

**URBAN ABORIGINAL WOMEN:  
SOCIAL DETERMINANTS OF HEALTH AND WELL-BEING**

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## *Introduction*

Aboriginal women living in urban centres in Canada are at risk for experiencing greater health inequity than other Canadians. Socio-economic indicators continually reflect disparities in health status and well-being for urban-dwelling Aboriginal women including a lower life expectancy rate, a higher incidence of victimization and violence, lower rate of employment and income security, increased likelihood for living in inadequate housing, and poorer access to health services.

In developing any response to the varied issues facing urban Aboriginal women in Canada it is critical that we keep in mind the demographic realities facing our communities. According to the 2001 Census 49% of all Aboriginal people live in urban areas. In addition, fully 51% of all Aboriginal people are women and 50% are under the age of 25. Any response which does not address the racism, social exclusion and discrimination faced by the increasing numbers of young, urban Aboriginal women is sure to fail.

Friendship centres across Canada continue to provide culturally-relevant programs and services to Aboriginal peoples living in urban centres. As a result, friendship centres are in a unique position to ensure that programs and services are designed to meet the existing needs of Aboriginal, to develop strategies for addressing root causes for disparities in health and well-being, and to enhance health opportunity<sup>1</sup> for urban Aboriginal women.

Key principles underpinning our work include; a commitment to opening the door to opportunity, equality for Aboriginal women and their families, and ongoing personal development. A commitment to the development and delivery of culturally appropriate programs and services continues to improve the quality of life of Aboriginal women and their families. As a consequence, we continue to garner continued support from all levels of government, community and individual stakeholders.

## RECOMMENDATIONS

- That an action plan be articulated from this Summit specific to Aboriginal women that addresses legislation, policy, programs, services and clarifies federal, provincial and territorial responsibilities.
- That gender specific services must be readily available and accessible regardless of residency;

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<sup>1</sup> *Health opportunity* can be understood as an individual's right to freely choose a way of life that both reflects and results in their preferred health status. Poor health that results from free choice cannot be said to be unjust (ie. Freely choosing to smoke), however, where there is no choice available and poorer health status exists a fundamental breach of human rights and justice occurs.

- That Friendship Centres require a commitment to capacity building in three key areas; human capital development, physical assets and financial resources.
- That a strategy addressing poverty must be developed which includes; literacy, life-long learning from early child development to post-secondary education, income and employment.

This issues paper is intended to explore the concept of social determinants as factors for health inequities that exist between urban Aboriginal women and other Canadians:

Health equity can be defined as the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically. Health inequity involves more than mere inequality, since some health inequalities (e.g., the gap in average life expectancy between women and men) cannot reasonably be described as unfair, and some are neither preventable nor remediable. Inequity implies a failure to avoid or overcome inequalities in health that infringes human rights norms or is otherwise unfair.<sup>2</sup>

Friendship centres play an important role towards improving the health and well-being of urban Aboriginal women both within the context of social determinants and the three areas of discussion at the National Aboriginal Women's Summit (Summit): health, safety and wellness; equality and empowerment; strength, balance and honour.

#### *Social Determinants of Health: Definition and Scope*

The social determinants of health (SDH) can be understood as the social conditions in which people live and work.<sup>3</sup> The World Health Organization (WHO) has recognized, through the Commission on Social Determinants of Health, that understanding and enhancing health requires a population focus, with research and policy action directed at the societies to which individuals belong.<sup>4</sup> Current approaches in research and policy development have been broadened from a focus on individual risk factors to a wider approach including the social patterns and structures that shape people's chances to be healthy. Integral to these critiques is the argument that medical care is not the main driver of people's health. Instead, the concept of social determinants is directed to the

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<sup>2</sup> World Health Organization (WHO) Equity Team working definition.

<sup>3</sup> Discussion paper for the Commission on Social Determinants of Health, World Health Organization: Commission on Social Determinants of Health (2005).

<sup>4</sup> Ibid, WHO (2005).

