigenous peoples and the general Canadian population. Recent statistics indicate that:

· In 2014, 18.7% of Indigenous people living off reserve lived in poverty compared to 8.8% of the Canadian population (Government of Canada, 2017);
· Over the period 2005-10, the proportion of Indigenous people aged 15 and older who relied on government transfers increased from 33.8% to 36.5% (National Aboriginal Economic Development Board, 2015);
· In 2015, nearly half (47%) of status First Nations (53%

of on-reserve, 41% of off-reserve), 32% of non-status First Nations, 25% of Inuit, and 22% of Métis children lived in poverty compared to 12% of non-racialized, non-Indigenous children (Beedie, McDonald, & Wilson, 2019);
· In 2016, 34.3% of First Nations, 21.8% of Métis, and 28% of Inuit women lived in poverty compared to 13.8% of women and girls in the general Canadian population (Canadian Women's Foundation, 2018); and
· In 2016, the CWB gap between First Nations and non-Indigenous communities was 19.1 points, unchanged from 1981, while the gap for Inuit over this period narrowed slightly from 18.4 to 16.2 (Indigenous Services Canada, 2016).

Poverty affects all other determinants of health. People living in poverty are more likely to have difficulty finding and keeping a job, to have experience with the criminal justice system, to need various social supports and assistance, and to have their children placed into protective care (Government of Canada, 2018). As a result of poverty, Indigenous peoples are statistically over-represented in a range of social indicators. For example,

---

[4] Defined as living in poverty for at least 3 of 6 years.

- Indigenous people, who constitute approximately 5% of the Canadian population are vastly over-represented in homeless populations, constituting between 20-50% of the total homeless population in urban centres across Canada (Homeless Hub, 2019).
- In 2016, the proportion of the Indigenous population 15 years and over who did not hold a high school diploma or equivalent was 38.4% (43.2% for First Nations, 29.7% for Métis, and 59.8% for Inuit) compared to 19% of non-Indigenous people (Statistics Canada, 2019b).[5]
- In 2016, the unemployment rate for Indigenous peoples aged 25 to 54 was 15.2% (11.2% for Métis, 18% for First Nations, and 22.4% for Inuit) compared to 7.4% for the non-Indigenous population (Statistics Canada, 2018).
- In 2016, the median employment income was $26,385 for the Indigenous population ($23,345 for First Nations, $31,423 for Metis, and $20,984 for Inuit) compared to $34,013 for the non-Indigenous population (Statistics Canada, 2016).

- In 2014/15, 42% of First Nations adults reported struggling to meet basic food requirements at least a few times a year, while a further 26.5% struggled with transportation, 25.4% struggled with utilities costs, and 11.4% struggled with shelter (First Nations Information Governance Centre [FNIGC], 2018).
- In 2016, 19.4% of Indigenous people lived in a dwelling in need of major repairs (27% of First Nations with registered or treaty Indian status, 13.6% of First Nations without registered or treaty Indian status, 11.3% of Métis, and 26.2% of Inuit) compared to only 6% of non-Indigenous people (Statistics Canada, 2019c). Additionally, 18.3% of Indigenous people lived in unsuitable[6] (overcrowded) housing (40.7% of Inuit, 23.1% of First Nations, and 8.6% of Métis homes) compared to 8.5% of non-Indigenous households (Statistics Canada, 2019c).
- In 2014/15, the proportion of First Nations adults who reported the presence of household mold or mildew in their home over the past 12 months was 35% of urban,

41.7% of rural, and 45.6% of remote/special access households (FNIGC, 2018).
- While progress has been made in improving the safety of drinking water in First Nations communities, 56 long-term drinking water advisories remained in place as of August 2, 2019, and 44 short-term drinking water advisories remained as of September 3, 2019, excluding British Columbia and the Saskatoon Tribal Council (Indigenous Services Canada, 2019a/b).
- In 2014, the rate of food insecurity was 25.7% among Indigenous people compared to 12% among the general population.[7] Rates of food insecurity are especially high in northern Canada, especially in Nunavut (46.8%) (Tarasuk, Mitchell, & Dachner, 2016).
- Indigenous children are vastly over-represented in the child welfare system, representing 7.7% of all children under age 14, yet accounting for 52.2% of all foster children in this age group (Indigenous Services Canada, 2019c).

---

[5] Calculated by author using Statistics Canada (2019b) 2016 Census data.
[6] Suitability is considered by Statistics Canada to be synonymous to overcrowded housing, based on the number of residents per bedroom, and is defined as more than two persons per bedroom (Statistics Canada, 2019d).
[7] The 2014 food security survey excluded British Columbia and the Yukon.

Poverty and Indigenous health

Poverty interacts with other socio-economic determinants to affect health and well-being (Chokshi, 2018; Harell et al., 2014; Pickett, & Wilkinson, 2015). Individuals living in poverty tend to have reduced access to health services, are exposed to more hazardous conditions, are more likely to experience childhood neglect, have poorer nutrition and reduced access to formal physical activity programs, are subject to greater stresses, and have poorer health maintenance [8] (Fiscal Realities Economists, 2001; Spence, 2016). They are thus more likely to have lower life expectancy; higher rates of suicide, injuries, and mental health issues; more adverse birth outcomes and developmental challenges; suffer from more chronic diseases; and have disproportionate vulnerability to the spread of infectious diseases and public health crises such as of climate change (Berry, Clarke, Fleury, & Parker, 2014; Office of the Chief Public Health Officer, 2014; Raphael, 2018). However, the relationship also works in reverse, as poor health can also lead to poverty. This section will provide an overview of how poverty has had an impact on Indigenous health in Canada; however, it is important to remember that current surveillance processes tend to be too broad to capture the unique context of Indigenous communities, resulting in an over-generalization of health risk and stigmatization of Indigenous populations, with potentially detrimental impacts on the development of appropriate health policies and programs (Bell, Schuurman, Hameed, & Caron, 2011; Spence, 2016).

Canada ranks among the top 10 countries in the world in terms of life expectancy at birth (Greenberg & Normandin, 2015). However, Indigenous peoples have a lower projected life expectancy than the general Canadian population. In 2017, the projected life expectancy for the Canadian population was 79 years for men and 83 years for women. In comparison, the projected life expectancy at birth was similar for Métis and First Nations populations at 73-74 years for men and 78-80 years for women, while Inuit had the lowest projected life expectancy at 64 years for men and 73 years for women (Statistics Canada, 2015).

---

[8] Health maintenance refers to health promotion and disease prevention activities that individuals undertake to promote their optimal health, including counseling, screening, doctors' appointments, vaccinations and other things that individuals do to prevent the onset of diseases, detect medical conditions early and prevent them from becoming more serious.
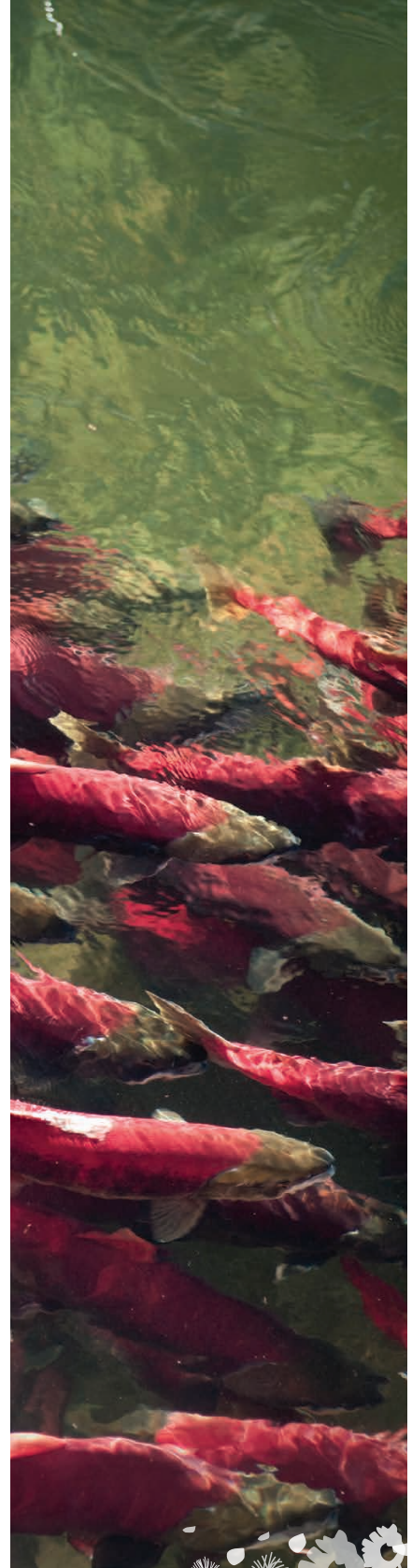
Poverty affects access to nutritious food, food security, health literacy, access to physical activity programs, and health behaviours (Ball, 2015; Czyzewski, 2011; Giles, Brooks Cleator, McGuire-Adams, & Darroch, 2014). It is thus associated with obesity and obesity-related chronic conditions such as diabetes and cardiovascular diseases (Marmot, 2017; Zienczuk & Egeland, 2012). These associations are evidenced in a higher prevalence of obesity and metabolic-related chronic diseases among Indigenous adults and children, especially among First Nations, compared to their non-Indigenous counterparts (Batal & Decelles, 2019; Bhawra, Cooke, Guo, & Wilk, 2017; Hu, Singh, Kenny, & Chan, 2019; Kolahdooz, Sadeghirad, Corriveau, & Sharma, 2017; Mansuri & Hanley, 2016; Spurr, Bally, Bullin, & Trinder, 2017; Wilk, Maltby, & Cooke, 2017). Children living in materially deprived areas are more likely to be obese across the life course (Marmot, 2017). The higher rates of gestational diabetes among pregnant Indigenous women is a leading cause of diabetes among their offspring, and is contributing to the current diabetes epidemic in this population (Mendelson et al., 2011; Oster, King, Morrish, Mayan, & Toth, 2014; Sellers et al., 2016). Because children living in poverty are more likely to experience nutritional deficiencies, they

are also more likely to suffer from associated conditions such as early childhood caries and developmental delays that can affect their life trajectories (FNIGC, 2012; Irvine et al., 2011; Psoter, Reid, & Katz, 2005; Spencer & Acheson, 2018; Ziegler, & Mobley, 2014).

