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# The Social and Health Service Needs of Aboriginal Peoples in Urban Southern Ontario

Research Brief No. 13

## Summary

The disproportionate needs of urban Aboriginal people make it important for urban social and health service providers to understand the conditions faced by this population. This synthesis paper reviews recent literature on urban Aboriginal populations in order to identify their characteristics and main areas of need. It is meant to inform those who work in health and social service planning and delivery in smaller urban centers, particularly non-Aboriginal service agencies in Southern Ontario.

The existing research shows that urbanized First Nations, Métis and Inuit have greater needs for specific health, cultural, justice, financial, and educational services. Furthermore, the literature indicates that it is important that these services are provided in a way that respects, includes, and promotes pride in Aboriginal cultures and histories.

## Key Findings

Our review confirms that the urban Aboriginal population has *higher levels* of service need than the non-Aboriginal urban population, largely due to higher risk of low income, poor health, and crime and victimization. This population may also have *different* cultural, health, and economic needs, due to the history of colonization and its effect on Indigenous cultures. Specific service needs for urban Aboriginal people may include, but are not limited to:

### Health and Health Services

- Diabetes treatment and prevention
- Healthy diet and physical activity
- Maternal and child health
- Mental health and substance abuse
- Needs related to disability or activity limitations

### Cultural Services

- Language services
- Access to Elders and traditional activities

### Financial and Educational services

- Early childhood education programmes
- Adult education and services for adult learners

Additionally, two recurring themes are the need for decolonizing service provision and the recognition of diversity within urban Aboriginal populations. See the full paper for a more detailed list of service needs.

## Background

As a result of various types of structural inequalities and systemic discrimination, Aboriginal peoples are disproportionately more likely than other Canadians to require social, health, and legal services. In Canadian cities where the local Aboriginal population is large, urban social infrastructure may include well-developed local Aboriginal institutions, which can provide these services in a culturally sensitive way that responds to the unique needs of urban Aboriginal peoples. However, in Canadian cities with smaller Aboriginal populations, these services may be available principally from "mainstream" service providers whose mandate is to serve the general population. For these agencies it may be a challenge to provide Aboriginal services that are culturally sensitive, informed, and correspond to their needs.

It is important to note that although the Aboriginal population has been growing in recent years, most of this growth is due to changes in both the legal definitions of





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Aboriginal peoples and how people identify themselves in the Census, not due to migration from reserves to cities. However, there is still a large degree of Aboriginal migration for reasons like work, education, and family. High rates of mobility may weaken networks between community members and institutions, which creates further difficulties for service providers aiming to contact potential clients or to maintain contact with those who move away.

### Data and Method

We used a search of both academic and “grey” literature to identify studies and reports that included information about the social and health service needs of the urban Aboriginal population in Canada.

The literature we found primarily focused on Ontario as a whole, or on cities in western Canada, and there was very little research specific to the smaller Southern Ontario cities at which this report is aimed, including Windsor, London, Kitchener-Waterloo, Stratford, Cambridge, Hamilton, and Guelph. Although we suspect that there may be unique factors that affect the services needed and available in these areas, we also think that the general information from other contexts will still be useful to service providers in southern Ontario. Therefore, we present the literature’s main themes that are relevant to service providers in Southern Ontario.

### Results

#### Health and Health Services Needs

In addition to generally higher needs for health care and related services, the literature reviewed indicated several areas in which Aboriginal peoples had particularly high needs. These included maternal and child health; needs related to diabetes, obesity and overweight; and mental health and substance use.

#### *Maternal and Child Health*

Aboriginal women may face a number of barriers to receiving health care, including poverty, racism, and stigmatization. Along with the higher fertility and younger population, these may result in a greater need for maternal and reproductive health services, including services for infants and children. For example, off-reserve Aboriginal children are more likely to have low birth weights

than other Canadian children (Turcotte and Zhao, 2004). Low birth weight means lower rates of survival after birth, and can impact health later in the child’s life. Low birth weight is related to a variety of other health problems prevalent in the Aboriginal population, such as smoking during pregnancy and maternal diet.