"factors which help people stay healthy, rather than the services that help people when they are ill".<sup>5</sup>

Taking a broad population approach within the context of understanding social determinants facilitates a greater awareness of variances in health status between populations and creates a basis for exploring the root causes for disparities (health inequities) in health status between populations, recognizing that populations are not merely collections of individuals with varying personal characteristics and networks. It has been recognized that certain populations, as a result of social stratifications<sup>6</sup> within broader society, are at a greater risk for experiencing poorer health.

### *Urban Aboriginal Women and Health Inequity*

The oppression of Aboriginal women has its exploitive roots embedded within colonization.<sup>7</sup> Aboriginal women and men have historically been subjugated as an inferior class of people, and women's ongoing exploitation is intersected by patriarchy, racism, poverty and capitalism.<sup>8</sup> Defenders of indigenous rights to self-determination often fail to adequately factor in the powerlessness of Aboriginal women, and children, within urban settings where even extreme violence and poverty is too often tolerated by them.<sup>9</sup>

Through its series of briefings, the NAFC has developed a comprehensive dialogue regarding the barriers that exist for Aboriginal women living in urban centres across Canada towards improving their overall health and well-being. These barriers exist in a number of areas including: early childhood development and education, housing, employment, justice, poverty and violence. The NAFC

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<sup>5</sup> London Health Observatory 2002 review of the London Health Strategy High-level Indicators.

<sup>6</sup> Socioeconomic position includes both material and social resources as well as rank or status in a social hierarchy or hierarchies. Social positions derive from, and are generated by, a particular social context, meaning that classifications of social position will vary across societies and historically. Gender, race or religion, for example, play a major part in what position a person occupies. See note 3, WHO (2005).

<sup>7</sup> Colonization is often referred to in the context of an historical process that devastated the traditional livelihood of First Peoples and resulted in their oppressed state within present-day Canadian society. Colonization is perceived as a 'past event'. However, the process of colonization must be recognized by Canadian society as a contemporary actuality: "*Colonization is a process that includes geographic incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services, and ultimately, the creation of ideological formulations around race and skin colour which position the colonizers at a higher evolutionary level than the colonizers.*" See Frideres, J. (1983). *Native People in Canada: Contemporary Conflicts*. Cited in M. Kelm, (1998). *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950*. Vancouver: UBC Press.

<sup>8</sup> Lynne, J. (1998). *Colonialism and the Sexual Exploitation of Canada's Women*. Paper presented at the American Psychological Association Convention, San Francisco, California, August 17, 1998.

<sup>9</sup> Jarrett, S. (2006). *Minority Rights Harm Aboriginal Women and Children. The Bennelong Society: Occasional Paper*. September, 2006.

describes a critical lack of services and funding in a number of areas as being core factors in the disparities that Aboriginal women, and families, experience.

### *Moving Forward: Developing a Strategic Framework*

In many urban centres, Friendship centres are the first point of contact for Aboriginal peoples living in cities. Friendship centres play a crucial role in facilitating the transition for Aboriginal peoples from rural and remote community life into an urban centre. The National Association of Friendship Centres (NAFC) plays a key role as the only organization providing urban Aboriginal service-delivery infrastructure on a national basis. As a result, the role of friendship centres should be focused on programs and services coordination, access to services, quality of services, and cultural appropriateness of programs and services. It is within this context that a strategic framework for addressing social determinants should be developed.

A comprehensive strategic model for developing programs, services and policy from the standpoint of the role that friendship centres continue to play should be focused on the following four critical elements:

- Clarify the mechanisms by which social determinants generate health inequities;
- Show how major determinants relate to each other;
- Provide a framework for evaluating which social determinants of health are the most important to address; and,
- Map specific levels of intervention and policy entry points for action on social determinants of health.

Friendship centres have a particular focus on the fourth element: mapping specific levels of intervention and policy entry points for culturally-relevant action on a number of areas impacting social determinants, safety, equality and empowerment, strength, balance and honour, with noted key priorities within each of the three areas of focus for the National Aboriginal Women's Summit.

