

## Demographics

Studying the demographics of First Nations, Inuit, and Métis populations is a difficult task. While we rely on data from Statistics Canada in this document, we are cognizant of their shortcomings. Data acknowledging the differing geographies and cultures of Aboriginal people must continue to be collected and differentiated, particularly as pan-Aboriginal statistics do not reveal the differing needs of First Nations, Inuit, and Métis in Canada.

The two major sources of demographic information for First Nations, Inuit, and Métis in Canada are the Canadian Census and the Indian Register. The census has asked respondents to declare their ethnic origin since 1891. Until 1986, however, respondents could not indicate more than one ethnic origin. When the census changed to allow multi-ethnic responses, many more individuals identified themselves as having Aboriginal ancestry. Aboriginal ancestry was defined as having at least one Aboriginal ancestor more distant than a grandparent, but it did not seem truly to capture the degree to which an individual might identify with First Nations, Inuit, or Métis culture. Therefore, in 1996, the census asked whether individuals considered themselves First Nations, Inuit, or Métis. The census does not count individuals not resident in Canada at the time of enumeration (institutions, incarcerated or hospitalized), or those whose home is

The British colonial, and then the Canadian, government kept records of individual Indians and bands beginning in the 1850s to determine who was eligible for services. In 1951, this became a formalized registry administered by the Department of Aboriginal Affairs and Northern Development Canada. The Indian Register records First Nations individuals who are registered according to the *Indian Act* and includes those living outside Canada as well as those in institutions.

These two sources demonstrate the difficulty in providing true population numbers. In 2006 the census recorded 564 870 individuals who responded that they were Registered Indians. The Indian Registry, however, for the same year recorded 763 555 persons as Registered. The Canadian Census may have the most comprehensive statistics for First Nations, Inuit, and Métis populations, however, and we use their data for demographics.<sup>1</sup>

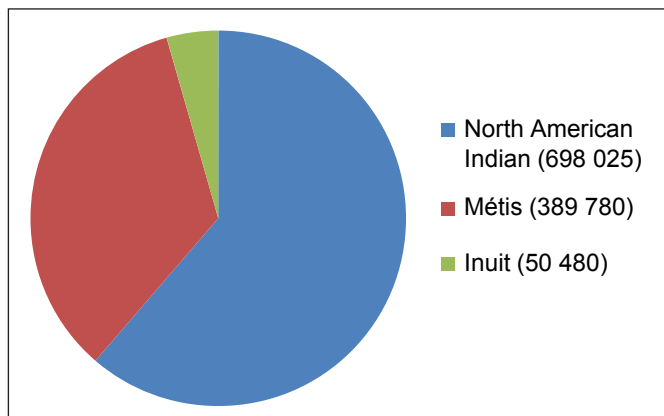
In 2006, the total population of Canada was 31 241 030, of whom 1 172 785 identified as Aboriginal. Although the first results from the 2011 Canadian Census were released in February of 2012, the statistical breakdown by ethnic origin is not yet available, so we use data from the 2006 census. Figure 2.1 shows population numbers for Canadians identifying as North American Indian, Métis, and Inuit in 2006.

The social demographics of First Nations, Inuit, and Métis differ in several ways from that of the general Canadian population. As can be seen in Figure 2.2, the mean age of First Nations, Inuit, and Métis is significantly lower than that of the non-Aboriginal population; in fact 35% of the Inuit population is under the age of 15 compared with 17% of the total Canadian population.<sup>2</sup>

First Nations, Inuit, and Métis together make up one of the fastest growing segments of the Canadian population. It has been stated that the First Nations and Métis populations have undergone an especially rapid increase in the last decade as can be seen in Figure 2.3.

While discrepancies between published sources often point to “methodological and data quality problems,”<sup>3</sup> the actual growth of the Aboriginal population in Canada is attributable, in part, to the increasing self-identification of First Nations, Inuit, and Métis as well as to population growth.<sup>3</sup> Information from 2008 from Statistics Canada showed that the mean birth rate for Aboriginal women was 2.6 compared with 1.5 for the Canadian population as a whole. The proportion of the population under 5 years of age was twice that of the general population (9.29% vs. 5.26%). In addition, a significant proportion of the overall increase in Aboriginal population can be attributed to an 85% increase in the number of individuals self-identifying as Métis. In spite of the rapid population growth, the allocation of resources by the federal government has been capped and is therefore unable to adequately respond to the resource needs of this population.

