

- From 2004 to 2008, the “age-specific mortality rate” at ages one to nineteen in the Inuit homelands was 188.0 deaths per 100,000 person-years at risk, compared with only 35.3 deaths per 100,000 in the rest of Canada.¹⁰⁹
- First Nations people aged forty-five and older have nearly twice the rate of diabetes as the non-Aboriginal population.¹¹⁰
- First Nations people were six times more likely than the general population to suffer alcohol-related deaths, and more than three times more likely to suffer drug-induced deaths.¹¹¹

The overall suicide rate among First Nation communities is about twice that of the total Canadian population. For Inuit, the rate is still higher: six to eleven times the rate for the general population. Aboriginal youth between the ages of ten and twenty-nine who are living on reserves are five to six times more likely to die by suicide than non-Aboriginal youth.¹¹²

Measuring progress

Obtaining precise information on the state of health of Aboriginal people in Canada is difficult. The most complete information about comparative health outcomes is out of date, much of it coming from the 1990s. Unlike in other countries, the Canadian government has not provided a comprehensive list of well-being indicators comparing Aboriginal and non-Aboriginal populations. The lack of accessible data on comparable health indicators means that these issues receive less public, media, and political attention. In Australia, the government has set a timeline for closing the gap in health outcomes between Aboriginal and non-Aboriginal citizens. The Australian prime minister reports annually on the progress being made to close the gaps in targets related to life expectancy and mortality rates for Indigenous children.¹¹³ Canada must do likewise.

Call to Action

- 19) We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

In 2003, the First Ministers’ Accord on Health Care Renewal recognized the obvious: that Aboriginal peoples face serious health challenges. The accord committed to making