### *Health, Safety and Wellness*

There have been a number of national strategies undertaken to “close the gap” in health outcomes for all Aboriginal groups. The *Blueprint on Aboriginal Health*, for example, includes a long-term “transformative plan...for improving access and quality of health services through comprehensive, holistic and coordinated service provision by all parties to the Blueprint, and through concerted efforts on determinants of health.”<sup>10</sup> All parties to the *Blueprint* agreed to “adopt a population health approach that focuses on determinants of health, including those outside the formal health sector through:

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<sup>10</sup> See Health Canada, [www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2005-blueprint-plan-abor-auto/index](http://www.hc-sc.gc.ca/hcs-sss/pubs/care-soins/2005-blueprint-plan-abor-auto/index)

- a. concerted action, communications and collaboration with other sectors to address determinants such as housing, education, food security, violence against Aboriginal women, children and elders and environment, including clean water and environmental contaminants;
- b. addressing regional realities in strategies to promote health and prevent disease; and,
- c. identifying, sharing and implementing best practices that take a holistic approach when developing new programs or improving existing health programs including First Nations, Inuit and Métis health programs, promoting inter-community and inter-agency networking and learning.”

According to Statistics Canada<sup>11</sup>, 24% of Aboriginal women said that they had suffered violence from a current or previous spouse or common-law partner in the five-year period up to 2004. Aboriginal women are three times more likely than non-Aboriginal women to die as a result of violence.<sup>12</sup> Aboriginal victims are more likely to state that they were beaten, choked, threatened with or had a gun or knife used against them, or were sexually assaulted.<sup>13</sup> As a result of the violence that Aboriginal women experience within their homes, they are at higher risk for alcohol and substance abuse, and are three times more likely to commit suicide.<sup>14</sup> Canadian Aboriginal women are almost three times more likely to have AIDS than non-Aboriginal women (23.1% versus 8.2%), with the most common methods for transmitting the disease being injection drug use (65%) and heterosexual intercourse (31%).<sup>15</sup> Research studies have demonstrated that, as the gap in income equality widens, the social environment deteriorates, trust decreases, involvement in the community declines, population health deteriorates, and the incidences of hostility and violence increase.<sup>16</sup>

The 2002 *World Report on Violence and Health*<sup>17</sup> completed by the World Health Organization (WHO) adopted an ‘ecological model’ to help understand the multi-level, multi-faceted nature of violence. The model recognizes that a wide and complex range of factors increases the risk of violence, and helps to perpetuate it. Alternatively, a range of factors may protect against it. The WHO model emphasizes that it is a *combination* of factors, acting at different levels, which influence the likelihood that violence will occur, recur, or cease.

<sup>11</sup> Statistics Canada, Family Violence in Canada: A Statistical Profile (2005), [www.statcan.ca/Daily/English/050714/d050714a.htm](http://www.statcan.ca/Daily/English/050714/d050714a.htm)

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.

<sup>15</sup> Kevin Barlow, Canadian Aboriginal AIDS Network, Media Release March 5 2004, “Aboriginal Women Continue to Face Major Challenges, as International Women’s Day Approaches” March 5, 2004.”

<sup>16</sup> Wilkinson, R.(2000). *Mind the Gap: Hierarchies, Health and Human Evolution*. London: Weidenfield & Nicholson.

<sup>17</sup> *World Report on Health and Violence* (2002). Geneva: World Health Organization.

It should be noted that, at present, there is no national strategy for preventing family violence in Aboriginal communities or in urban centres with a high Aboriginal population.

