

cannot be understood without some context, the fact sheet will begin by presenting some population growth data which highlights the demographic pressures that make this health issue an urgent one. It will then present housing statistics for Inuit, First Nations (on reserve), Métis, and urban Indigenous populations, as well as rates of Indigenous homelessness. Some discussion of health impacts resulting from these inequities will be included. The fact sheet will conclude by providing a sample of innovative community-based housing initiatives, developments and options that are underway in Canada to improve the living conditions of Indigenous peoples. Certainly investments in sustainable housing and related infrastructure are essential to addressing housing issues and ultimately reducing Indigenous health disparities.

Growth Trends of Indigenous Populations

Housing for Indigenous people in Canada must be considered within the context of demographic pressures. The Indigenous population is young, increasingly urban, and growing faster than the non-Indigenous population. The median age of Indigenous people is 28 compared to 41 years for non-Indigenous people (Statistics Canada, 2015a). Inuit are the youngest of the three Indigenous groups, with a median age of 23.

Between 2006 and 2011, the collective Indigenous population growth rate of 20% far exceeded that of the non-Indigenous population at 5% (Statistics Canada, 2015a). Indigenous people now comprise 4.3% of the total population of Canada, of which approximately 851,560 people identify as First Nations, 59,445 as Inuit, and 451,795 as Métis (Statistics Canada, 2015a). Based on current trends in fertility and self-reported Indigenous ancestry, demographic projections estimate that the total Indigenous population will continue to increase over the period 2011 to 2036, reaching somewhere between 1,965,000 and 2,633,000 (Statistics Canada, 2015b). Over this period, Indigenous households are likely to increase from 699,000 to between 986,000 and 1,214,000, with the number of on-reserve households projected to increase from 120,000 to between 191,000 and 208,000. While there have been some improvements over the past decade in the availability and quality of housing for Indigenous people, these have so far failed to keep pace with these demographic pressures.

Understanding Indigenous Housing, Housing Conditions and Health across Canada

Indigenous people live in households that vary in condition, composition, and location across Canada. Overall, the national picture gives evidence to this diversity while at the same time calls for action on the unsuitable, substandard and overcrowded state of the vast majority of Indigenous homes. The Canada Mortgage and Housing Corporation (CMHC) (2013) states that *acceptable* housing is “adequate in condition, suitable in size, and affordable” (p. 1). Accordingly, housing is *adequate* if it does not “require any major repairs, according to residents,” is *suitable* if it has “enough bedrooms for the size and make-up of resident households”, and is *affordable* when “housing costs less than 30% of before-tax household income” (CMHC, 2013). Alternatively, a home falls into *core housing need* when one or more of these standards is not met or the cost of housing exceeds 30% of household income (CHMC, 2013). Currently, Inuit and First Nations on-reserve households fare the worst across all these standards in Canada.

Inuit Housing in Inuit Nunangat

The majority of Inuit (73%) reside in the Inuit Nunangat (Inuit homeland) which is comprised of the regions of Nunavut, Nunavik (Northern Quebec), Nunatsiavut (Labrador), and Inuvialuit (Northwest Territories) (Statistics Canada, 2011c). CMHC (2015) reports that in 2011 there were 20,615 Inuit households in Canada, of which 55.2% were located in Inuit Nunangat. This means that there were 11,379 dwellings in the

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north for an Inuit population of 43,460 (Statistics Canada, 2015a). According to the most recent data, “nearly 4 in 10 (39%) Inuit living in Inuit Nunangat lived in crowded homes, about 10 times the proportion of non-Indigenous people (4%) nationally” (Statistics Canada, 2015a, p. 14).² One third of all Inuit households in northern regions are in need of major repairs, such as plumbing and electricity, compared to the national rate of 7%, and one third are in core housing need compared to 12.5% of Canadian households (CMHC, 2015).

Much of the housing for Inuit in the northern regions is social housing. In 2000, social housing accounted for 80% of units in Nunavik; while in Nunavut, as of 2006 almost 54% of Nunanavummiut lived in Public Housing Program units and only 7% of Nunavut’s dwellings were privately owned (Knotsch & Kinnon,

2011). In 2014, the Inuit Tapiriit Kanatami (ITK) estimated that 15% of Nunavut’s population was on a waiting list for public housing, and approximately 3300 houses were currently needed to meet the housing shortage (Knotsch & Kinnon, 2011). As a result of the housing crisis, approximately “one-fifth of Inuit homes reported providing shelter to the homeless” (Minich et al, 2011, p. 526). In the Inuvialuit region, 34% of households live in public housing, however, in some Inuit communities, more than half of households live in social housing (Inuvialuit Regional Corporation, 2016).

