



**National Aboriginal Woman Summit: Strong Women, Strong Communities
June 20 – 22, 2007 / Corner Brook, NL**

Issue Paper: Inuit Health and Wellness

Inuit Perspective:

Inuit are experiencing fundamental changes to their way of life and wellbeing.

Changes are happening as a result of matters related to policy and programs, environmental change, technological change and economic change. Additionally, housing, education, and unemployment realities in Canada’s arctic all have huge impacts on human health needs and on the healthcare system as a whole.

There are many factors that will lead to a sustainable health system but we must recognize that sustainable systems must improve the wellbeing of communities. It is not only about dollars and cents although of course adequate funds are essential but it is also technical expertise, an accountable organizational structure, clear goals and objectives, a stable labour environment, and long term leadership and ownership.

- In Canada, the highest rates of infant mortality are found in the communities in which the majority of Inuit live. In the health regions of Nunavik and Nunavut, the rates are 17.8 and 13.5/100,000 compared to 5.3 for Canada as a whole (Statistics Canada, 2001).
- Inuit life expectancy falls far behind that of other Canadians, including North American Indian people. While life expectancy of all Canadians continues to climb, there has been no increase for Inuit in recent years (Indian and Northern Affairs Canada, 2006).

Life expectancy at birth (in years), 2001

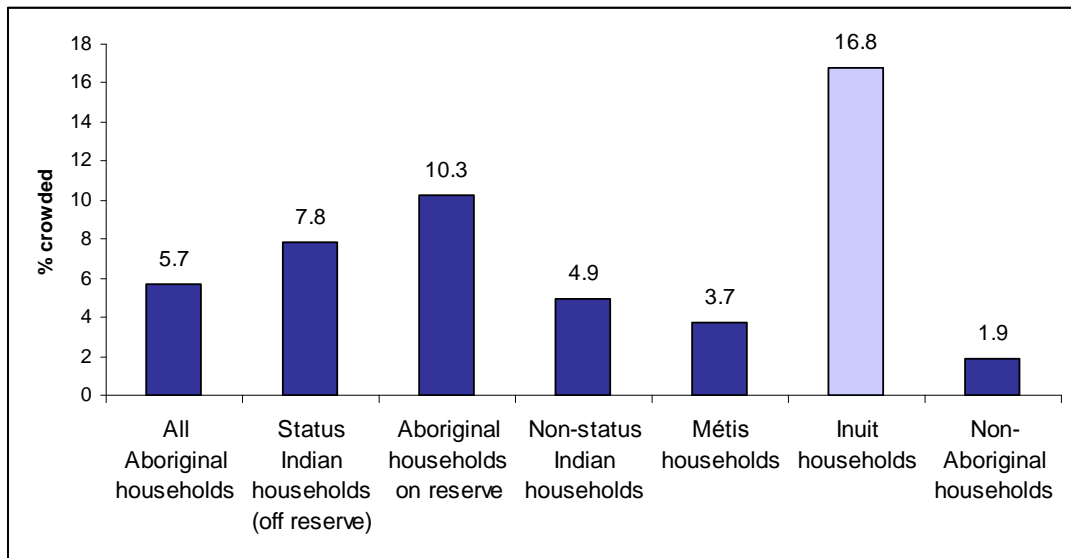
	Males	Females
All Canadians	77.0	82.2
Inuit	62.6	71.7
Métis	71.9	77.7
North American Indian	71.1	76.7

(Statistics Canada, 2005)