Poverty and higher risk of violence due to involvement in the sex trade are intimately linked to homelessness. Aboriginal women often migrate to urban centers to escape violence and poverty occurring on-reserve, only to become victims of “Canada’s triple force of race, class and sex discrimination”.<sup>18</sup> Aboriginal housing encompasses not only the building structure but also the environment in which the housing is situated. The environment includes provision of safe drinking water, disposal of sewage and garbage, dependable electrical supply, communications (telephone), transportation and provision of services. The number of people being housed and their socio-economic status are also part of housing, as the *Regional Health Survey 2002/03 - Report on First Nations Housing* determined that “there appears to be a link between crowding and lower socio-economic status.”<sup>19</sup> An inability to access adequate housing impacts a number of areas within an individual’s life and overall health status. Adequate housing, a fundamental human right, is a key link to education, health, economic opportunities and employment outcomes.<sup>20</sup>

In considering the foregoing discussion regarding some of the barriers that urban Aboriginal women encounter towards improved health and well-being, the following strategic directions reflect appropriate action within a friendships centres context:

- Programs and services that are focused on the unique needs of urban Aboriginal women with respect to a high risk for HIV;
- Addressing increased incidences of sexual abuse of women and girl children;
- High rates of gestational diabetes;
- Prevention and early intervention for drug and alcohol abuse.

## RECOMMENDATIONS

- That a specific action plan target the ongoing violence directed towards Aboriginal women.
- That a comprehensive urban Aboriginal health policy developed that addresses mental health, Aboriginal people with disabilities, the epidemic of HIV/AIDS, addictions and other gender specific health issues.

<sup>18</sup> Farley, M. & Lynne, J. (2002) *Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada’s First Nations Women*, Fourth World Journal, vol.6, number1, pg.1-29.

<sup>19</sup> Regional Health Survey 2002/03, Report on First Nations Housing. [www.afn.ca](http://www.afn.ca)

<sup>20</sup> Strengthening the Social Determinants of Health: the Toronto Charter for a Healthy Canada.

- That an Aboriginal specific housing and homelessness strategy be developed, which addresses the unique circumstances facing Aboriginal women.

### Equality and Empowerment

Empowerment, in very general terms, can be defined as the act of inspiring someone with confidence or to give another person the sense of confidence and self-esteem. Empowerment embodies the spirit and the self, and draws from the support of others. Empowerment is “a multidimensional and interlinked process of change in power relations.”<sup>21</sup> These power relations operate in different spheres of life (eg. economic, social, political) and at different levels (eg. individual, household, community, market, institutional). Aboriginal women have experienced empowerment in a different cultural context than non-Aboriginal women.

There are a number of approaches to empowerment that enable women to articulate their own aspirations and strategies for change, enable women to develop the necessary skills and access the necessary resources to achieve their aspirations, enable women to examine and articulate their collective interests, to organize to achieve them and to link with other women’s and men’s organizations for change, and change the underlying inequalities in power and resources which constrain women’s aspirations and their ability to achieve them.<sup>22</sup>

The lack of employment opportunities for Aboriginal peoples, both on and off reserve, has been recognized as a key determinant of health that has negatively impacted the well-being of Aboriginal communities and families. The lack of employment contributes to heightened levels of stress, which impacts other aspects of health and well-being. Even for those who are employed there can be stress due to a low level of control within the job that they hold.<sup>23</sup> Aboriginal women are particularly disadvantaged in employment. Aboriginal women are less likely than Aboriginal men, and non-Aboriginal women, to be employed. The majority of Aboriginal women who are employed are in low-paying occupations, such as sales and service or administrative positions. In urban environments women often work in low level service jobs where they have little control over working conditions or the opportunity for advancement.<sup>24</sup> Low investment in education and training for Aboriginal women has resulted in an

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<sup>21</sup> Mayoux, L., *Micro-Finance and the Empowerment of Women: A Review of Key Issues*, <http://www.ilo.org/public/english/employment/finance/download/wpap23.pdf>

<sup>22</sup> Ibid.

<sup>23</sup> State of the World's Children 2007. UNICEF, (2007).