The Nunavut Housing Corporation’s (2013) Housing and Homeless Strategy showed that housing conditions impact the productivity of adults in their workplaces and within the community. The strategy linked overcrowding to “the potential for stress, violence, food

insecurity, abuse, addiction, and suicide... [and] the debilitating rates of respiratory infection and other maladies” (p. 9). Riva and colleagues (2014), in their study of Inuit households in Nunavik, reported that overcrowding “endanger[s] health via stress pathophysiology” (p.1). The authors found that inadequate household conditions may be linked to “cardiovascular diseases and to mortality through sustained physiological responses to chronic environmental stressors” (p. 5). Together, overcrowding and poor housing conditions impact human health. For example, unsuitable homes with poor ventilation may increase moisture levels and the accumulation of mildew, which pose a risk of increased transmission of pulmonary illnesses including tuberculosis and asthma (Durbin, 2009; Canadian Tuberculosis Committee, 2007; MacDonald, Hébert, & Stanbrook, 2011;

² Statistics Canada (2015a) defines crowding as “more than one person per room. Not counted as rooms are bathrooms, halls, vestibules and rooms used solely for business purposes” (p. 14).



Office of the Auditor General of Canada, 2011). These factors are likely contributing to increased rates of infectious and respiratory illnesses for Inuit compared to non-Indigenous Canadians, including rates of tuberculosis which are 400 times higher (PHAC, 2014), and rates of asthma which are 1.4-1.5 times higher (Gionet & Roshanafshar, 2013).³

First Nations Housing On Reserve

Close to half (49.3%) of all First Nations people live on reserve (Statistics Canada, 2015a). Almost all of these homes (79.6%) are inhabited by families, with an average of 3.7 persons per household compared to the national Canadian average of 2.5 persons per household. In some cases, on-reserve homes are shared by multiple family members, with up to seven persons per household. Statistics Canada (2015a) reports that, “[m]ore than one-quarter (27%) of

First Nations people living on reserve were living in crowded conditions in 2011, about 7 times the proportion of non-Aboriginal people nationally” (p. 14). Overcrowding, in conjunction with remoteness of communities, has been associated with the increased rates of infectious illnesses like influenza and tuberculosis (Janua et al., 2012; Morrison et al., 2013), and asthma (Gionet & Roshanafshar, 2013) among First Nations. In addition, health implications of overcrowding can include sleep deprivation, lower educational success amongst children, increased threats of child apprehensions, and rapid deterioration of housing structures (SSCAP, 2015a), which in turn can lead to other health and well-being impacts.

The poor state of housing on reserves has also been widely recognized as a major issue impacting First Nations health (Office of the Auditor General of Canada, 2003).

In their cross-Canada housing study, SSCAP (2015a) reports that 43% of on-reserve households needed major repairs, in contrast to 7% of Canadian households (Statistics Canada, 2015a). Conditions including creeping mold, tarps covering roofs, and sewage backups into tubs and sinks were observed in on-reserve communities. There are some obvious health impacts resulting from poor quality housing. The Standing Senate Committee (2015a), for example, reported that unsuitable and inadequate housing has resulted in First Nations people dying at a rate ten times higher than the national average due to house fires. As well, CMHC (2007) reported that the injury rate due to fires is 2.5 times greater for First Nations than other Canadians and that “overcrowding and the inaccessibility of remote location are two of the main reasons for the high incidence of fires in Aboriginal communities and the more severe consequences” (p. 1). As recently as March 30, 2016, a fire broke out in the remote Ontario First Nations community of Pikangikum, killing six adults and three children (Gignac & Galloway, 2016). Many on-reserve First Nations communities also have inequitable access to a range of services which also impact health, including clean running water, sanitation, education, and access to primary health care (Dunn, Hayes, Hulchanski, Hwang, & Potvin, 2006; Office of the Auditor General of Canada, 2003; SSCAP, 2005a; Webster, 2007).

