



Head Office

Swan Lake First Nation Unit 2 – 4820 Portage Avenue, Headingly, Manitoba R4H 1C8

Winnipeg Sub-Office

105 – 1555 St. James Street, Winnipeg, Manitoba R3H 1B5

www.scoinc.mb.ca

Phone: (204) 946-1869 Fax: (204) 946-1871 Toll Free: 1-866-876-9701

Factors affecting Determinants of Health for Manitoba's 32 Southern First Nations

- **Manitoba has the highest Indigenous Population in Canada**
- **60-95% Unemployment Rate for First Nations On Reserve**
 - **62% of First Nations in Manitoba are Living in Poverty**
 - **Income Assistance Program is, and has always been, a program of last resort. (A Single Family Unit with No Dependents receives around \$240.00 per month. This is 5 times below the Poverty Line)**
 - **70-90% of people living with serious mental illnesses are unemployed.**
 - **Suicide rates for First Nations Communities on national average is roughly DOUBLE to that of Canada**
- **Youth Suicide Rates on First Nations is 5 to 7 times higher than the general population.**

“Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health.” [12]

First Nations, SDH must be inclusive to culture, language, historical events such that “Health is understood to be the physical, spiritual, mental, economic, emotional, environmental, social and cultural wellness of the individual, family and community. Illness can be understood as a failure to maintain harmony or balance in all aspects of life.” [1]

Therefore, **Social Determinants of Health for Manitoba First Nations** are all connected as functional unit and can be categorized (not inclusive and/or exclusive) as:

Social Determinants of Aboriginal Health

- Social-Political
- Holistic Perspective of Health
- Life Course – Child, Youth and Adult

Proximal Determinants of Health

- Health Behaviors
- Physical Environments
- Employment and Income
- Education
- Food Insecurity

Intermediate Determinants of Health

- Health Care Systems
- Educational Systems
- Community Infrastructure, Resources and Capacities
- Environmental Stewardship
- Cultural Continuity

Distal Determinants of Health

- Colonialism
- Racism and Social Exclusion
- Self-Determination [2]

The pivotal point inclusive to all these factors is the availability to obtain and sustain an appropriate source of financial resources that shall provide the necessary means to maintaining a holistic quality of life. Consequently, the rates of unemployment on First Nations directly impacts the health of not only individuals, but families and communities as a whole.

Traditional means of financial independence are still part of the First Nations culture, (fishing, hunting, trapping, beadwork, etc.) however due to the volatility in markets and ecological changes it has become difficult to have economic sustainability. Without true economic sustainability First Nations are faced with the last resort to maintain a quality of life, “Income Assistance Programs.”

Southern Chiefs' Organization, representing 32 Southern First Nations in Manitoba wishes to note the numbers of family units receiving Income Assistance depicted below are directly from the First Nations and current as of April 2016. This shall be utilized as an indicator of unemployed family units. It shall additionally be noted due to the unavailability of current population composition of each First Nation the extrapolation of percentages cannot be achieved. It should also be acknowledged and identified the numerous research gaps for this area, i.e.: compliance rates and current statistics.

“The Income Assistance program is, and has always been, a program of last resort. It is designed to support the basic and special needs of clients (individuals and their dependents)” [3]

Definition: Family Unit/Family composition: Family composition discusses the role of the income assistance family structure and includes the following:

- **Single(s):** The client has no spouse/partner, nor any dependent child(ren) of dependent adults
- **Single(s) with child(ren):** the client has no spouse/partner, but has one or more dependent child(ren) or dependent adults
- **Couple(s):** The client has a spouse/partner; but neither the client nor their spouse/partner has any dependent child(ren)
- **Couple(s) with child(ren):** The client has a spouse/partner, and they and/or their spouse/partner have one or more dependent child(ren) and/or dependent adults.
[4]

April 2016: Number of Southern First Nation Family Units (on reserve) in 19 communities receiving Income Assistance:

6995

As a last resort the reliance on Income Assistance Programs can assist in stabilizing the basic necessities of life for some individuals, however the program does not take into consideration geographical location and associated costs. A single family unit with no dependents receives around \$220 per month. In some instances, the cost of goods (food) is 50%-75% higher on the First Nation in comparison to Winnipeg and/or other town centers. Compounded by the facts several individuals on Income Assistance do not and/or cannot afford a personal vehicle, therefore they must hire someone to transport them to a town center, at a cost ranging from \$50-\$100 to purchase groceries that are to last one month. First Nations that rely on Income Assistance Programs must survive and attempt to maintain a quality of life are doing so well below the poverty line. Taking these simple factors into consideration questions and concerns associated with blanket Income Assistance payments arise.

Questions raised are:

- Does the Income Assistance Program consider the cost of living associated with geographical location?
- Should the Income Assistance Program evaluate resource availability and monthly assistance to ensure basic needs of life are maintained?
- Why does the Income Assistance Program penalize individuals, dollar for dollar, when they are able to acquire minimal financial resources to enhance their ability to meet the basic necessities of life?

Consequences associated to being unemployed and reliance on last resort Income Assistance Programs are systemic across determinants of health, as such having direct effects to Mental Health, Quality of Life for self and community.