Aboriginal women also experience high prevalence of HIV/AIDS. They represent nearly half of new HIV diagnoses in the Aboriginal population, whereas in the non-Aboriginal population, women represent only about 20% of cases (McCall et al., 2009). Aboriginal women are also less likely to access treatment programs.

Lastly, Aboriginal women are four times more likely to experience domestic violence than non-Aboriginal women (Brownridge, 2008). Some hypothesize that Aboriginal domestic violence is related to colonization and cultural loss, and that Canadian policies addressing violence have not been able to address the specific cultural needs of Aboriginal families.

#### *Obesity, Overweight, and Diabetes*

In 2001, Aboriginal people living off-reserve were 1.8 times as likely as other Canadians to be obese, according to definitions relating obesity to Body Mass Index (Tjepkema, 2002). There is also evidence that as many as half of all Aboriginal children could be classified as overweight or obese. In 2001, off-reserve Aboriginal people were twice as likely as other Canadians to have been diagnosed with Type II or adult-onset *diabetes mellitus* (Tjepkema, 2002). Additionally, literature identifies gestational diabetes, or diabetes related to pregnancy, as a major risk for Aboriginal women: in Saskatoon in 2002, 11.5% of Aboriginal women contracted gestational diabetes, as opposed to 3.5% of women in the general population (Dyck et al., 2002). It is important to note that diabetes is only one result of obesity and overweight: these conditions also lead to a number of other health problems.

Needs associated with obesity and diabetes are prevention, treatment, and management. Prevention and treatment can include maintaining healthy weights through healthy diet and exercise. Obesity prevention programmes targeted to urban Aboriginal peoples have also included health education initiatives that teach budgeting and cooking skills. Screening of diabetes is also very important, as untreated diabetes



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has caused a prevalence of complications among Aboriginal populations like vision loss and lower limb amputation.

### *Mental Health and Substance Use*

The literature indicated important gaps in mental health and addiction services. Aboriginal populations show higher rates of mental health problems than the general Canadian population. It has been suggested that these stem partly from social distress due to cultural disruption and the lasting impacts of the residential school system (Kirmayer et al., 2009). This distress manifests itself in high rates of alcohol and substance abuse, as well as high levels of suicide and self-harm.

Since these problems may be related to loss of culture and identity, medical methods of addressing substance abuse or generalized efforts to reduce suicide may not be as effective for Aboriginal peoples. The literature suggested that programming should employ anti-colonial methods and traditional beliefs and practices to combat the impacts of cultural loss. Additionally, there is evidence that increased Aboriginal control over their own services might have a beneficial effect on suicide rates (Chandler and Lalonde, 2009). However, it is not clear whether these findings would hold in an urban setting.

### Cultural and Social Needs

As seen above, research shows that urban Aboriginal

peoples have specific needs related to preservation of culture. Among other consequences, colonization is responsible for devaluing Indigenous cultures and for promoting feelings of shame at being Aboriginal. Thus, “culturally competent” services that respect Aboriginal cultures are necessary. Service provision can also be “decolonizing” if it helps people reclaim their pride in their identity, not only by making clients feel understood, but also by embracing and strengthening cultures.

Furthermore, specific cultural and social services, particularly the services of Elders, should be made available in cities. According to the 2011 *Urban Aboriginals Peoples Study*, respect for Elders is an important part of Aboriginal cultural values, and Elders are vital to cultural transmission. Policy makers and service providers should be aware of the importance of Elders to the maintenance of Aboriginal culture. Another potential way to maintain culture is to establish organizations to hold cultural events and teaching sessions in urban areas, which would facilitate social relationships among Aboriginals and assist in urban acculturation.

Language services are also important for Aboriginal peoples because language loss can hinder cultural transmission. Recent trends show that young urban Aboriginal people are more likely to learn an Aboriginal language as a second language. Increasing urbanization has led to further language erosion.