It is estimated that anywhere between 35,000 to 85,000 new homes are needed to meet the current

³ Rates of asthma must be interpreted with caution given the small sample size.

housing shortfall and demand (AANDC, 2010 as cited in SSCAP, 2015a). Progress on improving on-reserve housing and living conditions is impeded by several factors that include: ambiguous legal rules for on-reserve housing, uncertain band council regulation powers, socio-economic and demographic factors (growth rates, levels of income and unemployment, societal problems on reserve), and increasing band debt (SSCAP, 2015a).

Métis Housing

Close to two-thirds (68%) of Métis live in urban areas (CMHC, 2013). The majority of Métis households (84.9%) are located in the Prairie provinces and Ontario, with the greatest proportion living in Alberta (21.4%), followed by Ontario (19%), Manitoba (17.4%), British Columbia (15.4%), and Saskatchewan (11.6%) (Statistics Canada, 2013). The rates of both overcrowding and homes

in need of repair are lower for Métis dwellings compared to First Nations and Inuit dwellings. Housing conditions for Métis more closely mirror Canadian averages, with 3% of Métis living in overcrowded housing compared to 4% nationally, and 14% of Métis homes needing major repairs compared to 7% nationally (Statistics Canada, 2015a). Nevertheless, socio-economic conditions such as poor housing and poor air quality have been linked to rates of asthma and chronic obstructive pulmonary disease that were nearly two times higher among Métis compared to non-Indigenous populations (Gershon et al., 2014; Gionet & Roshanafshar, 2013; Janz, Seto, & Turner, 2009; Martens et al., 2010), as well as to rates of premature years of life lost (PYLL) that were two times higher for Métis (and Non-Status Indians) than for non-Indigenous peoples (Tjepkema, Wilkins, Sénécal, Guimond, & Penney, 2011).

Urban Indigenous Households

Approximately one third of Métis, half of First Nations and three-quarters of Inuit households continue to be located in rural or non-census metropolitan areas (CMAs)⁴ compared to 19% of all other Canadians (CMHC, 2013; Statistics Canada, 2011a, 2011c). However, the number of urban Indigenous households jumped by 83.8% between 1996 and 2006 (CMHC, 2011). Growing urbanization over this ten year period has translated into an increase of 218,310 to 401,145 urban dwellings, of which 204,845 were occupied by Métis, 156,235 by Status Indians, 78,005 by non-Status Indians, and 15,950 by Inuit (CMHC, 2011). While some of the largest urban centres in Canada have the largest number of Indigenous people, they comprise much higher proportions of the population in smaller cities like Prince Albert, Prince George, Winnipeg, and

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⁴ Statistics Canada defines a census metropolitan area as “one or more neighbouring municipalities situated around a major urban core [with a] total population of at least 100,000 of which 50,000 or more live in the urban core” (Statistics Canada, 2006).

Thunder Bay (Table 1). As a result, the housing experiences of Indigenous people and the specific housing needs (whether it be affordability, availability, or quality) within these urban communities may be substantially different.

Indigenous households in urban centers fare worse in terms of overcrowding and the quality of housing than non-Indigenous households. Eleven percent of urban Indigenous households were overcrowded in 2011 compared to 4% of non-Indigenous households

(Statistics Canada, 2015a). According to Walker (2008), these disparities are even more marked in cities located in the prairies such as in Prince Albert, where 11% of Indigenous homes were overcrowded compared to 1% of non-Indigenous homes. Similarly, urban Indigenous residents in major Canadian cities such as Vancouver, Edmonton, Toronto and Montreal are two times more likely to report living in homes in need of major repairs than non-Indigenous residents (Statistics Canada, 2008). Indigenous people in urban centers are also less likely to own their home.

In 2011, home ownership for Status First Nations people living off-reserve was 51%, compared to 70% of non-Indigenous people (CMHC, 2016).