<sup>24</sup> The Native Women's Association of Canada Background Paper: Canada-Aboriginal Peoples Roundtable Economic Opportunities Sectoral Session, Native Women's Association of Canada, 2004.

increased likelihood of high-risk employment in the sex trade, for example (see research summary below).<sup>25</sup>

It should be noted that Aboriginal peoples working in urban centres, where the Aboriginal population has not been 'ghettoized', have demonstrated greater success than visible minority groups with respect to their level of income. It has been reported that in some cities Aboriginal individuals earn nearly 75% of the average income of the entire population.<sup>26</sup> However, Aboriginal peoples working in urban centres have also experienced considerable segregation within the cities in which they live.

In 1996, among the First Nation women with children living in urban Winnipeg, Regina and Saskatoon, 80-90% lived below the poverty line.<sup>27</sup> Rates of poverty for Aboriginal women are higher than rates of poverty experienced by immigrant women and visible minorities, which places them at higher risk for experiencing violence and depression. Aboriginal women are 15% more likely to be lone parents, and twice as likely than non-Aboriginal women to become mothers before they reach 25 years.<sup>28</sup>

The Report of the Royal Commission on Aboriginal Peoples concluded:

Aboriginal people are at the bottom of almost every available index of socio-economic well-being, whether [they] are measuring educational levels, employment opportunities, housing conditions, per capita incomes or any of the other conditions that give non-Aboriginal Canadians one of the highest standards of living in the world. There is no doubt in our minds that the economic and social deprivation is a major underlying cause of disproportionately high rates of criminality among Aboriginal people.<sup>29</sup>

Income is thought to affect health in these ways:

- material deprivation removes the prerequisites for healthy development such as shelter, food, warmth, and the ability to participate in society;
- living on low income causes psychosocial stress, which damages people's health; and,
- low income limits peoples' choices and works against desirable changes in behaviour; and,

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<sup>25</sup>Walrus Magazine, February (2007). Pg.65.

<sup>26</sup> Note that in Winnipeg and Regina income levels have only been reported to be 66% of what other non-Aboriginal peoples earn. On-reserve, income levels are only 49% of the national average.

<sup>27</sup> Beijing+10 Fact Sheet: Women and Poverty, Status of Women Canada (2005).

<sup>28</sup> Ibid.

<sup>29</sup> RCAP, Choosing Life, Special Report on Suicide among Aboriginal People (Ottawa: Supply and Services, 1995), p.24.

- there is a graded relationship between household income and emotional and behavioural problems in childhood – the lower the household income, the higher the incidence of these problems.<sup>30</sup>

Programs and services offered through the national network of urban Aboriginal Friendship Centres must focus on both ensuring empowerment for women individually, in terms of training and skills development, and as a collective in terms of ensuring that women have opportunities to network amongst themselves and with other key stakeholders within the urban environment in which they live.

## RECOMMENDATIONS

- That a public education strategy be developed that focuses on the historical and present circumstances of Aboriginal women and their role within their communities. Such a strategy must further include the leadership role that Aboriginal women continue to play.
- That action be taken on specific legislative initiatives including addressing the gender bias under the Indian Act, customary and family law reform, and finally, the repeal of section 67 of the Canadian Human Rights Act.
- That federal/provincial/territorial governments and Aboriginal organizations disclose its commitment to the engagement, participation and fiscal resources provided to Aboriginal women.

### Strength, Balance and Honour

In developing strategies to improve outcomes for Indigenous peoples, the strategy itself must not ignore the cultural factors that place Indigenous peoples at a lower socio-economic status. Cultural distinctions, and language, are foundational to improving health and well-being and have a profound impact on social determinants. Culture we understand to be the whole way of life of a people.<sup>31</sup> Therefore, culture includes understandings about the health and well-being of individuals and the collective, and how to achieve and maintain good health. “Culture” is one group or people’s preferred way of meeting their basic human needs.