Individuals experiencing poverty are also more likely to smoke and develop concomitant health outcomes such as lung cancer (Government of Canada, 2017). Indigenous peoples have much higher smoking rates compared to the general Canadian population. Between 2011-2014, the proportion of individuals who reported being a current smoker, daily or occasionally, was 52.5% for Inuit, 37.5% for First Nations, and 33.6% for Métis, compared to 18.8% for non-Indigenous Canadians (Statistics Canada, 2019e). These high rates are driving a more rapid increase in the burden of smoking-related diseases in this population, especially among Inuit (Bougie & Kohen, 2017; Kewayosh et al., 2015; Moore et al., 2015; Sanchez-Ramirez et al., 2016).

Poverty affects the ability of individuals to obtain adequate, affordable and suitable housing, exposes individuals to a greater variety of hazards in their daily life, and poses barriers to accessing the necessary resources, skills, knowledge and tools to engage with safety practices (Atlantic Collaborative

on Injury Prevention, n.d.; Giles et al., 2014; Laflamme, Burrows, & Hasselberg, 2009). Through these various pathways, poverty contributes to higher rates of mortality and premature deaths (Akee & Feir, 2018; Park, Tjepkema, Goedhus, & Pennock, 2015); injuries (Brussoni, Jin, George, & Lalonde, 2015; Jin, Lalonde, Brussoni, McCormick, & George, 2015; Möller, Falster, Ivers, & Jorm, 2015), and drownings (Drowning Prevention Research Centre Canada, 2017; Giles et al., 2014) among Indigenous peoples. It also contributes to the higher prevalence of infectious diseases, including tuberculosis (LaFreniere, Hussain, He, & McGuire, 2019; Moffatt, Long, & Mayan, 2014), influenza (McLeod, Adunuri, & Booth, 2019; NCCAH, 2016), and respiratory ailments (Carrière, Garner, & Sanmartin, 2017; Kovesi, 2012). Inadequate housing has been associated with increased family tension, violence and mental health (Baker, Lester, Bentley, & Beer, 2016; Bentley, Baker, Mason, Subramanian, & Kavanagh, 2011; Riva, Larsen, & Bjerregaard, 2015; Van der Maas, 2016; Ziemann, 2019). Through this pathway, poverty also likely contributes to the higher prevalence of these social issues in Indigenous families and communities, especially violence among women (Alani, 2013; Daoud, Smylie, Urquia, Allan, & O'Campo, 2013; Kohen, Bougie, & Guèvremont, 2015;

Kuokkanen, 2015). These high rates must be understood within broader social contexts, including geographic isolation, inadequate transportation infrastructure, and the impacts of intergenerational trauma on mental health, risk-taking behaviours, and loss of parenting skills (Banerji, 2012).

The ability to pay for treatment, health care and specialized services, such as vision and dental care, and take time off of work to seek a diagnosis or health treatment are also influenced by poverty (Darroch & Giles, 2016; Government of Canada, 2017; Jaggernath et al., 2014; Sanmartin, Hennessy, Lu, & Law, 2014). Many Indigenous people live in rural and remote communities that must rely on non-resident health professionals who fly in for short periods or they must access medical

care or specialized health care services in distant urban communities (Nelson & Wilson, 2018; Oosterveer & Young, 2015; Wallace, 2014). Poverty exacerbates these existing challenges in accessing timely and appropriate medical care or specialized services, resulting in many Indigenous people having unmet health care needs and delaying diagnosis and treatment of illness (Cameron et al., 2014; FNIGC, 2012, 2018; Horrill, McMillan, Schultz, & Thompson, 2018; Wallace, 2014). While status First Nations and Inuit who are recognized by an Inuit land claim organization are entitled to a range of supplementary health benefits and services through the federal government's Non-Insured Health Benefits (NIHB) Program, including coverage for drugs, dental and vision care, medical supplies and equipment,

mental health counselling and medical transportation, other Indigenous people living in poverty are not entitled to these benefits and services. The high costs associated with these benefits may pose a significant barrier to care. Collectively, these types of barriers have contributed to poorer health outcomes and higher mortality rates among Indigenous peoples (Decker et al., 2016; FNIGC, 2012, 2018; Samuel, Hemmelgarn, Sood, & Tonelli, 2017; Withrow, Pole, Nishri, Tjepkema, & Marrett, 2017).

Experiences of poverty can also lead to increased exposure to child welfare authorities, with impacts to health and well-being of both children and caregivers. Poverty can negatively impact parents' emotional and relationship functioning,

The threat that the state might apprehend their children can also influence caregivers' decision to access much needed health care for themselves, thus putting them at greater risk of poorer health outcomes

(Denison, Varcoe, & Browne, 2014).

potentially leading to family conflict, child maltreatment and neglect, and it can make it challenging for parents to meet their children's basics needs, keep them safe and support their optimal development (Fong, 2017; Kaiser, Li, Pollmann-Schult, & Song, 2017; Lefebvre, Fallon, Van Wert, & Filippelli, 2017). In fact, poverty has been identified as a leading factor in the disproportionate removal of Indigenous children from their families and communities (Sinha, Trocmé, Fallon, & MacLaurin, 2013; Sinha et al., 2011). This, in turn, has been shown to lead to poorer mental health outcomes in parents and their children, as well as a loss of parenting skills for future generations (Alani, 2013; Daoud et al., 2013; Newton, 2017; Oster, Grier, Lightning, Mayan, & Toth, 2014; YoungWolfe, 2017). The threat that the state might

apprehend their children can also influence caregivers' decision to access much needed health care for themselves, thus putting them at greater risk of poorer health outcomes (Denison, Varcoe, & Browne, 2014).

Strategies for poverty reduction

Indigenous peoples' experiences of poverty are multi-dimensional and complex. Such experiences carry much greater meaning than insufficient access to income alone. Poverty prompts considerations about vulnerability to violence; lack of autonomy and access to services; social disconnection; lack of self-confidence, self-esteem and identity; food insecurity; lack of education and employment opportunities; lack of capacity;

lack of access to quality housing and safe drinking water; mental health and substance abuse challenges; among others (Native Women's Association of Canada [NWAC], 2018). Comprehensive, multi-faceted approaches are needed to tackle the upstream social, economic and environmental determinants of Indigenous peoples' health. Transformative change is also required to address systemic barriers to poverty reduction in Indigenous communities (Clarke, 2018). Additionally, since poverty denies individuals basic human rights, an approach grounded in principles of social justice is needed that commits governments to respecting, protecting, and fulfilling the human rights of individuals living in poverty by giving them opportunities to participate in the decisions that affect them,

promoting equality and ending discrimination, and ensuring Indigenous peoples are respected and valued in their communities (Canada Without Poverty, 2017, p. 9). Key elements necessary for addressing poverty in Indigenous communities include:

- investment in initiatives that support capacity-building, self-determination and self-government;
- investment in initiatives that meet basic needs of housing, child and family services, education, health care and access to clean drinking water;
- incorporation of a recognition-of-rights framework;
- adoption of strategic partnerships; and
- advancement in reconciliation and Indigenous peoples' relationship with Canada (Clarke, 2018; Government of Canada, 2018; Inuit Tapiriit Kanatami, 2018; NWAC, 2018).

To date, a variety of strategies have been advanced by international organizations, federal, provincial/territorial, municipal and Indigenous governments, and by Indigenous representative organizations. However, the effectiveness of these interventions in reducing poverty in Indigenous communities remains largely untested.

Several international initiatives provide holistic and human-rights based frameworks for guiding government actions to eradicate poverty within their borders. The Universal Declaration of Human Rights enshrined a set of fundamental human rights that all individuals are entitled to, including the right to adequate food, housing, employment, education, health, personal security and privacy, as well as equal access to justice and civil and political rights (United Nations, 1948). The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) expanded on these basic rights by acknowledging Indigenous peoples' rights to enjoy and practice their cultures and customs, their religions and languages, and to develop and strengthen their economies and social and political institutions (United Nations, 2007). The 2030 Agenda for Sustainable Development, implemented in 2015, a set out to eradicate poverty in all its forms by addressing the global challenge of sustainable development (United Nations, 2015). With its holistic perspective on health and its focus on actions on the social determinants of health, the Agenda's 17 sustainable development goals (SDGs) represent an opportunity to improve the health and well-being of Indigenous peoples in a way that resonates with their worldviews and ways of being. Indigenous peoples in Canada hold rights that are distinct from non-Indigenous peoples, including the right to determine the use of their lands, manage their lands in a proactive way, and derive benefits from those lands.

