Health Profile

NUNAVIK

Young children and their families, youth, adults and the elderly

— 2015 —

HIGHLIGHTS

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Québec

By
Nunavik Regional Board of Health and Social Services

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Introduction

This document summarizes the information from both the Nunavik Health Profile 2014: Young Children and Their Families, and the Nunavik Helath Profile 2015: Youth, adults and the elderly, which have been prepared by the Nunavik Public Health Department. It is meant to help local decision-makers and health staff to plan programs and services in the region according the needs of the population. The original reports contain much more detail (on statistics, contexts, methodologies and limits, etc.). They can be found on the website of the Nunavik Regional Board of Health and Social Services or at www.inspq.qc.ca.

This summary version uses a *Social determinants of health* model. That is, we seek to explain health in the context of the many social and environmental factors that affect it in Nunavik. We hope that this approach will provide readers with a more complete understanding of health of the population, as well as allow them to design and deliver programs and policies that are Inuit-specific, and that will truly improve health status in Nunavik's communities.

Brief overview of the methods

The reports summarized here drew data from a variety of sources, each of which has their own strengths and limitations: the Census, health surveys, disease registries, records of hospitalization, and vital statistics. Some of these sources contain data for all residents of Nunavik, both Inuit and non-Inuit. Others—notably sources such as the *Qanuippitaa* survey—provide data only on the region's *Inuit* residents. This is an imperfect situation, but not a huge issue in methodological terms, since more than 90% of Nunavik's residents are Inuit.

Some of the measures in this report are based on small absolute numbers. This complicates analysis, since rates based on small numbers are unstable—a change of even a few people can produce a seemingly-large change in the rate. We have employed a series of techniques to minimize this difficulty, but readers should nonetheless interpret the figures with some caution. Statistically significant differences are mentioned in the text; the remaining differences are "not statistically significant" (i.e., they may well be due to chance) but not devoid of interest.

Finally, readers should be aware that most of the rates presented in this report are *age-standardized*. Age-standardization is a statistical method that "corrects" for age differences between different populations. This adjustment is important because Nunavik has a far higher proportion of youth than the rest of the province, and this in itself can influence the type of health outcomes observed. The adjustment changes the figures, so the rates shown here may differ from the unadjusted ones (crude rates) presented in other sources.

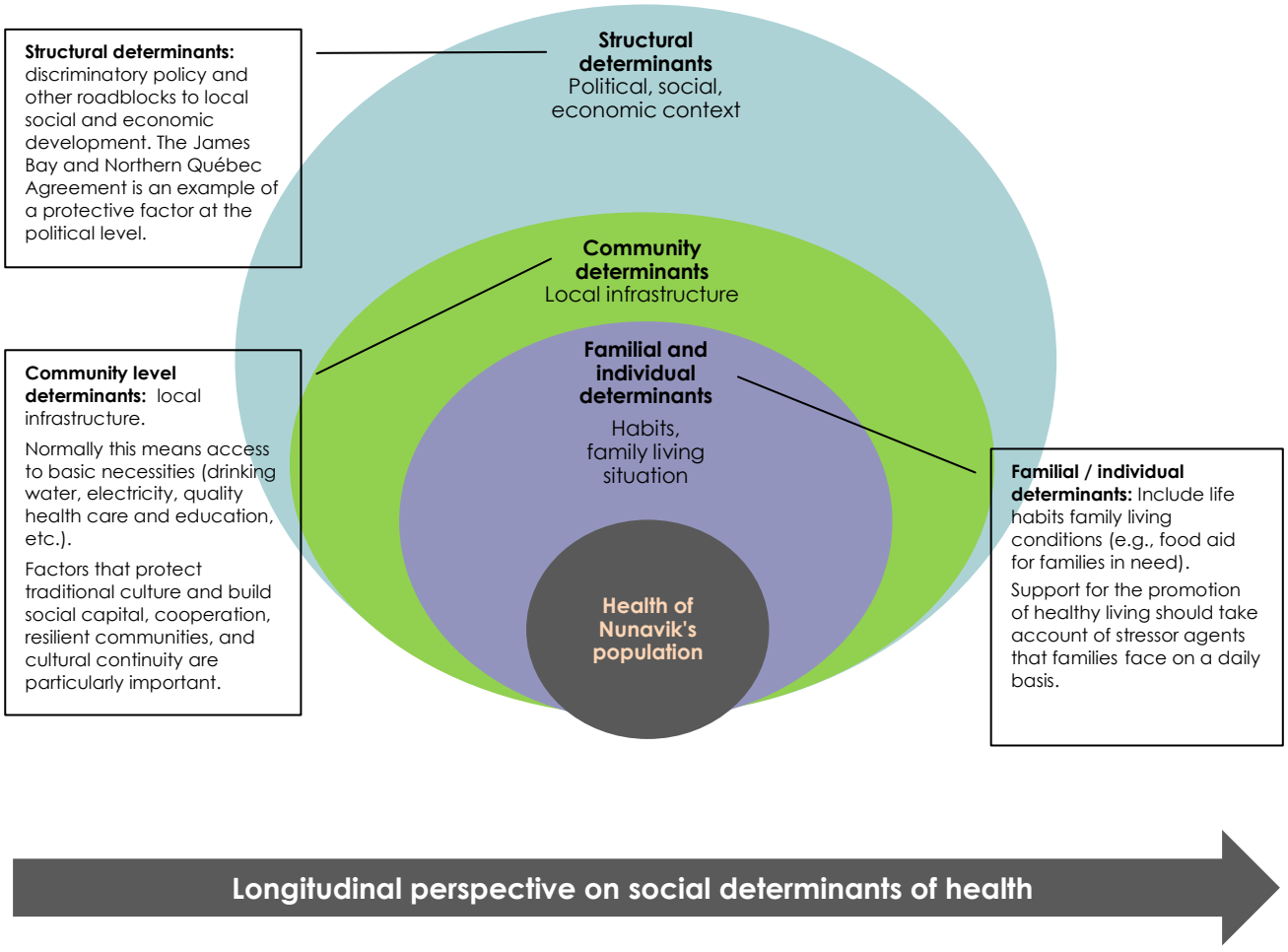
An approach based on the social determinants of health