Language is the principal instrument by which culture is transmitted from one generation to another, by which members of a culture communicate meaning and make sense of their shared experience. Because language defines the world and experience in cultural terms, it literally shapes our way of perceiving — our world

<sup>30</sup> Canadian Institute of Child Health. (2004). *The health of Canada’s children – A CICH profile: Income inequity*. [www.cich.ca/PDFFiles/ProfileFactSheets/English/Incomeinequity.pdf](http://www.cich.ca/PDFFiles/ProfileFactSheets/English/Incomeinequity.pdf)

<sup>31</sup> Report of the Royal Commission on Aboriginal Peoples (1996). Ottawa: Minister of Supply and Services.

view.<sup>32</sup> The Royal Commission on Aboriginal Peoples clearly set out the crisis circumstances that many of the Aboriginal languages face across Canada today. Despite the youthful, rapidly growing Aboriginal population in Canada, few children and youth within that population speak an Aboriginal language as their mother tongue<sup>33</sup>. The highest proportion of Aboriginal language speakers are over the age of 74 years.

Education is a lifelong, continuous process requiring stable and consistent support. First Nations people of every age group require appropriate formal and informal opportunities for learning and for teaching. Learning goes on throughout the life cycle, from infancy and early childhood to old age. Aboriginal people see education as a process that begins before birth and continues long after formal education is over.<sup>34</sup>

Statistics Canada has reported that only 16% of six year old Aboriginal children have access to “preschool programs specifically designed for Aboriginal children.”<sup>35</sup> There has been considerable social and economic research supporting early learning programs and services with respect to long-term outcomes. The NAFC has recommended increased resources for Aboriginal-specific early learning programs.

The Aboriginal population is growing significantly faster than the non-Aboriginal population. Departmental documents indicate that between 1971 and 2001, the Aboriginal population grew by 322%,<sup>36</sup> while the non-Aboriginal population showed an increase of just 37%. Despite the increase in Aboriginal populations, funding for the PSE Program has been capped at 2% annual growth since 1996. As a result, there has been an ongoing decline in the numbers of learners funded over recent years.<sup>37</sup> There remains a critical gap in educational attainment between Aboriginal and non-Aboriginal peoples, however it should be noted that Aboriginal women are more likely than Aboriginal men to complete post-secondary education.<sup>38</sup> Policy development and approaches to education for Aboriginal peoples must take into account unique factors including:

- Education that embodies and supports the strengthening of Aboriginal peoples identity emphasizing language, cultural and traditional knowledge,

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<sup>32</sup> Ibid.

<sup>33</sup> The relationship between mother tongue and actual language use is an important indicator of language vitality. A discrepancy between the two indicates a language shift, since a language that is no longer spoken at home cannot be handed down to the younger generation. See RCAP, (1996).

<sup>34</sup> Ibid.

<sup>35</sup> Statistics Canada (2004), as cited in NAFC Briefing on Pre-Budget Consultations, 2006.

<sup>36</sup> For First Nations people, the increase is attributable, in part, to rapid growth in the “status Indian” population following Bill C-31 amendments to registration provisions in the *Indian Act* in 1985.

<sup>37</sup> No Higher Priority: Aboriginal Post-Secondary Education in Canada. Ottawa: House of Commons (2007).

<sup>38</sup> Statistics Canada (2004).

- and the effective reincorporation of elders and women in educating younger generations;
- Adequate and sustainable investment in education as a key to the successful development of vibrant Indigenous governments and economies;
  - An education infrastructure that meets the needs of Aboriginal peoples and communities on a lifelong learning continuum that includes ECD, K-12, PSE and all forms of skills development and adult learning.<sup>39</sup>

## RECOMMENDATIONS

- That the federal/provincial/territorial governments and Aboriginal organizations commit to undertake ongoing gender-based analysis for all their respective policies and programs.
- That a language revitalization strategy be developed that strengthens and reinforces the cultural foundation for young urban Aboriginal women.
- That a life-long learning strategy be developed in key areas of early childhood development, primary, secondary and post-secondary education, skills development and retention which addresses the unique circumstances in which urban Aboriginal women reside.
- That an economic development strategy be developed which addresses the unique circumstances in which urban Aboriginal women reside.

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<sup>39</sup> Ibid, AFN (2005).