© Credit: iStockPhoto.com, ID 172343885

Indigenous peoples' experiences of poverty are multi-dimensional and complex. Such experiences carry much greater meaning than insufficient access to income alone.

That said, these rights are often ignored with respect to natural resource extraction and economic development activities, resulting in few benefits for Indigenous peoples and communities and significant impacts to their subsistence activities (Béland & Ross, 2015; Cameron, 2012). Concrete actions are needed to respect and uphold these rights if these types of initiatives are to be effective in reducing poverty.

Various strategies have been adopted by the federal government at the national level to reduce the prevalence of poverty for Indigenous peoples. First, it has taken steps towards reconciliation and a changed relationship between Indigenous and non-Indigenous peoples, through the announcement that it will fully implement UNDRIP and the 94 Calls to Action of the Truth and Reconciliation Commission of Canada (2015). These actions contain provisions that support economic well-being in Indigenous communities, which may facilitate positive changes by shifting communities from a path of dependency to one of self-reliance and resourcefulness (Government of Canada, 2018).

Second, federal departments have taken some steps to close the gap in government funding between Indigenous and non-Indigenous Canadians, including lifting the 2% funding cap on First Nations programs, allocating additional funding for specific programs to support better services, and advancing a new fiscal relationship between Indigenous governments and the federal government (Government of Canada, 2019a). However, as evidenced by the Canadian Human Rights Tribunal's 2016 landmark ruling that First Nations children were being discriminated against by the federal government's failure to fully implement Jordan's Principle [9] and provide equitable funding for First Nations child welfare services, and by ongoing resistance to address these funding imbalances, much more needs to be done to address these gaps (NCCAH, 2017).

Third, in 2018 the federal government announced its first Poverty Reduction Plan, a comprehensive strategy that takes a social determinants approach involving all levels of government, Indigenous peoples, and other stakeholders

in tackling poverty (Government of Canada, 2018). The plan supports a human-rights based approach to poverty that reflects principles of universality, non-discrimination and equality. It establishes three pillars as the foundation upon which future government investments in poverty reduction must be built: dignity, opportunity and inclusion, and resilience. The strategy also sets concrete poverty reduction targets of 20% by 2020 and 50% by 2030; establishes a Council on Poverty to advise on poverty reduction and report on progress; and proposes to introduce a Poverty Reduction Act in Parliament to entrench its poverty reduction targets and goals into law (Government of Canada, 2018). The strategy commits the government to work with national Indigenous organizations to identify and co-develop culturally appropriate indicators of poverty and well-being (Government of Canada, 2018). Whether this strategy will hit or fall short of collective expectations for eradicating poverty in Canada remains to be seen (Campaign 2000, 2018).

Numerous other actions have also been initiated by the federal

---

[9] Jordan's Principle was established in memory of Jordan River Anderson, a Cree child from Norway House, Manitoba who was born with complex medical needs. Jordan spent the entirety of his short life in a hospital before passing away because the provincial and federal governments could not agree over who should pay for his home care. Jordan's Principle affirms that First Nations children are not to be denied access to services because of jurisdictional disputes, but rather the government of first contact will pay for these services and seek reimbursement from the responsible government later (First Nations Child & Family Caring Society, 2019).

government to address poverty within a social determinants framework. These have included, but are not limited to, collaborative disease prevention and health promotion initiatives, actions to advance a health equity agenda, involvement of marginalized populations in decision-making, resolution of treaty claims, a National Housing Strategy, and provision of a range of health, education, employment, and social services and benefits, including on-reserve income assistance programs, employment and training programs, educational scholarships, early childhood education and child care programs, tax free child benefits, as well as health benefits programs (Government of Canada, 2019b/c/d; Public Health Agency of Canada, 2014; May, 2017).

Most provinces and territories have also taken on the challenge of reducing poverty among Indigenous peoples by adopting their own poverty reduction strategies and implementing poverty reduction plans, with varying degrees of success (Canada without Poverty, 2018; Campaign 2000, 2018). Like the federal government, these strategies incorporate a broad array of elements focused on addressing the social determinants of health including housing, child and family supports, income assistance, education, employment and training, social inclusion, access

to health care, among others. Some provinces/territories have mandated comprehensive poverty reduction strategies into law, including BC, Quebec, New Brunswick, Manitoba, Nunavut, and Ontario (Canada without Poverty, 2018). At present, none of the provinces/territories have fully implemented a human-rights based approach, though some have championed elements of such an approach. This includes the Northwest Territory, which implemented a civil society monitoring process that engages Indigenous persons and persons living in poverty to review the strategy on an annual basis, and Nunavut, which has adopted a holistic approach to poverty reduction that is founded on the principle that "all community members are of value" (Bentham, 2016 as cited in Canada without Poverty, 2018, p. 29).

Bottom-up approaches are equally important in alleviating Indigenous poverty in Canada. Since Indigenous peoples have the right to "pursue their economic, social and cultural development" (United Nations, 2007, Article 21.2), they must be able to determine their own futures and develop poverty reduction strategies that meet their specific needs and priorities, enable them to pursue their own economic development opportunities, and carve their own path towards greater independence and self-sufficiency. In Indigenous contexts, since

well-being does not depend on income alone, but also includes culture, community belongingness, social ties, and participation in traditional land use activities (Kant, Vertinsky, Zheng, & Smith, 2013), self-determination allows Indigenous communities to strengthen these aspects of Indigenous well-being. As noted by Cornell (2006), when Indigenous people "expand the scope and degree of their decision-making power, the chances of sustainable economic development rise" (p. 16). Control over decision-making reflects Indigenous agendas and knowledges, making it more likely that solutions will be appropriate and viable, and it puts resources for social and economic development into Indigenous hands, fosters civic engagement in social and community development, and shifts accountability to Indigenous peoples. However, self-determination must be accompanied with the financial resources to implement decisions, making addressing any inequities in federal per capita spending on Indigenous peoples critical.

Indigenous communities have implemented a wide range of initiatives to address poverty. Some have been very successful in implementing economic development strategies, including promoting business enterprises, the knowledge-based economy, cooperatives, social enterprises, cultural and natural asset-based tourism, community forestry,

and services that support the resource development sector. These strategies offer Indigenous communities a pathway towards greater independence and self-sufficiency. Some communities have benefitted greatly from agreements negotiated with industrial proponents that allow them to share the economic benefits of resource development activities and play a prominent role in decision-making related to those activities, such as co-management agreements and Impact Benefit Agreements (IBAs). Such agreements address poverty by providing employment and educational, training and capacity-building opportunities that can improve the economic circumstances of community members and generate wealth that can lead to improved programs and services (Kielland, 2015; Meerveld, 2016). The potential effectiveness of resource revenue sharing and self-determination as foundations for progress on poverty is demonstrated by the significantly lower rates of poverty among the James Bay Cree compared to other First Nations communities (Beedie et al., 2019; Macdonald & Wilson, 2016). They also contribute to health and well-being in other ways by providing cultural benefits that strengthen Indigenous identity, such as supporting traditional harvesting activities, culture-based programs, and environmental stewardship (Horowitz et al., 2018; Kielland, 2015; O'Faircheallaigh, 2016).

A recent study that aimed to develop a poverty reduction approach that addressed upstream determinants of health and well-being found that Indigenous individuals rejected the western materialistic conception of poverty, with its focus on an individual's income, employment and related measures (Poverty Action Research Project, 2018). Instead, they articulated well-being around visions of the good life, emphasizing balance and harmony. The five study communities across Canada, who were at various stages in terms of transitioning to economic self-reliance, implemented a wide range of relatively small initiatives targeted at both individuals and the collective that yielded large benefits in the community. These initiatives included measures to enhance community governance, promote economic development and tourism, reduce transportation barriers, improve service provision for families, improve intergenerational relationships, strengthen cultural identity, support families, empower youth, and facilitate partnerships (Poverty Action Research Project, 2018; Wien et al., 2019). A key theme that emerged from this study is that if investments were made to enhance the well-being of the collective, the well-being of the individual would follow.

Indigenous communities have also implemented a wide range of community development strategies that aim to address poverty by strengthening Indigenous food systems and addressing food insecurity. Some examples include the Nelson House Country Food Program, which supports people to engage in sustainable traditional harvesting activities so they can provide food to feed vulnerable community members; food buying clubs that allow groups of people to come together and save money by buying food in bulk; programs that provide funding for fishing nets and seeds, and to engage in education regarding gardening, nutrition, canning or cooking, and community-level assistance for food storage facilities, gas, equipment, vehicles and/or training to support hunting and fishing activities (Thompson et al., 2011, 2012). Other examples include the Northern Healthy Food Initiative, which aims to increase food self-sufficiency by providing gardening materials, greenhouse plastic, chicken or turkey starter kits, and loans for freezers; and fish buying clubs that allow fishers to sell their fish directly to consumers (Thompson et al., 2011, 2012).

© Credit: iStockPhoto.com, ID 177303967

© Credit: iStockPhoto.com, ID 913507946

Conclusion

Due to the negative consequences of colonial policies and actions, Indigenous peoples experience poverty in unique ways compared to non-Indigenous Canadians (Government of Canada, 2018). These consequences affect all other determinants of health, creating barriers and challenges that make it difficult to break the multi-generational cycle of socio-economic marginalization. In turn, such marginalization contributes to the ongoing health inequities Indigenous peoples face. Because of the complexity of poverty in Indigenous communities, multi-faceted approaches must be adopted that target individuals, families and communities, and address the upstream determinants affecting health and well-being. While

intersectoral, intergovernmental partnerships play an important role in this process, self-determination is even more important. Self-determination positions communities to be able to identify, develop and implement interventions that meet their specific needs and priorities. Self-determining communities may choose to focus not only on addressing mainstream indicators of poverty like income and employment, but also on enhancing the well-being of individuals and communities and building individual and community capacity. These types of interventions provide a strong foundation for the individual and community resiliency needed to overcome economic adversity and, in turn, facilitate better health and well-being.