**Table 1: Labour force and educational characteristics by Aboriginal Identity for adults 25-54 in Ontario Census Metropolitan Areas, 2006.**

|   | Aboriginal | Non Aboriginal |
|---|------------|----------------|
| Labour force participation rate                                 | 76.8       | 85.7           |
| Employment rate   | 68.9       | 81.5           |
| Unemployment rate   | 10.3       | 4.9            |
| No certificate, diploma or degree                               | 26.0%      | 11.1%          |
| High school certificate or equivalent                           | 25.2%      | 25.2%          |
| Apprenticeship or trades certificate or diploma                 | 12.3%      | 8.1%           |
| College, CEGEP or other non-university certificate or diploma   | 24.6%      | 23.2%          |
| University certificate or diploma below bachelor level          | 2.8%       | 4.6%           |
| Bachelor's degree   | 6.1%       | 17.4%          |
| University certificate or diploma above bachelor level          | 1.4%       | 3.3%           |
| Degree in medicine, dentistry, veterinary medicine or optometry | 0.1%       | 0.8%           |
| Master's degree   | 1.3%       | 5.5%           |
| Earned doctorate  | 0.2%       | 0.8%           |

Note: includes Aboriginal adults aged 25-54 and over, living in Ontario Census Metropolitan Areas in 2006.  
Source: 2006 Census of Canada data (Statistics Canada, 2008e)





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However, about 17 percent of Aboriginal people living in large urban areas understand an Aboriginal language and use it at least some of the time in the household, and nearly five percent use an Aboriginal language all the time at home. This may especially be the case among those who have recently migrated to cities from remote areas, and these may be people who may be most in need of various services in the city. It is thus important that services can be provided in Aboriginal languages.

### Financial and Education Needs

Many needs of urban Aboriginal peoples, such as the health issues discussed above, are likely to be associated with poverty in general. Table 1 shows that the unemployment rate for Aboriginal adults in the 25-54 age range is about twice that of non-Aboriginals. The table also indicates that 26% of Aboriginals have no secondary or post-secondary qualifications, as opposed to 11% of non-Aboriginals. Moreover, among those who do have post-secondary qualifications, Aboriginals are much less likely than non-Aboriginals to have Bachelor's degrees or higher. Instead, they pursue apprenticeships or college diplomas. It thus follows that Aboriginals who are employed are less likely than non-Aboriginals to work in well-paid, highly-skilled jobs. A 2005 study of the Aboriginal workforce in the region of Waterloo and Wellington County found that Aboriginals were proportionally over-represented in manufacturing and processing occupations and were under-represented in professional occupations.

Research has suggested that focusing on labour force preparation and support will enhance economic circumstances of the urban Aboriginal population, as well as the economic and social prospects of Canadian cities. More educational opportunities should be made available to adults, while culturally-relevant school programming could increase high school completion rates and improve early childhood education.

### **Conclusion**

It is important to reiterate that the urban Aboriginal population may have both *different* and *greater* needs than the non-Aboriginal population. Here, we have identified some specific needs that service providers must address in order to properly serve their Aboriginal clientele. These include a focus on diabetes treatment and prevention, obesity and overweight management, maternal and mental health, cultural transmission and maintenance, and improving employment and education. Research literature also indicated that services should be undertaken in a "culturally competent" way that not only respects Aboriginal cultures, but also "decolonizes" by delivering programmes that improve Aboriginal understanding of, and pride in, their own cultures. Furthermore, it is important to recognize urban Aboriginal populations are very diverse, with different cultural backgrounds. While some Aboriginal people may desire cultural-specific services, others may not. Acknowledging such diversity is an important aspect of service design and delivery.

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### **About the Research Brief**

This brief is based on "[The Social and Health Service Needs of Aboriginal Peoples in Smaller Urban Centers in Southern Ontario: A Synthesis Paper for Service Agencies](#)" by Martin Cooke, Julia Woodhall, and Jennifer McWhirter, produced for the Population Change and Life Course Strategic Knowledge Cluster, Nov. 2011. The brief was written by Carmina Ravanera. For more information, contact [Martin Cooke](#).

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