It is important to emphasize that First Nations, Inuit, and Métis are not a single population entity. There are 616 identified First Nations as well as diverse Inuit and Métis

**Figure 2.1. 2006 population data for North American Indians, Inuit, and Métis<sup>1</sup>**

communities. Some First Nations live on reserves while some Métis live on settlements as well as in rural, urban, and northern areas across Canada. In the 2006 census, 40% of individuals who identified themselves as North American Indians (First Nations) lived on reserves. This varied by province and territory, with higher proportions living on reserves in Manitoba and Saskatchewan.

Data from Statistics Canada also show that the population is more mobile than the general Canadian population, with an estimated 19% of Aboriginal people having moved in the last year versus 14% of non-Aboriginal people. The mobility data indicated that Aboriginal women are more likely to move than Aboriginal men, and off-reserve First Nations are much more likely to move than on-reserve First Nations. Figure 2.4 shows the percentage of people aged 5 years and over who had moved within the last 5 years.

Within the last 50 years, Canada has witnessed unprecedented growth in the urban First Nations, Inuit and Métis population. In the early 1950s, less than 7% of the Aboriginal people lived in urban areas, and by the early 1960's this figure rose to 13%.<sup>4,5</sup> In 1951 6.7% of the Aboriginal population lived in cities.<sup>4</sup> Today almost 50% of First Nations, almost 70% of Métis, and almost 22% of Inuit live in urban areas, while only 40% of First Nations reside on reserves.<sup>1</sup>

All of these demographic changes have implications for how health providers interact with First Nations, Inuit, and Métis. Access to high quality, timely, culturally safe services is a key challenge for a young and migratory population. Patients may find it difficult to build a sense of trust in health care professionals, and health professionals may find it difficult to ensure continuity of care, with a considerable effect on overall health outcomes.

As mentioned, studying the demographics of First Nations, Inuit, and Métis in Canada is difficult because of the several data collection issues. Data on First Nations are incomplete because some reserves decline to be included in the census and some are difficult to access because of their remoteness. First Nations living in the Yukon are often not accurately reflected in statistics, because there are no reserves there. Aboriginal Affairs and Northern Development Canada recognizes 616 Nations. At least 22 reserves, many with large populations, were not included in the 2006 census data. For example, the Iroquoian communities of Kahnawake, Akwesasne, Tyendinaga, and Six Nations are ranked in the top 20 bands by population, but did not take part in the census. However, in 2006, Statistics Canada improved the accuracy of the census data by performing an extrapolation to account for the missing data from the non-participating reserves.

A lack of accurate, accessible data regarding the health and wellbeing of Métis in Canada continues to be a problem. Existing information comes from academic research, national, provincial, and regional surveys, and administrative databases. Between 1980 and 2009 only 80 peer-reviewed articles related to Métis health were published. Of these, only half have results sufficient to isolate Métis, and 12% are Métis-specific. The lack of published Métis health articles is hypothesized to be due in part to insufficient funding, to the lack of Métis-specific research ethics guidelines, and to the lack of defined Métis communities. Some data are collected via surveys such as the Aboriginal Peoples Survey and regional surveys conducted by Métis organizations; however, these data are of limited scope and generalizability, often have inadequate sample sizes, and lack disaggregated data. Federal and provincial administrative databases collect statistics on births and deaths, hospital data, and infectious disease surveillance. However, these data are also limited with respect to Métis (and First Nations and Inuit) since most administrative databases do not have ethnic identifiers.<sup>6</sup> Data-linking with provincial Métis-organization citizenship registries can be used to generate Métis-specific information from administrative databases, and several regional Métis organizations are currently undertaking such projects. In addition, unlike First Nations and Inuit, Métis do not have access to federally funded health services and benefits. As a result, data collected through these programs exclude Métis information.<sup>7</sup>

The existing body of research also fails to adequately reflect the urban-based population. Fifty percent of First Nations people, 70% of Métis, and 40% of Inuit live in urban areas. Increasingly urbanized populations, most Aboriginal

Figure 2.2. 2006 median age data for North American Indians, Inuit, and Métis<sup>8</sup>