Resources

Poverty reduction advocacy and public education groups in Canada

Campaign 2000: End Child Poverty in Canada
A cross-Canada public education group that aims to raise concerns about lack of government progress in addressing child poverty.

campaign2000.ca

Canadian Council on Social Development
A not-for-profit organization that works collaboratively across sectors to address a variety of challenges, including poverty.

ccsd.ca

Make Poverty History
A joint campaign sponsored by Oxfam Canada and other Canadian organizations, working to tackle poverty and inequality in Canada and globally through advocacy and influencing policy.

makepovertyhistory.ca

Canada without Poverty
A not-for-profit and charitable organization working to eliminate poverty by promoting awareness, participating in research to generate new knowledge about poverty, and demonstrating connections between poverty and human rights.

cwp-csp.ca

Dignity for All Campaign

A non-partisan campaign co-organized by the Citizens for Public Justice and Canada Without Poverty, to create a poverty-free and socially inclusive Canada.

dignityforall.ca

Poverty research institutes/ organizations

Canadian Poverty Institute

An inter-disciplinary institute hosted by Ambrose University that undertakes research, teaching and public education on poverty and solutions.

povertyinstitute.ca

Poverty reduction toolkits

Canadian CED Network Pace-based Poverty Reduction Initiative tools

ccednet-rcdec.ca/en/page/ poverty-reduction#tools

Community-based poverty reduction initiatives

Poverty Action Research Project. (2018). *Pursuing well-being: Lessons from the First Nations Poverty Action Research Project.* Halifax, NS: Dalhousie University

edo.ca/downloads/poverty-action-research-project-2.pdf

Poverty reduction strategies

Employment and Social Development Canada (2018). *Opportunity for all: Canada's first poverty reduction strategy*

canada.ca/en/employment-social-development/campaigns/ poverty-reduction.html

Dignity for All. (2017). *A national anti-poverty plan for Canada*

dignityforall.ca/wp-content/ uploads/2017/02/DignityForAll_ Report.pdf

Fox, G.A. (2014). *Enough for all: CPRI - Aboriginal poverty reduction strategy.* Calgary, AB: Calgary Poverty Reduction Initiative

enoughforall.ca/wp-content/ uploads/2018/02/Enough-for-All-Indigenous-Strategy-2014. pdf

Native Women's Association of Canada. (2018). *Poverty reduction strategy: The Native Women's Association of Canada engagement results*

nwac.ca/wp-content/ uploads/2018/08/Poverty-Reduction-Strategy-Revised-Aug23.pdf

Indigenous perspectives on Canadian poverty reduction strategies

Ontario Federation of Indian Friendship Centres. (2013). *Urban Aboriginal poverty: A response to the next five year Ontario poverty reduction strategy*

ofifc.org/sites/default/files/ content-files/2013-08-27%20 OFIFC%20Response%20 to%20the%20Poverty%20 Reduction%20Strategy.pdf

Inuit Tapiriit Kanatami. (2018). *Inuit perspectives on a Canadian poverty reduction strategy.* Ottawa, ON: ITK

itk.ca/wp-content/ uploads/2018/08/ITK-Submission-on-CPRS_Final_ Jan2018.pdf

Métis Nation British Columbia. (2018). *Poverty reduction conversation, Regional consultation – winter 2018*

mnbc.ca/app/webroot/ uploads/News/MNBC_ Poverty_Reduction_Report_-_ April_2018.pdf

Due to the negative consequences of colonial policies and actions, Indigenous peoples experience poverty in unique ways compared to non-Indigenous Canadians

(Government of Canada, 2018).

References

Akee, R., & Feir, D. (2018). *First People lost: Determining the state of status First Nations mortality in Canada using administrative data.* Victoria, BC: University of Victoria, Economics Department Discussion Paper DDP1802.

Alani, T. (2013). The bigger picture: The effects of intimate partner violence on Aboriginal women's mental health. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 11*(2), 231-40.

Atlantic Collaborative on Injury Prevention. (n.d.). *The social determinants of injury.* Author. Retrieved September 5, 2019 from http://www.parachutecanada.org/downloads/research/reports/ACIP_Report_SDOI.pdf

Baker, E., Lester, L.H., Bentley, R., & Beer, A. (2016). Poor housing quality: Prevalence and health effects. *Journal of Prevention & Intervention in the Community, 44*(4), 219-32.

Ball, K. (2015). Traversing myths and mountains: Addressing socioeconomic inequities in the promotion of nutrition and physical activity behaviours. *International Journal of Behavioral Nutrition and Physical Activity, 12,* 142.

Batal, M., & Decelles, S. (2019). A scoping review of obesity among Indigenous peoples in Canada. *Journal of Obesity,* 9741090. DOI: 10.1155/2019/9741090.

Banerji, A. (2012). *Canadian Paediatric Society Position Statement: Preventing unintentional injuries in Indigenous children and youth in Canada.* Ottawa, ON: Canadian Paediatric Society.

Beedie, N., Macdonald, D., & Wilson, D. (2019). *Towards justice: Tackling Indigenous child poverty in Canada.* Ottawa, ON: Canadian Centre for Policy Alternatives, & Upstream.

Béland, C., & Ross, M. (2015). First Nations of Quebec and Labrador Sustainable Development Institute – Decolonizing the transition towards a sustainable Canada. In D. Sharma & C. Potvin (eds.), *Acting on climate change: Extending the dialogue among Canadians* (pp. 11-13). Montreal, QC: UNESCO Chair for Dialogues on Sustainability, McGill University.

Bell, N., Schuurman, N., Hameed, S.M., & Caron, N. (2011). Are we homogenizing risk factors for public health surveillance? Variability in severe injuries on First Nations reserves in British Columbia, 2001-5. *Injury Prevention, 17*(6), 394-400.

Bentley, R., Baker, E., Mason, K., Subramanian, S.V., & Kavanaugh, A.M. (2011). Association between housing affordability and mental health: A longitudinal analysis of a nationally representative household survey in Australia. *American Journal of Epidemiology, 174*(7), 753-60.

Berry, P., Clarke, K., Fleury, M.D., & Parker, S. (2014). Human health. In F.J. Warren & D.S. Lemmen (eds.), *Canada in a changing climate: Sector perspectives on impacts and adaptation* (pp. 191-232). Ottawa, ON: Government of Canada.

Bhawra, J., Cooke, M.J., Guo, Y., & Wilk, P. (2017). The association of household food security, household characteristics and school environment with obesity status among off-reserve First Nations and Métis children and youth in Canada: Results from the 2012 Aboriginal Peoples Survey. *Health Promotion and Chronic Disease Prevention in Canada, 37*(3), 77-86.

Blackstock, C. (2016). The long history of discrimination against First Nations children. *Policy Options: The Public Forum for the Public Good*, October 6. Retrieved October 23, 2019 from https://policyoptions.irpp.org/magazines/october-2016/the-long-history-of-discrimination-against-first-nations-children/

Blondel, N., Clarke, A., Mohamed, B., & Mohamed, B. (2019). Poverty, social inequality and health. In B. Sethia & P. Kumar (eds.), *Essentials of global health* (pp. 93-98). Amsterdam, The Netherlands: Elsevier.

Bougie, E., & Kohen, D. (2017). Smoking prevalence among Inuit in Canada. *Health Reports, 28*(2), 10-14.

Brussoni, M., Jin, A., George, M.A., & Lalonde, C.E. (2015). Aboriginal community-level predictors of injury-related hospitalizations in British Columbia, Canada. *Prevention Science, 16*(4), 560-7.

Cameron, B.L., del Pilar Carmargo Plazas, M., Santos Salas, A., Bourque Bearskin, L., & Hungler, K. (2014). Understanding inequalities in access to health care services for Aboriginal people: A call for nursing action. *Advances in Nursing Science, 37*(3), E1-E16.

Cameron, E.S. (2012). Securing Indigenous politics: A critique of the vulnerability and adaptation approach to the human dimensions of climate change in the Canadian Arctic. *Global Environmental Change, 22*(1), 103-14.

Campaign 2000. (2018). *Bold ambitions for child and family poverty eradication.* Toronto, ON: Family Service Toronto & the United Way.

Canada without Poverty. (2017). *Human rights and poverty reduction strategies: A Guide to international human rights law and its domestic application in poverty reduction strategies.* Ottawa, ON: Author. Retrieved August 15, 2019 from https://dignityforall.ca/wp-content/uploads/2017/02/FINAL-Human-Rights-Guide-August-2015.pdf

Canada without Poverty. (2018). *2017 Poverty progress profiles.* Ottawa, ON: Author. Retrieved August 15, 2019 from http://www.cwp-csp.ca/wp-content/uploads/2018/03/2017-Poverty-Progress-Profiles-318.pdf

Canadian Poverty Institute. (2019). *Poverty in Canada.* Calgary, AB: Ambrose University. Retrieved October 16, 2019 from https://www.povertyinstitute.ca/poverty-canada

Canadian Women's Foundation. (2018). *Fact sheet: Women and poverty in Canada.* Toronto, ON: Author. Retrieved August 6, 2019 from https://www.canadianwomen.org/wp-content/uploads/2018/09/Fact-Sheet-WOMEN-POVERTY-September-2018.pdf

Carrière, G.M., Garner, R., & Sanmartin, C. (2017). Housing conditions and respiratory hospitalizations among First Nations people in Canada. *Health Reports, 28*(4), 9-15.