- Suicide has been named the highest health priority for Inuit and has a major impact on life expectancy. Canadian Inuit have one of the highest suicide rates in the world. At 135/100,000, the rate is over 11 times that of all Canadians (12/100,000) (Health Canada, forthcoming).
- The tuberculosis rate for Inuit is nearly 14 times higher than that of all Canadians (71.0 versus 5.2) (Health Canada 2002).
- While smoking rates among First Nations are high, those for Inuit are even higher. 65% of Inuit adults smoke daily, compared to 42% of First Nations adults. Over 6 in 10 pregnant Inuit women smoke every day (Statistics Canada 2001). There is some good news - smoking rates have recently declined in Nunavut.
- Very few Inuit communities have permanent doctors. Less than half of Inuit adults (43%) saw a doctor in the previous year, compared to 82% of all Canadian adults (Statistics Canada 2001).
- In 2001, Canada was ranked by the United Nations as one of the best places in the world in which to live. However, Inuit communities would have ranked 93rd on the list with the same score as Grenada. Inuit communities would have fallen well below Colombia and Jamaica and just above Sri Lanka and the Occupied Palestinian Territories (United Nations 2003 and Indian and Northern Affairs 2005).
- The cost of nutritious food in Inuit Nunaat (homelands) is extremely high. Recently in some communities, the price of a loaf of brown bread was \$6.39 and 2 litres of milk cost over \$8.00 (ITK staff observations).
- 43% of Inuit aged 25-34 have not completed high school compared to 15% of non-Inuit in Canada (Source: Statistics Canada 2001).
- Unemployment rates are much higher for Inuit than other Canadians: 22% compared to 7% (Source: Statistics Canada 2001).
- While the cost of living is much higher in the Arctic than elsewhere in Canada, incomes of Inuit still fall well below those of non-Inuit. In 2001, the median income for Inuit adults was \$13,637 compared to \$22,136 for non-Inuit in Canada. The difference in income levels was largest in Nunavut where non-Inuit earned \$50,000 compared to \$13,000 for Inuit (Source: Statistics Canada 2001).
- High TB rates go hand in hand with crowded housing and Inuit homes are the most crowded in Canada. About 2% of homes of all Canadians were crowded while the figure for Inuit homes was 17%.

- The percentage of Inuit households falling below Canada Mortgage and Housing Corporation's core need standard is extremely high. While the situation for other Aboriginal groups in Canada has improved with time, there has been no change for Inuit.
- About 2 in 10 Inuit adults feel the water in their home is not safe to drink. One-third said there were times of year when their drinking water was contaminated (Source: Statistics Canada 2001).

Percentage of households that is crowded



Source: CMHC 2004

What is Inuit Tapiriit Kanatami doing about it?

ITK is working has signed a Work Plan with the Federal Minister of Health to look at short term outcomes that could be advanced to make a meaningful difference in Inuit health status.

ITK is working with relevant provinces and territories to facilitate an Inuit Health Summit in September 2007 that will look at how parties can work together to improve health status and outcomes of Inuit.

ITK continues to work with Inuit organizations, federal and provincial government to address Inuit health priorities including such things as developing action plans for moving forward in the area of mental wellness, health human resources, tobacco control, food security, early childhood development, pandemic planning etc.

Recommendations for the Premiers:

- Commitments from the Premiers of Nunavut, Quebec, Nfld and Labrador and NWT to participate in the Inuit Health Summit scheduled for September 2007 in Kuujuaq.
- Identify and agree upon common principles or criteria to guide discussions on roles and responsibilities including where appropriate partnership agreements in the direction of improving health outcomes rather than focusing exclusively on issues of legal/constitutional jurisdiction and resource.
- Ensure that a full spectrum of mental health programming is made available close to home to address critical needs in mental health, addictions and suicide prevention and community support networks, including traditional approaches.
- Upgrading of primary health care in Inuit communities must reflect Inuit priorities including but not restricted to early childhood development programs with particular attention to identification and treatment of FASD, pre- and post-natal care and increased access to midwifery services in all Arctic regions.
- Commitments to the recruitment, retention and training of Inuit health personnel. Preparing Inuit for health careers and will require collaboration with education partners to achieve the following: enhance elementary and secondary learning related to health careers; incorporate Inuit culture and circumstances in training programs; provide effective access to training on-site in the Arctic regions including the use of best pool resources; recognize cultural competency and prior learning of Inuit candidates; encourage career laddering; and secure spaces for qualified students in professional training programs.
- In the short term, retention strategies to address competitive pay and benefits, and employment incentives, to encourage health professionals to remain in the Arctic should be addressed by all partners.
- In the short and medium term, institute a health careers program at the elementary and secondary school level to include health education curriculum, and career counseling programs.