Homelessness

Housing conditions, in conjunction with better opportunities for education and employment, access to services, and home ownership off reserve, can lead to migration to urban centres in search of a better life. However, many Indigenous people may encounter new housing challenges, including “economic discrimination in securing adequate and affordable housing” (Patrick, 2014, p. 19) and/or homelessness (Gaetz, Gulliver, & Richter., 2014). While estimates vary, a study by Hwang (2001) revealed that Indigenous people are over-represented in Canada’s overall homeless population by a factor of 10. This is especially of concern for Indigenous women, who represent 35% of the homeless population in many of Canada’s urban centres (Patrick, 2014). Several cities across Canada have collected data on populations experiencing homelessness, including the three cities with the largest number of Indigenous people. The Winnipeg Street Census 2015, for example, found that of 1400 people experiencing homelessness, 71% identified as Indigenous (Maes Nino, Godoy, McCullough, Retzlaff, Wiebe, & Wucherer, 2016). The City of Edmonton observed that 47% of the 2,307 homeless population were Indigenous (Homeward Trust, 2014). In their count of the 1,847 homeless living in Vancouver in 2016, 38% were Indigenous (Thomson, 2016).

TABLE 1: PROPORTION AND NUMBER OF INDIGENOUS PEOPLE IN SELECTED CITIES ACROSS CANADA.

Selected city	Proportion of Indigenous identity population	Number of Indigenous people	Total city population
Winnipeg	11.0%	78,420	714,640
Edmonton	5.4%	61,765	1,139,585
Vancouver	2.3%	52,375	2,280,700
Toronto	0.7%	36,990	5,521,235
Calgary	2.8%	33,370	1,199,125
Saskatoon	9.3%	23,895	256,435
Ottawa-Gatineau	2.5%	30,565	1,215,735
Montreal	0.7%	26,285	3,752,475
Regina	9.5%	19,785	207,215
Prince Albert	38.5%	15,775	40,950
Prince George	12.0%	9,930	82,865
St. John’s NL	2.3%	4,515	193,830
Thunder Bay	10.0%	11,670	119,145

All cities are CMA’s with the exception of Prince Albert and Prince George, which are CA’s. Source: Statistics Canada, 2011b.



There are important and complex health implications associated with homelessness. Hwang (2001) reports that the homeless are at risk of dying prematurely and suffer from a wide range of health problems stemming from the physical and social conditions under which they live. They are admitted to hospital up to five times more than the general population. They have significant barriers in accessing health care that include inability to provide proof of insurance coverage, inability to afford prescription medication, and the daily struggle for the essentials of life such as food. In addition, many homeless people also suffer from mental illness or substance abuse problems, and encounter a health care system that often fails to provide adequate treatment (Hwang, 2001). Patrick (2014) states:

[b]ecause of its devastating influence on health, homelessness can be classified as a condition that reduces one's length and quality of life....[It] can exacerbate pre-existing medical conditions, make it more difficult to recover from wounds and fractures, impede treatment and recovery and increase the risk of both infectious diseases and mental health issues. (p. 50)

Additionally, homelessness can result in sleep deprivation and increased risk of “medical and psychiatric conditions including heart attacks and depression” (Street Health, 2007, as cited in Patrick, 2014, p. 50).

Strategies to Improve Indigenous Housing and Health Outcomes

While there may be overarching national policies to improve Indigenous housing in Canada, local and community-based strategies and solutions will need to be developed. The 1996 Royal Commission on Aboriginal Peoples identified three key problems with respect to Indigenous housing policy in Canada:

1. lack of adequate incomes to support the private acquisition of housing,
2. absence of a functioning housing market in many localities where Indigenous people live, and
3. lack of clarity and agreement on the nature and extent of government responsibility to respond to the problem (INAC, 1996).

On reserve, housing policy is further complicated by the application of the *Indian Act* (1876) and collective systems of land tenure. Similarly, a number of challenges for Inuit housing have been highlighted by Patrick (2014), including the dependence of the population on social housing due to low income levels, lack of employment and skills development opportunities; costs associated with transporting building supplies and general maintenance in remote northern regions and climates; and housing shortages to meet the needs of the population (p. 17).

Innovative Initiatives

Innovative initiatives have been happening across the country to improve housing conditions and options for First Nations, Inuit and Métis peoples. The following provides a sample of some national and community-based, collaborative projects that promote education, home maintenance, improved housing construction and quality, and increased access to and affordability of housing for Indigenous peoples.