Centers for Disease Control and Prevention. (2018). *Well-being concepts.* U.S. Department of Health & Human Services, https://www.cdc.gov/hrqol/wellbeing.htm

Chokshi, D.A. (2018). Income, poverty, and health inequality. *The Journal of the American Medical Association, 319*(13), 1312-13. DOI: 10.1001/jama.2018.2521.

Claggett, M. (2018). The inequitable burden of university costs. *Ontario Undergraduate Student Alliance blog,* September 5, https://www.ousa.ca/blog_mackenzie_capstone

Clarke, A. (2018). Build the Indigenous economy to address poverty. *Policy Options,* Sept. 19. Retrieved October 16, 2019 from https://policyoptions.irpp.org/magazines/septembr-2018/build-indigenous-economy-address-poverty/

Cornell, S. (2006). *Indigenous peoples, poverty and self-determination in Australia, New Zealand, Canada and the United States.* Tucson, AZ: Native Nations Institute for Leadership, Management and Policy.

Czyzewski, K. (2011). Colonialism as a broader social determinant of health. *The International Indigenous Policy Journal, 2*(1), Article 5, 1-14.

Daoud, N., Smylie, J., Urquia, M., Allan, B., & O'Campo, P. (2013). The contribution of socio-economic position to the excesses of violence and intimate partner violence among Aboriginal versus non-Aboriginal women in Canada. *Canadian Journal of Public Health, 104*(4), e278-e283.

Darroch, F.E., & Giles, A.R. (2016). Health/service providers' perspectives on barriers to healthy weight gain and physically activity in pregnant, urban First Nations women. *Qualitative Health Research, 26*(1), 5-16.

Decker, K., Kliewer, E.V., Demers, A.A., Fradette, K., Biswanger, N., Musto, G., Elias, B et al. (2016). Cancer incidence, mortality, and stage at diagnosis in First Nations living in Manitoba. *Current Oncology, 23*(4), 225-32.

Denison, J., Varcoe, C., & Browne, A.J. (2014). Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened. *Journal of Advanced Nursing, 70*(5), 1105-16.

Drowning Prevention Research Centre Canada. (2017). *Canadian Drowning Report 2017 edition*. Prepared for the Lifesaving Society Canada. Toronto, ON: Author. Retrieved September 5, 2019 from https://www.lifesaving.bc.ca/sites/default/files/imce/98CdnDrowningReport_2017_-_July_2017.pdf

First Nations Child & Family Caring Society. (2019). *Jordan's Principle*. Ottawa, ON: Author, https://fncaringsociety.com/jordans-principle

First Nations Studies Program. (2009). Sixties Scoop. *indigenousfoundations.arts.ubc.ca*. Vancouver, BC: First Nations & Indigenous Studies, University of British Columbia.

First Nations Information Governance Centre [FNIGC]. (2012). *Report on the findings of the First Nations oral health survey (FNOHS) 2009-2010: National report*. Ottawa, ON: Author.

First Nations Information Governance Centre [FNIGC]. (2018). *National report of the First Nations Regional Health Survey - Phase 3: Volume 1*. Ottawa, ON: Author.

First Nations of Quebec and Labrador Health and Social Services Commission. (2014). *Poverty indicators among the First Nations*. Wendake, QC: Author. Retrieved October 16, 2019 from http://www.cssspnql.com/docs/publications-cssspnql/fact-sheet---poverty-indicators-amont-the-first-nations.pdf?sfvrsn=0

Fiscal Realities Economists. (2001). *The true costs of First Nations government*. Kamloops, BC. Retrieved October 16, 2019 from https://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ/STAGING/texte-text/tcfng_1100100014015_eng.pdf

Fong, K. (2017). Child welfare involvement and contexts of poverty: The role of parental adversities, social networks, and social services. *Children and Youth Services Review, 72,* 5-13.

Fournier, S. & Crey, E. (1997). *Stolen from our embrace*. Vancouver, BC: Douglas & McIntyre.

Giles, A.R., Brooks Cleator, L., McGuire-Adams, T., & Darroch, F. (2014). Commentary. Drowning in the social determinants of health: Understanding policy's role in high rates of drowning in Aboriginal communities in Canada. *Aboriginal Policy Studies, 13*(1-2), 198-213.

Government of Canada. (2016). *Towards a poverty reduction strategy – Discussion paper*. Ottawa, ON: Employment and Social Development Canada. Retrieved August 6, 2019 from https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/discussion-paper.html

Government of Canada. (2017). *Towards a poverty reduction strategy: A backgrounder on poverty in Canada*. Ottawa, ON: Employment and Social Development Canada. Retrieved August 15, 2019 from https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/backgrounder.html

Government of Canada. (2018). *Opportunity for all – Canada's first poverty reduction strategy*. Ottawa, ON: Employment and Social Development Canada. Retrieved August 6, 2019 from https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/reports/strategy.html

Government of Canada. (2019a). *Investing in the middle class: Budget 2019*. Ottawa, ON: Author. Retrieved September 24, 2019 from https://www.budget.gc.ca/2019/docs/plan/toc-tdm-en.html

Government of Canada. (2019b). *On-reserve Income Assistance Program*. Ottawa, ON: Author, https://www.sac-isc.gc.ca/eng/1100100035256/1533307528663

Government of Canada. (2019c). Benefits for Indigenous peoples. Ottawa, ON: Author, https://www.canada.ca/en/services/benefits/audience/indigenous.html

Government of Canada. (2019d). *Canada's Poverty Reduction Strategy – An update*. Ottawa, ON: Employment and Social Development Canada. Retrieved October 15, 2019 from https://www.canada.ca/en/employment-social-development/programs/results/poverty-reduction.html

Greenberg, L., & Normandin, C. (2015). Disparities in life expectancy at birth. *Health at a Glance.* Ottawa, ON: Statistics Canada, Catalogue 82-624-X.

Haines, A., Heath, I., & Smith, R. (2000). Joining together to combat poverty: Everybody welcome and needed. *British Medical Journal*, 320, 1.

Harell, A., Soroka, S., & Ladner, K. (2014). Public opinion, prejudice and the racialization of welfare in Canada. *Ethnic and Racial Studies, 37*(14), 2580-97. DOI: 10.1080/01419870.2013.851396.

Homeless Hub. (2019). Indigenous peoples. *About homelessness.* Canadian Observatory on Homelessness. Retrieved October 16, 2019 from https://www.homelesshub.ca/about-homelessness/population-specific/indigenous-peoples

Horowitz, L.S., Keeling, A., Lévesque, F., Rodon, T., Schott, S., & Thériault, S. (2018). Indigenous peoples' relationships to large-scale mining in post/colonial contexts: Toward multidisciplinary comparative perspectives. *The Extractive Industries and Society, 5,* 404-14.

Horrill, T., McMillan, D.E., Schultz, A.S., & Thompson, G. (2018). Understanding access to healthcare among Indigenous peoples: A comparative analysis of biomedical and postcolonial perspectives. *Nursing Inquiry, 25*(3), e12237. DIO: 10.1111/nin.12237.

Hu, X.F., Singh, K., Kenny, T.-A., & Chan, H.M. (2019). Prevalence of heart attack and stroke and associated risk factors among Inuit in Canada: A comparison with the general Canadian population. *International Journal of Hygiene and Environmental Health, 222*(2), 319-26.

Indigenous Services Canada. (2016). *National overview of the community well-being index, 1981 to 2016.* Ottawa, ON: Author. Retrieved August 16, 2016 from https://www.sac-isc.gc.ca/eng/1419864229405/1557324163264

Indigenous Services Canada. (2019a). *Short-term drinking water advisories.* Ottawa, ON: Author. Retrieved September 4, 2019 from https://www.sac-isc.gc.ca/eng/1562856509704/1562856530304

Indigenous Services Canada. (2019b). *Ending long-term drinking water advisories.* Ottawa, ON: Author. Retrieved September 4, 2019 from https://www.sac-isc.gc.ca/eng/1506514143353/1533317130660

Indigenous Services Canada. (2019c). *Reducing the number of Indigenous children in care.* Ottawa, ON: Author. Retrieved August 16, 2019 from https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851

Inuit Tapiriit Kanatami. (2018). *Inuit perspectives on a Canadian poverty reduction strategy.* Ottawa, ON: Author. Retrived September 25, 2019 from https://www.itk.ca/wp-content/uploads/2018/08/ITK-Submission-on-CPRS_Final_Jan2018.pdf

Irvine, J.D., Holve, S., Krol, D., Schroth, R., Canadian Paediatric Society, & First Nations, Inuit and Métis Health Committee. Early childhood caries in Indigenous communities. *Paediatric Child Health, 16*(6), 351-7.

Jaggernath, J., Øverland, L., Ramson, P., Kovai, V., Chan, V.F., & Naidoo, K.S. (2014). Poverty and eye health. *Health, 6,* 1849-60.