As mentioned, this report uses a Social determinants model, tailored to fit the context in Nunavik. We take into account that a multitude of factors contribute to health in Nunavik, and that these factors tend to be inter-related. One way of thinking about these determinants is to group them into *levels:*

- The **"structural" or societal level** would include historical, cultural, economic, and political factors.
- **Community-level** factors might include access to housing, water supply, employment opportunities, as well as health and social services.
- Finally, the **individual/family level** would include factors such as the family's living conditions, and individual health behaviours such as diet, exercise, and so forth.

We also need to recognize the longitudinal nature of these determinants, and how some stressors can have a cumulative effect over the life course. In other words, while early disadvantage naturally affects a child's health at the time, it can also pave the way for later experiences and this is why programs and policies directed at the early years pay off many-fold, (see figure below which summarizes these concepts).

Figure 1
Determinants of health in Nunavik



Adapted from Irwin et al. (2007), Loppie and Wien (2009)

What Influences Health in Nunavik? Using a Social Determinants Lens

About Nunavik

The region is home to some 10,700 Inuit, living in 14 villages. Except for Kuujjuaq, Nunavik's villages are over 90% Inuit, and Inuktitut is the primary language of the population. For administrative purposes, the region is divided into the Hudson coast and the Ungava one.

Nunavik's communities

Source: Makivik Corporation

A young and fast-growing population

Half of Nunavik's residents are under the age of 23.

Nunavik has a high fertility rate. Hence, Nunavik's population has more than doubled in the past 30 years and as a result, the need for housing, jobs, services, and so forth is constantly expanding. In 2011, fully half of Nunavik's residents were under the age of 23.

A third of the births in the region are to women under 20. While this is a reflection of cultural traditions, having a child at a young age can increase the risk of psychosocial difficulties; for example, almost 4 of 10 children live in a single parent family in Nunavik, a third of those live in poverty. These figures, however, tend to ignore the roles the extended family and custom adoption play in as important protective factors for children living in poverty.