Educating about Housing and Housing Maintenance

Educational resources have been created on housing and housing maintenance for Indigenous peoples. The CMHC, for example, provided funding to develop a school-based curriculum called “My Home is my Tipi”. This resource, intended for children from kindergarten through to high school, was designed to promote respect and maintenance of households (SSCAP, 2015a). At the post-secondary level, Vancouver Island University offers two online programs for developing much needed community human resource capacity for housing maintenance and inspection: the First Nations Housing Manager Certificate Programs (6 weeks) and the First Nations Building Inspector Program

(9 weeks). At the national and community level, Health Canada has produced a series of online First Nations and Inuit resources to promote health within the home, as well as YouTube videos on mold and health (see Health Canada, 2010 and 2012).

Improving the Quality of Home Building Construction

Over a four year span (2010-2014), the Assembly of First Nations partnered with the Holmes Group to undertake a pilot housing project on the Atikameksheng Anishnawbek First Nation in Ontario. The project, G’WWIGWAAMNAANIIN – Building Homes & Building Skills, was guided by the following three principles:

1. the need to educate and promote quality construction practices in First Nation communities;
2. the need to provide First Nations communities with the tools necessary to construct durable and energy efficient homes; and
3. the need to provide First Nations communities with the tools necessary to implement green and sustainable concepts in their planning practices in order to become more healthy, vibrant, and self-sustaining communities.

Upon completion, the community had a new four-plex unit that was built according to First Nation Sustainable Development Standards (Assembly of First Nations, 2014; SSCAP, 2015a/b).



© Credit: Gary Bremner Photography, gbprecreative.ca, Atikameksheng Anishnawbek “G’Wigwaamaaniin” project with the AFN and the Holmes Group in 2012.

“...access to safe and affordable housing is essential to developing healthier, more sustainable Indigenous communities, improving social well-being, and supporting full participation of Indigenous peoples in Canada’s political, social and economic development to the benefit of all Canadians” (Indigenous and Northern Affairs Canada [INAC], 2016a, para. 1).



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Having control over their own resources allowed the Mohawks of the Bay of Quinte to establish an innovative housing program which featured social housing, home ownership, as well as energy-efficient home construction (Government of Canada, n.d.). Partners in the project included Indigenous and Northern Affairs Canada, CMHC, Health Canada, Ontario First Nations Technical Services Corporation, the Bank of Montreal, the Loyalist College First Nations Technical Institute in Belleville, and the Ontario Secretariat for Aboriginal Affairs. The program includes the provision of loans for home ownership or renovations through the Bank of Montreal On-Reserve Housing Loan Program, as well as home ownership training for new home buyers. By 2006, 60 energy efficient units had been built for rent or sold to band members. The program has contributed to stimulating local economic activity and helped lower-income families own their own homes, and keep them through the incorporation of

program flexibility which allows for mortgages to be renegotiated if hard times hit.

Improving Access to Affordable and Quality Housing

Initiatives to improve access to affordable and quality housing have been implemented by various organizations including federal and provincial governmental departments and agencies, as well as Indigenous communities and non-profit organizations. In recognition of the fact that “access to safe and affordable housing is essential to developing healthier, more sustainable Indigenous communities, improving social well-being, and supporting full participation of Indigenous peoples in Canada’s political, social and economic development to the benefit of all Canadians” (Indigenous and Northern Affairs Canada [INAC], 2016a, para. 1), the federal government recently announced new investments in on-reserve housing in their 2016 budget in addition to their

First Nation On-Reserve Housing Program. Three new funds have been established for First Nation, Innu or Inuit housing projects south of 60 degrees latitude and in the Yukon that support:

1. communities in immediate need for the construction of multi-unit housing, renovations and additions or lot servicing (On-Reserve Housing Immediate Needs Fund);
2. projects that increase the ability of peoples to govern, manage and maintain their housing portfolio (On-Reserve Housing Capacity Development Fund); and
3. communities using innovative approaches for on-reserve housing management and governance that benefit the entire community (On-Reserve Housing Innovation Fund). Projects must be submitted prior to a series of different deadlines, and are then prioritized according to highest need (INAC, 2016a).