Jin, A., Lalonde, C.E., Brussoni, M., McCormick, R., & George, M.A. (2015). Injury hospitalizations due to unintentional falls among the Aboriginal population of British Columbia, Canada: Incidence, changes over time, and ecological analysis of risk markers, 1991-2010. *PLoS One, 10*(3), e0121694.

Kaiser, T., Li, J., Pollmann-Schult-M., & Song, A.Y. (2017). The mediating role of parenting and parental well-being. *International Journal of Environmental Research & Public Health, 14,* 981.

Kant, S., Vertinsky, I., Zheng, B., & Smith, P.M. (2013). Social, cultural, and land use determinants of health and well-being of Aboriginal peoples of Canada: A path analysis. *Journal of Public Health Policy, 34*(3), 462-76.

Katikireddi, S.V., & Dundas, R. (2017). Relative poverty still matters. *The Lancet Public Health, 2*(3), E126-7.

Kewayosh, A., Marrett, L., Aslam, U., Steiner, R., Lum-Kwong, M.M., Imre, J., & Amartey, A. (2015). Improving health equity for First Nations, Inuit and Métis people: Ontario's Aboriginal Cancer Strategy II. *Healthcare Quarterly, 17*, 33-40.

Kielland, N. (2015). *Supporting Aboriginal participation in resource development: The role of impact and benefit agreements.* Ottawa, ON: Parliamentary Information and Research Service, Publication No. 2015-29-E.

Kirmayer, L.J., Brass, G.M., & Tait, C.L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry*, 45(7): 607-16.

Kohen, D.E., Bougie, E., & Guèvremont, A. (2015). Housing and health among Inuit children. *Health Reports, 26*(11), 21-7.

Kolahdooz, F., Sadeghirad, B., Corriveau, A., & Sharma, S. (2017). Prevalence of overweight and obesity among Indigenous populations in Canada: A systematic review and meta-analysis. *Critical Reviews in Food Science and Nutrition, 57*(7), 1316-27.

Kovesi, T., (2012). Respiratory disease in Canadian First Nations and Inuit children. *Paediatrics & Child Health, 17*(7), 376-80.

Kuokkanen, R. (2015). Gendered violence and politics in Indigenous communities: The cases of Aboriginal people in Canada and the Sámi in Scandinavia. *International Feminist Journal of Politics, 17*(2), 271-88.

LaFreniere, M., Hussain, H., He, N., & McGuire, M. (2019). Surveillance – Tuberculosis in Canada: 2017. *Canada Communicable Disease Report, 45*(2/3), 68-74.

Lamman, C., & MacIntyre, H. (2016). Who is at higher risk of persistent poverty in Canada. *Fraser Forum,* March 2. Retrieved August 6, 2019 from https://www.fraserinstitute.org/blogs/who-is-at-higher-risk-of-persistent-poverty-in-canada

Laflamme, L., Burrows, S., & Hasselberg, M. (2009). *Socioeconomic difference in injury risks: A review of findings and discussion of potential countermeasures.* Copenhagen: World Health Organization Europe.

Lefebvre, R., Fallon, B., Van Wert, M., & Filippelli, J. (2017). Examining the relationship between economic hardship and child maltreatment using data from the Ontario Incidence Study of Reported Child Abuse and Neglect-2013 (OIS-2013). *Behavioral Sciences, 7*, 6. DOI: 10.3390/bs7010006.

Macdonald, D., & Wilson, D. (2016). *Shameful neglect: Indigenous child poverty in Canada.* Ottawa, ON: Canadian Centre for Policy Alternatives.

Mansuri, S., & Hanley, A.J. (2016). Diabetes among Indigenous Canadians. In S. Dagogo-Jack (ed.), *Diabetes mellitus in developing countries and underserved communities* (pp. 235-50). Cham: Springer.

Marmot, M. (2017). The health gap: Doctors and the social determinants of health. *Scandinavian Journal of Public Health, 45*(7), 686-93. DOI: 10.1177/1403494817717448.

May, B. (2017). *Breaking the cycle: A study on poverty reduction. Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.* Ottawa, ON: House of Commons.

McLeod, C., Adunuri, N., & Booth, R. (2019). Risk factors and mitigation of influenza among Indigenous children in Australia, Canada, United States, and New Zealand: A scoping review. *Perspectives in Public Health, 13*(5), 228-35.

Meerveld, D. (2016). *Assessing value: A comprehensive study of impact benefit agreements on Indigenous communities in Canada.* Ottawa, ON: Major Research Paper, Graduate School of Public and International Affairs, University of Ottawa.

Mendelson, M., Cloutier, J., Spence, I., Sellers, E., Taback, S., & Dean, H. (2011). Obesity and type 2 diabetes mellitus in a birth cohort of First Nation children born to mothers with pediatric-onset type 2 diabetes. *Pediatric Diabetes, 12*(3 Pt. 2), 219-28.

Möller, H., Falster, K., Ivers, R., & Jorm, L. (2015). Inequalities in unintentional injuries between Indigenous and non-Indigenous children: A systematic review. *BMJ Injury Prevention, 21,* e144-52. DOI: 10.1146/injuryprev-2013-041133.

Moffatt, J., Long, R., & Mayan, M. (2014). Taking care of our own: The multifaceted relationship between on-reserve housing and tuberculosis occurrence. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health, 11*(3), 555-64.

Moore, S.P., Antoni, S., Colquhoun, A., Healy, B., Ellison-Loschmann, L., Potter, J.D., Garvey, G., & Bray, F. (2015). Cancer incidence in Indigenous people in Australia, New Zealand, Canada, and the USA: A comparative population-based study. *Lancet Oncology, 16*, 1483-92.

National Aboriginal Economic Development Board. (2015). *The Aboriginal economic progress report 2015.* Gatineau, QC: Author.

National Collaborating Centre for Aboriginal Health [NCCAH]. (2013). *An overview of Aboriginal health in Canada.* Prince George, BC: Author.

National Collaborating Centre for Aboriginal Health [NCCAH]. (2016). *Determinants of the prevalence and severity of influenza infection in Indigenous populations in Canada.* Ottawa, ON & Prince George, BC: National Collaborating Centres for Public Health & National Collaborating Centre for Aboriginal Health.

National Collaborating Centre for Aboriginal Health [NCCAH]. (2017). *Reconciliation in First Nations child welfare.* Prince George, BC: Author.

Native Women's Association of Canada [NWAC]. (2018). *Poverty reduction strategy: The Native Women's Association of Canada engagement results.* Ottawa, ON: Author.

Nelson, S.E., & Wilson, K. (2018). Understanding barriers to health care access through cultural safety and ethical space: Indigenous people's experiences in Prince George, Canada. *Social Science & Medicine, 218,* 21-7.

Newton, B.J. (2017). An Aboriginal community's perceptions and experiences of child neglect in a rural town. *Australian Journal of Social Issues, 52*(3), 262-77.

O'Faircheallaigh, C. (2016). *Negotiations in the Indigenous world: Aboriginal peoples and the extractive industry in Australia and Canada.* London, UK: Routledge.

Office of the Chief Public Health Officer. (2014). *The Chief Public Health Officer's Report on the State of Public Health in Canada: Public health in the future.* Ottawa, ON: Public Health Agency of Canada.

Okalow, S. (2019). What is poverty? It's not as simple as you think. *World Vision.* Retrieved October 23, 2019 from https://www.worldvision.ca/stories/child-sponsorship/what-is-poverty

Oster, R.T., Grier, A., Lightning, R., Mayan, M.J., & Toth, E.L. (2014). Cultural continuity, traditional Indigenous language, and diabetes in Alberta First Nations: A mixed methods study. *International Journal for Equity in Health, 13,* 92.

Oster, R.T., King, M., Morrish, D.W., Mayan, M.J., & Toth, E.L. (2014). Diabetes in pregnancy among First Nations women in Alberta, Canada: A retrospective analysis. *BMC Pregnancy and Childbirth, 14,* 136.

Oosterveer, T.M., & Young, T.K. (2015). Primary health care accessibility challenges in remote indigenous communities in Canada's North. *International Journal of Circumpolar Health, 74*, 29576.

Park, J., Tjepkema, M., Goedhuis, N., & Pennock, J. (2015). Avoidable mortality among First Nations adults in Canada: A cohort analysis. Health Reports, 26(8), 10-16.

Pickett, K.E., & Wilkinson, R.G. (2015). Income inequality and health: A causal review. *Social Science & Medicine, 128*, 316-26.

Poverty Action Research Project. (2018). *Pursuing well-being: Lessons from the First Nations Poverty Action Research Project.* Truro, NS: Eastern Woodland. Retrieved September 25, 2019 from http://www.edo.ca/downloads/poverty-action-research-project-2.pdf

Psoter, W.J., Reid, B.C., & Katz, R.V. (2005). Malnutrition and dental caries: A review of the literature. *Caries Research, 39*(6), 441-7.

Public Health Agency of Canada. (2014). *Towards health equity: Canadian approaches to the health sector role.* Ottawa, ON: Author.
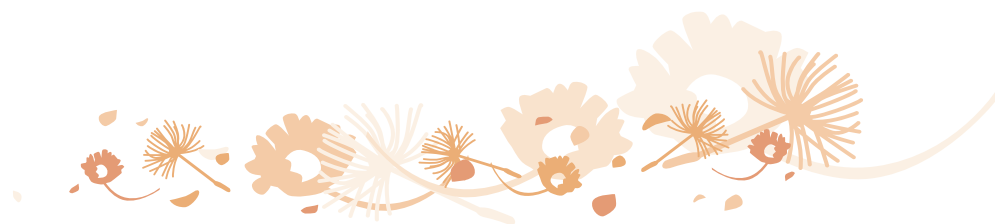
Raphael, D. (2018). The persistence of poverty. In R. Benns & J. Scheidler-Benns (eds.), *The poverty, inequality, and job challenge: The case for basic income in Canada* (pp. 7-22). Lindsay, ON: Fireside Publishing House.