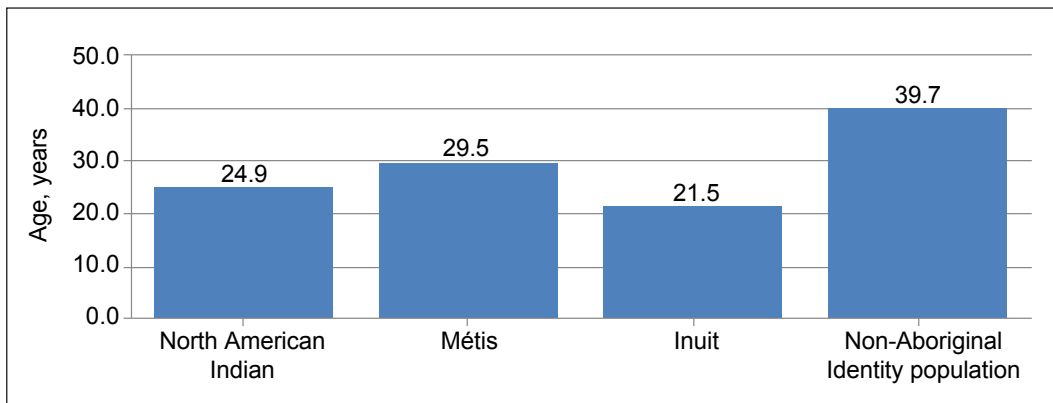


Figure 2.3. Population growth 1996–2006<sup>1</sup>

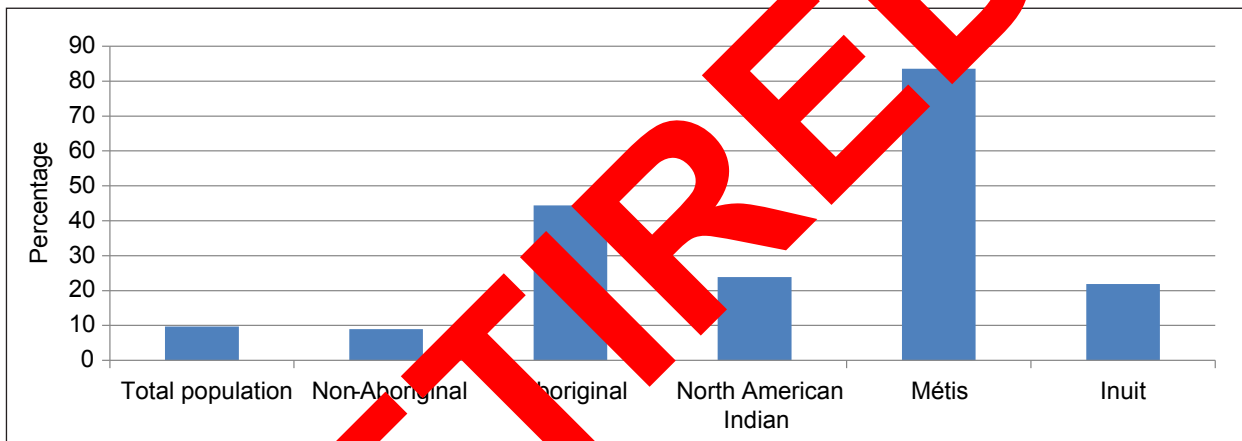
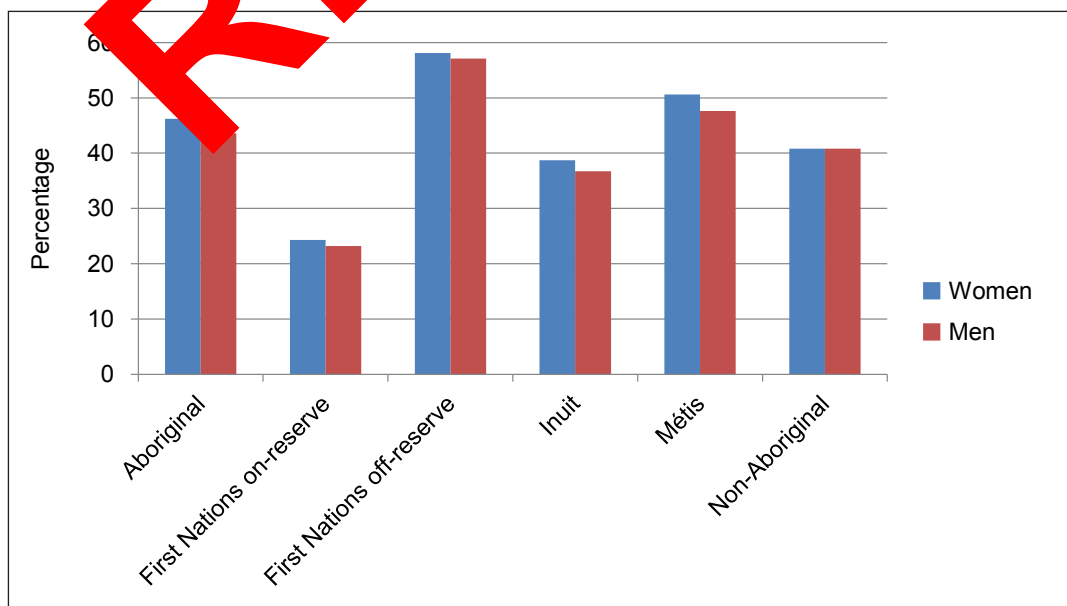