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Additionally, Indigenous and Northern Affairs Canada is also offering a housing subsidy program in British Columbia to assist First Nations on-reserve with the construction and purchase of new housing and renovations that address structural and health and safety concerns (INAC, 2016b). Four types of subsidies are available:

1. new home construction or purchase subsidies for the construction of permanent homes located on-reserve;
2. renovation subsidies that extend the structural and/or mechanical life expectancy of the home by at least 15 years (maximum allowable is 50% of a new home subsidy);
3. mould renovation subsidies that assist with more complicated and costly mold remediation (maximum allowable is up to the full new home subsidy amount); and
4. building inspection subsidies to assist with building inspection costs incurred during construction, purchase or renovation (INAC, 2016b).

In 2006, Nishnawbe Homes received seed funding through CMHC and the Government of Ontario to purchase and renovate a hotel at the corner of Church and Dundas Streets in downtown Toronto. Upon completion of renovations, 60 units were made available to single Indigenous adults, students and seniors at an average monthly rent of \$500. This urban Indigenous housing project exemplifies how vision and partnership can provide and sustain affordable, quality and safe housing (CMHC, n.d.). Nishnawbe Homes also owns another 15 properties (Patrick, 2014).

Since 2012, Habitat for Humanity Edmonton has partnered with the Métis Council of Alberta and Indigenous Relations - Alberta to build 100 homes on eight Métis settlements across the province. As of 2014, twelve semi-detached homes have been constructed in the Elizabeth and Kikino Métis settlements. Housing is now underway in Gift Lake and East Prairie Métis settlements (Habitat for Humanity© Edmonton, n.d.). In June 2016, Habitat for Humanity

Canada completed its first ever on-reserve build (Habitat for Humanity© Canada, 2016). The 10-unit Elders Lodge came about through a partnership with Habitat for Humanity, the Assembly of First Nations and Flying Dust First Nation.

Conclusion

While it is true that Indigenous people live in households that vary in condition, composition, and location across Canada, the overall national picture indicates that many of these homes continue to be unsuitable, substandard and overcrowded. This fact sheet has outlined how housing quality, affordability, location, appropriateness, and accessibility are important in determining Indigenous peoples' health and well-being. Each of these elements, on their own or in combination, can influence physical, emotional, and mental health and well-being. Strategies to improve Indigenous housing for measurable health outcomes will require significant investments in housing and services that are congruent with population growth and with localized needs.

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INFOGRAPHIC OVERVIEW

DEMOGRAPHICS

While there have been some improvements over the past decade in the availability and quality of housing for Indigenous people, these have so far failed to keep pace with demographic pressures.

GROWTH RATE



Between 2006 and 2011, the collective Indigenous population growth rate of 20% far exceeded that of the non-Indigenous population of Canada at 5% (Statistics Canada, 2015a).

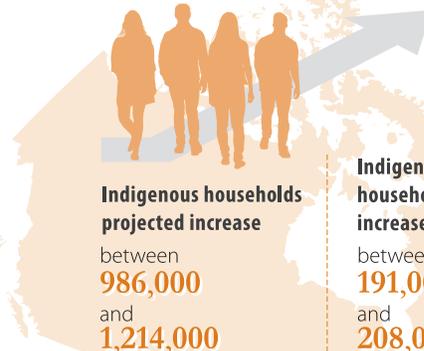
AGE

The median age of Indigenous people is 28 compared to 41 years for non-Indigenous Canadians (Statistics Canada, 2015a). Inuit are the youngest of the three Indigenous groups, with a median age of 23.



Estimated demographic projections by (Statistics Canada, 2015b)

2036
between
1,965,000
and
2,633,000



Indigenous households projected increase

between **986,000** and **1,214,000**

Indigenous on-reserve households projected increase

between **191,000** and **208,000**

Indigenous people now comprise 4.3% of the total population of Canada, of which identify as (approximately):

First Nations	851,560
Métis	451,795
Inuit	59,445

(Statistics Canada, 2015a)

POPULATION INCREASE

HOUSING CONDITIONS

7x Close to half (49.3%) of all First Nations people live on reserve (Statistics Canada, 2015a). Statistics Canada (2015a) reports that, "[m]ore than one-quarter (27%) of First Nations people living on reserve were living in **crowded conditions** in 2011, about 7 times the proportion of non-Aboriginal people nationally" (p. 14).