Almost 4 children out of 10 live in a single parent family, a third of which live in poverty…

Structural determinants in Nunavik

Colonization and governance[1]

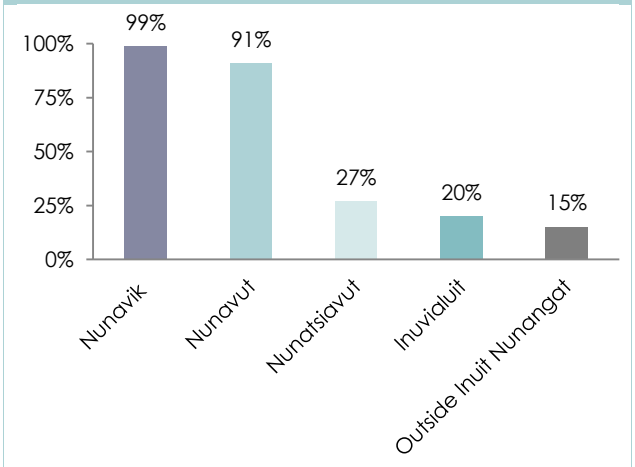
Sedentarization occurred at a very rapid rate in Nunavik. Until the 1950s, most Nunavimmiut lived on the land with their extended family in camps that moved with the seasons and the wildlife. It has been only 60 years that Inuit have been forced into permanent communities, where cheap housing, medical facilities, schools and stores are built.

This said, the signing of the James Bay and Northern Québec Agreement in the mid-70s established regional government and a measure of local control over health and other services. This recent history has contributed to shape the unique context and governance structures of the region.

For example, Nunavik regional government has put legal structures in place to ensure that Inuktitut is recognized as the region's official language, and that it is taught in the schools. As a result, a remarkable 99% of Nunavimmiut have good knowledge of Inuktitut—a much higher proportion than in the other Inuit regions (see next figure).

[1] This summary does not do justice to the complexity of Nunavik history; the interested reader should refer to the original report for more information.

Percent of Inuit able to speak an inuit language, by region, 2006



Source: 2006 Census

Socioeconomic situation

Nunavik today has a mixed economy, with both wage employment and some land-based ways of earning a living. Although a great many jobs are available, Inuit occupy barely over half the full-time jobs in the region. Unemployment rates are hence very high, reaching 27% in youth 15-24.

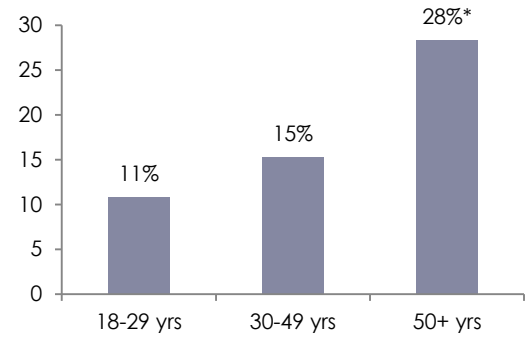
The Nunavik region has also made great strides in introducing culturally relevant education. However, while high schools now exist in all the communities, there is no postsecondary education in the region. Hence, only half the adults in Nunavik had completed high school in 2006. In addition, more than one family in five fell below the low-income line in 2006 (double the Québec average). With food costing almost 60% more in Nunavik than in the south, food insecurity is an important problem in the region.

Environmental contamination and traditional diet

Many contaminants that originate in southern industries are carried north by air and water, and Inuit are exposed to these toxins through their traditional diet, mainly mercury, lead, cadmium, and some persistent organic pollutants (POPs). Although levels have fallen since the 1990s, significant numbers of Inuit are still over the recommended levels for these contaminants.

Despite this, experts maintain that the nutritional and social benefits of eating traditional foods outweigh the risks from contaminants.

Percent of total calories derived from traditional foods, by age group: Nunavimmiut, 2004



Source : *Qanuippitaa* survey as reported in Blanchet & Rochette (2008)
Notes: Data refer to food intake on the day before the survey.
(*) The differences between the older age groups and the 18-29 year group are statistically significant.

Community-level determinants

Housing & Community water systems

Insufficient and inadequate housing is a problem in all the Inuit regions, but the situation is most acute in Nunavik. The proportion of people living in crowded dwellings varies from 15% to 46%, depending on the community; but in every case it is far above the Québec average of 4%, and this situation has improved very little since 1991.

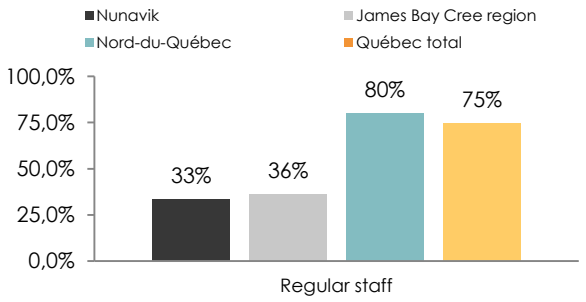
Access to Daycare health care services

The region now has 16 Early Childhood Education centres.