Figure 2.4. Percentages of population aged 5 and over who moved within the last 5 years<sup>1</sup>



people live mainly in cities. Health professionals should recognize that proximity to cities, clinics, hospitals, and health professionals does not necessarily improve access to services or to culturally safe services. Fifty-seven percent of First Nations children in urban areas live in low-income families.

### Summary Statement

1. Demographically, First Nations, Inuit, and Métis peoples are younger and more mobile than non-Aboriginal people. This requires extra effort on the part of health care professionals to establish an environment of trust and cultural safety in their workplaces as the opportunity to provide care may be brief. (III)

### Recommendations

3. Health professionals should be aware of the limitations of statistics collected with respect to First Nations, Inuit, and Métis and should avoid making generalizations about mortality and morbidity risks when comparing First Nations, Inuit, and Métis with one another and with non-Aboriginal populations. (III-A)
4. Health professionals who wish to conduct research with First Nations, Inuit, and Métis must use recognized ethical frameworks that include the OCAP (ownership, control, access, and disposition) principles, the Tri-Council Policy Statement, and community-specific guidelines. (2A)

### REFERENCES

1. Statistics Canada. Aboriginal peoples technical report, 2006 census, 2nd ed. Ottawa: Statistics Canada; 2008. Available at: [http://www12.statcan.gc.ca/census-recensement/2006/ref/rp-guides/rp/ap-pa\\_2/index-eng.cfm](http://www12.statcan.gc.ca/census-recensement/2006/ref/rp-guides/rp/ap-pa_2/index-eng.cfm). Accessed on March 20, 2013.
2. Inuit Tapiriit Kanatami. Inuit statistical profile. Ottawa: Inuit Tapiriit Kanatami; 2008. Available at: [https://www.itk.ca/system/files\\_force/InuitStatisticalProfile2008\\_0.pdf](https://www.itk.ca/system/files_force/InuitStatisticalProfile2008_0.pdf). Accessed on March 20, 2013.
3. Guimond E, Kerr D, Beaujot R. Charting the growth of Canada's Aboriginal populations: problems, options and implications. *Can Stud Popul* 2004;31:55–82. Available at: <http://ejournals.library.ualberta.ca/index.php/esp/article/download/15932/12737>. Accessed on March 20, 2013.
4. Wilson K, Young TK. An overview of Aboriginal health research in the social sciences: current trends and future directions. *Int J Circumpolar Health* 2008;67:179–89.
5. Newhouse DR, Peters EJ. Introduction. In: Newhouse DR, Peters EJ, eds. Not strangers in the courts: the Aboriginal peoples; Cat no CP22-71/2006-012. pp.5–13. Available at: [http://www.horizons.gc.ca/doclib/AboriginalBook\\_e.pdf](http://www.horizons.gc.ca/doclib/AboriginalBook_e.pdf). Accessed on March 20, 2013.
6. Smylie J, Ohlsson A, Johnson W. Working Group on First Nations Indian Inuit Infant Mortality of the Canadian Perinatal Surveillance System. A review of Aboriginal infant mortality rates in Canada: striking and persistent regional/non-Aboriginal inequities. *Can J Public Health* 2001;92:101–14.
7. Métis Centre of the National Aboriginal Health Organization. Paucity of community-specific health and well-being data and information: underlying factors. Vancouver BC: National Collaborating Centre for Aboriginal Health; 2011. Available at: <http://www.nccah-ccnsa.ca/docs/fact%20sheets/setting%20the%20context/Paucity%20of%20Metis%20Health%20-%20English%29.pdf>. Accessed on March 21, 2013.
8. Statistics Canada. Visual census, Aboriginal Peoples, Canada. Ottawa: Statistics Canada; 2010. Available: [http://www12.statcan.ca/census-recensement/2006/dp-pd/fs-fi/index.cfm?LANG=ENG&VIEW=C&PRCODE=01&TOPIC\\_ID=4&format=flash](http://www12.statcan.ca/census-recensement/2006/dp-pd/fs-fi/index.cfm?LANG=ENG&VIEW=C&PRCODE=01&TOPIC_ID=4&format=flash). Accessed on March 21, 2013.