10x According to the most recent data, "nearly **4 in 10** (39%) Inuit living in Inuit Nunangat lived in **crowded homes**, about 10 times the proportion of non-Indigenous people (4%) nationally" (Statistics Canada, 2015a, p. 14).

Homes needing major repairs, compared to 7% nationally (Statistics Canada, 2015a).



Strategies to improve Indigenous housing for measurable health outcomes will require significant investments in housing and services that are congruent with population growth and with localized needs.



SIGNIFICANT BARRIERS IN ACCESSING SERVICES AND

HOMELESSNESS

Indigenous women represent 35% of the homeless population in many of Canada's urban centres (Patrick, 2014).



Percent of homeless identifying as Indigenous*



Hwang (2001) reports that the homeless are at risk of dying prematurely and suffer from a wide range of health problems stemming from the physical and social conditions under which they live. They are admitted to hospital up to five times more than the general population. (*See pg. 6 of the accompanying fact sheet for citations.)

HEALTH CARE

GROWING URBANIZATION

The number of urban Indigenous households jumped by 83.8% between 1996 and 2006 (CMHC, 2011). Growing urbanization over this ten year period has translated into an increase of 218,310 to 401,145 urban dwellings, of which were occupied by:

204,845 Métis
156,235 Status Indians
78,005 Non-Status Indians
15,950 Inuit

2011 home ownership for Status First Nations people living off-reserve was 51% compared to **70% of non-Indigenous Canadians** (CMHC, 2016).

11% of urban Indigenous households were overcrowded in 2011 compared to **4%** of non-Indigenous households (Statistics Canada 2015a).

DISPARITIES IN HOUSING

INVESTMENTS NEEDED



Poverty as a social determinant for First Nations, Inuit, and Métis health

Poverty and ill-health are inextricably linked. In both rich and poor countries, the lower an individual's socio-economic status, the worse their health is. This fact sheet provides an overview of indicators of poverty in First Nations, Inuit and Métis populations; and some strategies aimed at alleviating poverty in these populations.



Economic development as a social determinant of First Nations, Inuit, and Métis health

Economic development is an important tool in alleviating poverty and other social conditions that lead to ill health. This fact sheet provides an overview of the unique considerations for economic development in Indigenous contexts, barriers to successful economic development in these contexts, and the direct and indirect impacts of economic development initiatives to Indigenous peoples' health.



Employment as a social determinant of First Nations, Inuit, and Métis health

This fact sheet examines First Nations, Inuit and Métis peoples' participation in the labour market and describes how un/employment can affect their health and well-being. The fact sheet begins by providing some context for Indigenous employment in Canada, including demographics, participation in the labour market, and employment barriers. It then summarizes the recent literature on the impacts of un/employment on Indigenous peoples' health and highlights some current initiatives to address employment inequities for Indigenous peoples.



Education as a social determinant of First Nations, Inuit, and Métis health

This fact sheet examines some of the key factors contributing to or hindering academic success for Indigenous peoples in Canada, including historic and contemporary impacts of colonialism, socio-economic marginalization, educational funding inequities, and personal reasons. While current trends and levels of educational attainment are on the rise, there are multiple ways for improving Indigenous learning. Specifically, decolonizing approaches like land, language, culture, and Indigenous knowledge-based pedagogies and curriculum are addressed.



Pathways to improving well-being for Indigenous Peoples: How living conditions decide health

This report provides a broad overview of socio-economic determinants of Indigenous health, including income, education, unemployment, housing, social support, health care access, education, healthy living, and social exclusion.



Health inequalities and the social determinants of Aboriginal peoples' health

Available data is used in this report to describe health inequalities experienced by diverse Aboriginal peoples in Canada, linking social determinants to health inequalities rooted in contexts specific to Indigenous peoples. This is an update from the original 2009 report.



The health of Aboriginal people residing in urban areas

Aboriginal people in Canada are increasingly becoming urbanized, with more than half living in urban centres. Despite this growing trend, the health of Aboriginal peoples residing in urban areas is not well known. The NCCAH report examines the health and well-being of Canada's demographically and culturally diverse urban Aboriginal population.



Strengthening Urban Aboriginal Families: Exploring promising practices

This report identifies promising practices that agencies, practitioners, and policy makers can use to strengthen urban Aboriginal families. It includes six detailed case studies of service agencies that have all been successful in building service and matching community needs.