“Unemployment rates among people living with mental health problems are incredibly high - even among people who want to work. Seventy to 90% of people living with serious mental illnesses in Canada are unemployed. Unemployment rates among people living with depression or anxiety can be over 30%. Research tells us that most people living with a serious mental illness want to work, but few do find work - and, often, the work doesn't meet their goals or abilities.” [6]

Costs of unemployment:

- Higher Stress
- Lower self-esteem
- Fear about the future
- Social isolation
- Stigma
- Increase risk of problematic substance use
- Increase risk of a mental illness
- Worsening symptoms of a mental illness.
- Lower life satisfaction across the entire community [6]
- Poverty
- Poor health outcome
- Increase health concerns
- Family/Community Violence
- Poor Parenting
- Increase Crime
- Low Social Cohesion [2]

First Nations have a holistic view of mental health and wellness. “Wellness means being in a state of balance with family, community and the larger environment.” [9] As such, First Nation communities experiencing high rates of unemployment, with the reliance on Income Assistance Programs directly contributes to suicide rates and suicide attempts. Suicide rates for First Nations communities on national average is roughly double to that of the general population of Canada and with youth suicide rates on First Nations communities being five to seven times higher [10] than the general population, this state of affairs requires sustainable proactive interventions. Suicide Prevention Programs and promotion of Mental Health is a necessary intervention, however addressing a primary root cause should be a priority.

8 Basic Barriers to Aboriginal Employment:

- Literacy and education
- Cultural differences
- Racism/discrimination/stereotypes
- Self-esteem
- Poverty and poor housing
- Lack of driver's license
- Transportation
- Child care [7]

In the province of Manitoba: Manitoba Aboriginal and Northern Affairs: Northern Development Strategy, Regional Health Authorities and corporations such as Manitoba Hydro hold programs to enhance employment and economic growth opportunities for First Nations. However, the viability and true effectiveness should be assessed for barriers to Aboriginal Employment considering the numbers of individuals requiring reliance on Income Assistance.

Questions raised are:

- Due the programs address/consider Barriers to Aboriginal Employment?
- Are the recruitment and retention programs to Aboriginal Employment effective and comprehensive enough?
- Are the unique characteristics of the Southern First Nations taking into consideration?

Understanding the determinants of health for First Nations it is evident that change will not be sustainable through the actions of one person, one culture, one community, one health care agency and/or one level of the health care system. Empowerment, engagement, collaboration and unity of all First Nations, Federal governing bodies, Provincial governing bodies, public and private infrastructure shall drive and promote the passage for interventions of change.

The traditions, language and culture of First Nations are holistic based through, individual, family, community and environment. Therefore, when First Nations youth witness the negative impacts unemployment on individuals, family, community and environment, they assume the repercussions which effects their mental health and wellbeing. The life skills of learning from example and foreseeing a future with quality of life are lost.

The correlation between unemployment rates, reliance on Income Assistance programs, Mental Health, Suicide Rates/Attempts/Ideology and Quality of Life are clearly intertwined. For First Nations; the development of sustainable community based employment/infrastructure shall be a proper intervention to promoting Mental Health and Quality of Life in all stages of the Life Cycle.

Southern Chiefs' Organization shall identify this as a preliminary report for Manitoba's 32 Southern First Nations. Additional current information and analysis is required to further identify factors and correlations for a "Call to Action," to address these conditions.

“Our community has a 90-95% unemployment rate. A few men may find work on the winter roads each year. There are no jobs here. Most of them are trying to survive with what Income Assistance provides, but this is not near enough. Our community is suffering it is hard to see hope for the future and the youth see and feel this.” (*Statement from First Nation community member, May 17, 2016*)

“Unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon but is the result of a toxic combination of poor social policies, unfair economic arrangements [where the already well-off and healthy become even richer and the poor who are already more likely to be ill become even poorer], and bad politics.” [1]

These statements mirror concerns of Southern Chiefs’ Organization, Southern First Nations and the statements in the Ministerial Mandate Letters: Relevance to Indigenous Child Welfare and Well-Being [11]. As such the current status of First Nations must be acknowledged with attention to drive change to the barriers of Aboriginal Employment, Mental Health, Suicide rates/ideology and Quality of life.

Notes and references

- [1] Social determinants of health (2016). Wikipedia.
- [2] Charlotte Loppie Reading, Ph.D. (2009). Health Inequalities and Social Determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health.
- [3] Associate Regional Director General Manitoba Region. (January 11, 2013) Aboriginal Affairs and Northern Development Canada.
- [4] Government of Canada (2014). Indigenous and Northern Affairs Canada. The Reporting Guide > Income Assistance Report > Income Assistance Report - Form Instructions.
- [5] Aboriginal Affairs and Northern Development Canada (2016). AANDC > Aboriginal Peoples and Communities > First Nations Profiles > Registered Pop.
- [6] Canadian Mental Health Association: British Columbia Mental Health for all (2014). Unemployment, mental health and substance use. info sheets 2014 www.heretohelp.bc.ca
- [7] Bob Joseph. (2013) 8 Basic Barriers to Aboriginal Employment. Working Effectively with Indigenous Peoples.
- [8] Commission on Social Determinants of Health (2008). Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. World Health Organization.
- [9] Canadian Mental Health Association: Aboriginal Mental Health: The statistical reality. Reprinted from "Aboriginal People" issue of Visions Journal, 2008. www.heretohelp.bc.ca
- [10] Assembly of First Nations (2011) Fact Sheet - Quality of Life of First Nations. www.afn.ca
- [11] Churchill, M., & Sinha, V. (2015). Ministerial mandate letters: Relevance to Indigenous child welfare and well-being. CWRP Information Sheet #168E. Montreal, QC: Centre for Research on Children and Families.
- [12] World Health Association: Health Impact Assessment (HIA), The determinants of health. www.who.int/hia/evidence/doh/en/