Riva, M., Larsen, C.V.L., & Bjerregaard, P. (2014). Household crowding and psychosocial health among Inuit in Greenland. *International Journal of Public Health, 59*(5), 739-48.

Royal Commission on Aboriginal Peoples. (1996). *Report of the Royal Commission on Aboriginal Peoples, Volumes 1-5*. Ottawa, ON: Government of Canada. Retrieved August 16, 2019 from https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx

Sanchez-Ramirez, D.C., Colquhoun, A., Parker, S., Randall, J., Svenson, L.W., & Voaklander, D. (2016). Cancer incidence and mortality among the Métis population of Alberta, Canada. *International Journal of Circumpolar Health, 75*(1), 30059.

Samuel, S., Hemmelgarn, B., Sood, M., & Tonelli, M. (2017). Chapter 7 – End-stage renal disease among Indigenous populations in Canada. In C. Garía-García, L.Y. Agodoa, & K.C. Norris (eds.), *Chronic kidney disease in disadvantaged populations* (pp. 57-64). London, UK: Academic Press.

Sanmartin, C., Hennessy, D., Lu, Y., & Law, M.R. (2014). Trends in out-of-pocket health care expenditures in Canada, by household income, 1997 to 2009. *Health Reports, 25*(4), 13-7.

Sellers, E.A.C., Dean, H.J., Shafer, L.A., Martens, P.J., Phillips-Beck, W., Heaman, M., Prior, H.J. et al. (2016). Exposure to gestational diabetes mellitus: Impact on the development of early-onset type 2 diabetes in Canadian First Nations and non-First Nations offspring. *Diabetes Care, 39*(12), 2240-46.

Shimmin, C. (2019). Backgrounder: The impact of poverty on health. *MakingEvidenceMatter*. Evidence Network. Retrieved October 23, 2019 from http://evidencenetwork.ca/backgrounder-the-impact-of-poverty-on-health/

Sinha, V., Trocmé, N., Fallon, B., & MacLaurin, B. (2013). Understanding the investigation-stage overrepresentation of First Ntions children in the child welfare system: An analysis of the First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008. *Child Abuse & Neglect, 37*(10), 821-31.

Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., Thomas-Prokop, S. et al. (2011). *Kiskisik Awasisak - Remember the children: Understanding the overrepresentation of First Nations children in the child welfare system*. Ottawa, ON: Assembly of First Nations.

Spence, N.D. (2016). Does social context matter? Income inequality, racialized identity, and health among Canada's Aboriginal Peoples using a multilevel approach. *Journal of Racial and Ethnic Health Disparities, 3*(1), 21-34.

Spencer, N., & Acheson, D. (2018). *Poverty and child health*. London, UK: CRC Press.

Spurr, S., Bally, J., Bullin, C., & Trinder, K. (2017). Type 2 diabetes in Canadian Aboriginal adolescents: Risk factors and prevalence. *Journal of Pediatric Nursing, 36,* 111-7.

Statistics Canada. (2015). *Life expectancy*. Ottawa, ON: Author, catalogue 89-645-X. Retrieved August 16, 2019 from https://www150.statcan.gc.ca/n1/pub/89-645-x/2010001/life-expectancy-esperance-vie-eng.htm

Statistics Canada. (2016). Aboriginal Identity (9), Income Statistics (17), Registered or Treaty Indian Status (3), Residence by Aboriginal Geography (10), Age (9), and Sex (3) for the Population Aged 15Years and Over in Private Households. *Census 2016 Data Tables*. Ottawa, ON: Author.

Statistics Canada. (2017a). *Census in brief: Children living in low-income households*. Ottawa, ON: Author, Catalogue no. 98-200-X2016012.

Statistics Canada. (2017b). *Census in brief: Diverse family characteristics of Aboriginal children aged 0 to 4*. Ottawa, ON: Author, Catalogue no. 98-200-x2016020.

Statistics Canada. (2017c). *Aboriginal peoples in Canada: Key results from the 2016 Census*. Ottawa, ON: Author, https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm

Statistics Canada. (2018). Aboriginal identity (9), highest certificate, diploma or degree (15), labour force status (8), registered or treaty Indian status (3), residence by Aboriginal geography (10), age (10) and sex (3) for the population aged 15 years and over in private households. *Census 2016 Data Tables*. Ottawa, ON: Author, Catalogue 98-400-X2016266.

Statistics Canada. (2019a). Family characteristics of children including presence of grandparents (10), Aboriginal identity (9), registered or treaty Indian status (3), age (4B) and sex (3) for the population aged 0 to 14 years in private households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census – 25% sample data. *Data tables, 2016 Census*. Ottawa, ON: Author, Catalogue no. 98-400-x2016349.

Statistics Canada. (2019b). Aboriginal identity (9), secondary (high school diploma or equivalent (14), school attendance (3), registered or treaty Indian status (3), age (13A) and sex (3) for the population aged 15 and over in private households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census – 25% sample data. *Data tables, 2016 Census*. Ottawa, ON: Author, Catalogue no. 98-400-x2016177.

Statistics Canada. (2019c). *Census in brief: The housing conditions of Aboriginal people in Canada*. Ottawa, ON: Author, Catalogue no. 98-200-x2016021.

Statistics Canada. (2019d). *Housing suitability of private household*. Ottawa, ON: Author, http://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DECI&Id=141444

Statistics Canada. (2019e). Health indicators, by Aboriginal identity, four-year period estimates. Ottawa, ON: Author, Cansim Table 13-10-0457-01. Retrieved October 23, 2019 from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310045701

Statistics Canada. (2019f). Aboriginal peoples. *Focus on geography series, 2016 census*. Ottawa, ON: Author, https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-CAN-eng.cfm?Lang=Eng&GK=CAN&GC=01&TOPIC=9

Tarasuk, V., Mitchell, A., & Dachner, N. (2016). *Household food insecurity in Canada, 2014*. Toronto, ON: Research to identify policy options to reduce food insecurity (PROOF).

Thompson, S., Gulrukh, A., Ballard, M., Beardy, B., Islam, D., Lozeznik, V., & Wong, K. (2011). Is community economic development putting healthy food on the table? Food sovereignty in northern Manitoba's Aboriginal communities. *Journal of Aboriginal Economic Development, 7*(2), 14-39.

Thompson, S., Kamal, A., Alam, M.A., & Wiebe, J. (2012). Community development to feed the family in northern Manitoba communities: Evaluating food activities based on their food sovereignty, food security, and sustainable livelihood outcomes. *Canadian Journal of Nonprofit and Social Economy Research, 3*(2), 43-66.

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.

United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development,* https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf

United Nations. (1948, December 10). *The Universal Declaration of Human Rights,* https://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

United Nations. (2007, September 13). *United Nations Declaration on the Rights of Indigenous Peoples,* https://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Van der Maas, M. (2016). Problem gambling, anxiety and poverty: An examination of the relationship between poor mental health and gambling problems across socio-economic status. *International Gabling Studies, 16*(2), 281-95.

Wallace, S. (2014). *Inuit health: Selected findings from the 2012 Aboriginal Peoples Survey*. Ottawa, ON: Statistics Canada, Catalogue no. 89-653-X-No. 003.

Wien, F., Denis, J., Dockstator, J.S., Dockstator, M.S., Duhaime, G., Loppie, C., Loxley, J. et al. (2019). First Nation paths to well-being: Lessons from the Poverty Action Research Project. *Global Health Promotion, 26*(Supp. 3), 6-16.

Wilk, P., Maltby, A., & Cooke, M. (2017). Changing BMI scores among Canadian Indigenous and non-Indigenous children, youth and youth adults: Untangling age, period, and cohort effects. *Canadian Studies in Population, 44*(1-2), 28-41.

Wilson, D., & Macdonald, D. (2010). *The income gap between Aboriginal peoples and the rest of Canada*. Ottawa, ON: Canadian Centre for Policy Alternatives.

Withrow, D.R., Pole, J.D., Nishri, E.D., Tjepkema, M., & Marrett, L.D. (2017). Cancer survival disparities between First Nation and non-Aboriginal adults in Canada: Follow-up of the 1991 Census Mortality Cohort. *Cancer Epidemiology, Biomarkers & Prevention, 26*(1), 145-51.

YoungWolfe, D. (2017). *Miyo-Ohpikawasowin – Raising our children in a good way: Disrupting Indigenous child removal systems through kinship care in northern Saskatchewan*. Unpublished Master's Thesis, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

Ziegler, J., & Mobley, C.C. (2014). Chapter 2: Pregnancy, child nutrition, and oral health. In R. Touger-Decker, C. Mobley, & J.B. Epstein (eds.), *Nutrition and oral medicine* (pp. 19-37). New York: Springer Science+Business, Humana Press.

Ziemann, M.J. (2019). *"We don't know what to do with you": Changing the way we support the mental health of youth in and from care*. Vancouver, BC: Canadian Mental Health Association – British Columbia.

