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An Investigation of Health Outcomes Amongst Off-Reserve Aboriginal Women

Introduction

That Aboriginal women are underserved by public services in Canada is such a pervasive reality that it's almost become cliche. In fact, when I first started my research in this area, I started from the premise that I would find disparity between Aboriginal women and the general population. My only question was: by how much? I want to show that by thoughtful and sensitive approaches to data analysis, we can uncover detailed oversights in health care services and hopefully budget more consciously. They are also an empirical way to call governments to account when they promise to improve the lot of Aboriginal women by taking them to task on measurable improvements.

Background

Last term, I conducted an exploratory analysis of health outcomes amongst Aboriginal women as compared to the general population using a dataset that is publicly available on the Statistics Canada website. In my prospectus I stated that it was my intent to show that access to a primary care physician and other health care providers could be inversely correlated to rates of diabetes, obesity and high blood pressure. In addition to that, I wanted to assess mental health by comparing rates of stress and belonging, under the assumption that they could be correlated to mental health. After analysing the data, I found that there wasn't a significant difference (in terms of percentage) between the rates of access to healthcare providers between my experimental population and the control population. Aboriginal women still reported lower rates of well-being, coming in at just under 50% reporting good self-rated health.

Aboriginal women also reported a staggeringly low rate of mental health, with 58% reporting good mental health compared to 72% of the general population. This is concerning because it could be one of the underlying reasons for poor self-reporting on physical health as well. If a patient feels unwell mentally and emotionally, it's likely that it might lead to a bleaker outlook on their overall health. I also found that excessive drug use and self-harm, two obvious indicators of poor mental health, were not measured or made available in the public dataset. I felt the mental health indicators were underreported, and needed to be better addressed in the data, if they were going to be better treated by healthcare professionals.

Methodology

One of the challenges with the data was that it was only available as measures for whole groups of the population. Each health indicator would have a row for number of people with that condition and a row for percentage and coefficient variation. This format meant I couldn't do statistical measurements like checking for pearson correlations because there was no way to create tallies of measurements for each individual.

According to my supervising professor, Alex Hanna, I would need access to the data of individuals (micro-use data). But it's only available with special access privileges. I'm hoping that by doing additional research, I can gain access to the micro-use data and derive some

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further insights. I would like to do a more detailed investigation into the health indicators around mental health. I want to know why there are so few measures for mental health, and I want to test out correlations between poor mental health and poor physical health.

Previous Research
I plan to do some background reading over the next week to find out more about how the government and other agencies interpret what the StatsCan data reveals. There are a copious amount of white papers, reports and journal articles on the subject, so my first task will be narrowing down which ones are most relevant to my interests and present the best model for best practices in my own investigation.
I found a profile of Aboriginal life compiled by Aboriginal Affairs Canada based on a 2006 census, that I hope will be a good model for how to present findings from statistical research. I also have an extensive report on the health of urban aboriginal women in the prairies from the Prairie Women's health centre. I am hoping this paper will shed more light on the kinds of health indicators researchers should be measuring to adequately assess an individual's mental health. It might also have information on what professionals are involved in mental health care, so that further research into health care access could take into account access to mental health care professionals with greater accuracy. To complement these two papers, I have a third report Native Women's Association of Canada that looks for connections between social determinants and overall health.

Next Steps
There are dozens of excellent papers, and I've only mentioned a few here. To that end, my first proposed deliverable will be a literature review. I don't plan to write extensively on it, but I do want to read extensively to properly inform the questions I ask over the course of my research.

Possible Outcomes
Looking at the breadth of this topic, and the sheer volume of previous research on it, I don't feel it's realistic to assume I will bring anything new to the discussion. What I am hoping for is the ability to follow the steps of other researchers and conduct an investigation that is academically sound. I hope that my final report will contain some actionable correlations between mental and physical health, as well as contain some recommendations for better mental-health reporting and assessment.