Zienczuk, N., & Egeland, G.M. (2012). Association between socioeconomic status and overweight and obesity among Inuit adults: International Polar Year Inuit Health Survey, 2007-2008. *International Journal of Circumpolar Health, 71*(1), 1841.
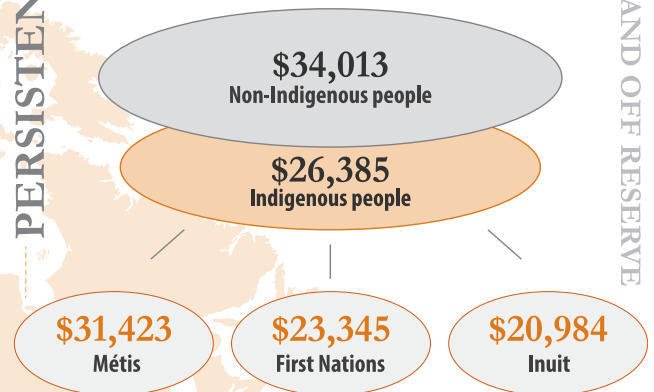
Due to the negative consequences of colonial policies and actions, Indigenous peoples experience poverty in unique ways compared to non-Indigenous Canadians

(Government of Canada, 2018).

POVERTY ···· A REALITY ····

PERSISTENT

ON AND OFF RESERVE

2016 Median Employment Income

$34,013
Non-Indigenous people

$26,385
Indigenous people

$31,423	$23,345	$20,984
Métis	First Nations	Inuit

(Statistics Canada, 2016)

FOOD INSECURITY

POOR NUTRITION

46.8% Nunavut

25.7% Indigenous people

12.0% General population

(Tarasuk, Mitchell, & Dachner, 2016)

EDUCATIONAL ATTAINMENT

···· BARRIERS TO ACCESSING SKILLS ····

(aged 15+)

No High School Diploma

59.8% Inuit
43.2% First Nations
29.7% Métis
19.0% Non-Indigenous
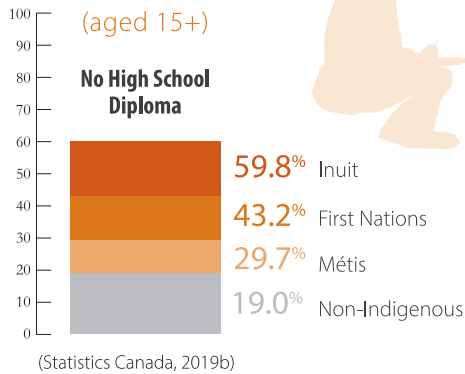
(Statistics Canada, 2019b)

While most low-income Canadians live in poverty for only short periods of time, Indigenous people are more likely to be living in persistent poverty

(Government of Canada, 2016; Lamman & MacIntyre, 2016).

SINCE THE 1996 RCAP REPORT, LITTLE PROGRESS HAS BEEN MADE TO ADDRESS THE GAPS THAT EXIST

UNEMPLOYMENT RATE

HOMELESSNESS

Indigenous		Non-Indigenous
14.8%	2006	6.3%
15.0%	2011	7.5%
15.4%	2016	7.4%

(2016 compiled from Statistics Canada, 2018; 2011 and 2006 compiled from NAEDB, 2015)

CHILD APPREHENSION

In 2016, Indigenous children were vastly over-represented in the child welfare system, representing 7.7% of all children under age 14, yet accounting for 52.2% of all foster children in this age group (Indigenous Services Canada, 2019c).

By the end of the 1960s, "30% to 40% of the children who were legal wards of the state were Aboriginal children – in stark contrast to the rate of 1% in 1959" (Fournier & Crey, 1997, as cited in Kirmayer et al., 2000, p. 609).

52.2% 2016
30-40% by 1969
1% 1959
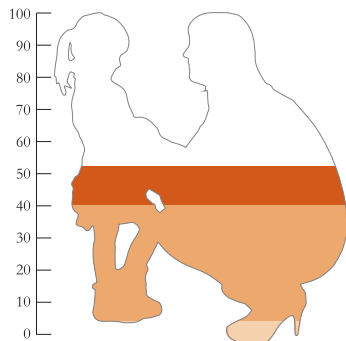
WOMEN & GIRLS LIVING IN POVERTY

(Canadian Women's Foundation, 2018)
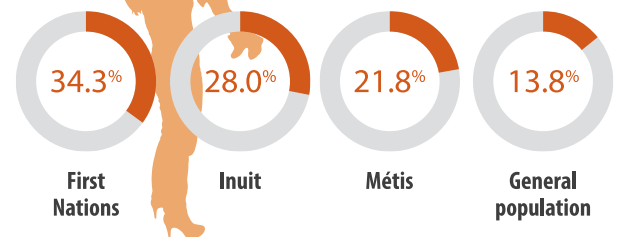
34.3% First Nations
28.0% Inuit
21.8% Métis
13.8% General population

In 2014, 18.7% of Indigenous people living off reserve lived in poverty compared to 8.8% of the Canadian population

(Government of Canada, 2017).

Economic development as a social determinant of First Nations, Inuit and Métis health

This fact sheet examines the landscape for economic development in Indigenous communities, the potential economic, social, cultural and environmental impacts of development processes on the health and well-being of Indigenous peoples, and the barriers to and facilitators of economic development in Indigenous contexts. The fact sheet concludes with some resources to guide economic development in Indigenous contexts.

Access to health services as a social determinant of First Nations, Inuit and Métis health

This factsheet explores how accessibility, availability and acceptability of health services have indirect and direct impacts on Indigenous peoples' health and health outcomes. It provides strategies and innovations for improving Indigenous peoples' access to health services.

Education as a social determinant of First Nations, Inuit and Métis health

This fact sheet examines some of the key factors contributing to or hindering academic success for Indigenous peoples, and current levels of educational attainment for this population. It highlights some promising practices in advancing education among Indigenous peoples.

Culture and language as social determinants of First Nations, Inuit and Métis health

Culture is the foundation of individual and collective identity, and is expressed and maintained through language. The erosion of culture and language can adversely affect mental health and well-being. This fact sheet reviews disruptions to, and current trends, in language use and cultural practices for First Nations, Inuit and Métis peoples, provides an overview of how language and culture influence Indigenous perceptions of health and illness, and highlight some promising initiatives in revitalizing their languages and cultures.

Family violence as a social determinant of First Nations, Inuit and Métis health

This fact sheet explores family violence as a determinant of health for First Nations, Inuit and Métis individuals, families and communities. It provides an overview of the potential health and social impacts of family violence and examines the prevalence of, risk factors for, and context of family violence in Indigenous communities. The fact sheet concludes with a discussion of barriers to and promising approaches for family violence prevention and intervention.

Employment as a social determinant of First Nations, Inuit and Métis health

This fact sheet examines Indigenous peoples' participation in the labour market, including context, demographics and barriers to employment. It describes how un/employment can impact health and well-being and highlights some current initiatives to address employment inequities for Indigenous peoples.

Housing as a social determinant for First Nations, Inuit and Métis health

This fact sheet provides a review of the living and housing conditions of Indigenous households in Canada. The fact sheet begins by presenting demographic data, housing statistics and the rates of homelessness, followed by samples of innovative community-based housing initiatives, developments and options that are underway in Canada to improve the living conditions of Indigenous peoples.

Tackling poverty in Indigenous communities in Canada

For First Nation, Inuit and Métis peoples in Canada, who experience a disproportionate burden of illness, poverty is both deep and widespread. This paper briefly examines the breadth and depth of poverty in Indigenous communities using standard economic indicators.

SOCIAL DETERMINANTS OF HEALTH

HOW TO USE THIS FACT SHEET

REFLECT

Talk to others in your community, reflect on the content of this fact sheet, and contemplate how you could make a difference in the health and well-being for yourself, your family or your community.

ENGAGE

Find local friendship centers, community organizations or groups where you can volunteer or participate in healthy positive actions. You too can share knowledge and make a difference in the health and well-being of First Nations, Inuit, and Métis Peoples' of Canada.

sharing knowledge · making a difference
partager les connaissances · faire une différence
ᖃᐅᔨᒃᑲᐃᖃᑎᒌᓐᓂᖅ · ᐱᕚᓪᓕᖅᑎᑦᑎᓂᖅ

SHARE

Request a hard copy of this fact sheet for yourself, your clients, your students or your organization's event or office. Share the link to this publication through your social media networks. Like, pin or favourite this fact sheet on one of the NCCIH social media channels.

The NCCIH uses an external blind review process for documents that are research based, involve literature reviews or knowledge synthesis, or undertake an assessment of knowledge gaps. We would like to acknowledge our reviewers for their generous contributions of time and expertise to this fact sheet.

Une version française est également publiée sur le site ccnsa.ca, sous le titre : *La pauvreté comme déterminant social de la santé des Premières Nations, des Inuits et des Métis.*

Citation: National Collaborating Centre for Indigenous Health. (2020). *Poverty as a social determinant of First Nations, Inuit, and Métis health.* Prince George, BC: Author.

ISBN (Print) 978-1-988862-76-7
ISBN (Online) 978-1-988862-77-4

issuu.com/nccah-ccnsa/stacks

This fact sheet is available for download at nccih.ca. All NCCIH materials are available free and can be reproduced in whole or in part with appropriate attribution and citation. All NCCIH materials are to be used solely for non-commercial purposes. To measure the impact of these materials, please inform us of their use.

Download publications at
nccih.ca/34/Publication_Search.nccih

Télécharger des publications à
ccnsa.ca/524/Recherche_de_publication.nccih