Access to childcare has increased immensely in Nunavik since the 1990s; the region now offers at least one Early Childhood Education centres in each community. But because the number of children is constantly growing, there are still many children on waiting lists.

Also, primary care in Nunavik is provided by a network of nurses and doctors, many of whom are flown in on short-term contracts. Thus, Nunavimmiut are less likely than southerners to report having seen a doctor in the past year.

Percent of health staff with regular positions, Nunavik compared to other regions



Source: Commissaire à la santé et au bien-être du Québec, 2013

Nunavik, however, is ahead of many other northern regions in having local midwifery programs. The Hudson coast has had a traditional midwifery program since the 1980s, and as a result, 8 out of 10 women from the Hudson region are able to give birth in Nunavik (compared to 4 out 10 on the Ungava coast).

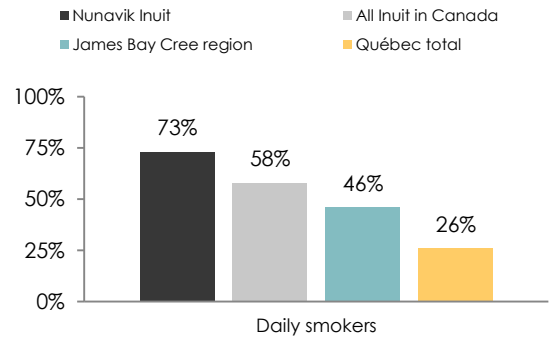
Individual and family-level determinants

Consistent with our social determinants model, health behaviours need to be understood as a reflection of the social context and living conditions described above.

Tobacco & alcohol

Smoking rates are high in Nunavik, as in the other Inuit regions of Canada. In 2006, nearly three out of four adults were daily smokers. Similarly, 65% of Inuit women told the 2004 *Qanuippitaa* survey that they had smoked during their most recent pregnancy.

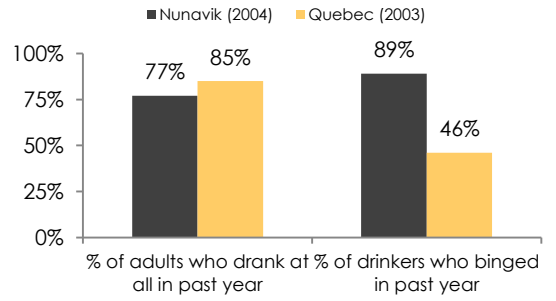
Percent of daily smokers in the population: Nunavik Inuit compared to other groups



Source: Statistics Canada. Data for Inuit from 2006 Aboriginal Peoples Survey; data for Cree and Québec populations from the 2003 Canadian Community Health Survey

As compared to the rest of the province, Nunavik actually has a lower proportion of drinkers—but those who do drink are far more likely to "binge" (have five or more drinks at one sitting). Also of concern, 4 out of 10 women reported having consumed alcohol during their last pregnancy in 2004.

Alcohol use: Nunavik Inuit and Québec as a whole (adults)

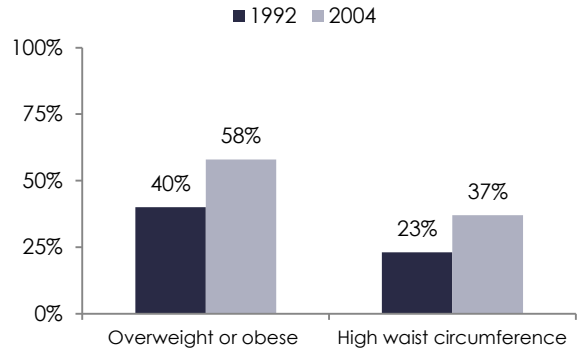


Source: Qanuippitaa survey of Inuit health, 2004

Nutrition, Physical activity & Obesity

The diet in Nunavik typically includes both store-bought and traditional foods, with less than 12% of adults meeting the recommendations for fruits and vegetables in 2004. Also, nearly 7 out of 10 Nunavimmiut admitted to being sedentary. As a result, over half of all Nunavimmiut were either overweight or obese in 2004 (see figure).

Change over time in the proportion of Nunavimmiut who are overweight/obese or have high waist circumferences: 1992 compared to 2004



Sources: 2004 *Qanuippitaa* survey and 1992 Santé Québec survey of Inuit health

Health Inequities in Nunavik: a Life Cycle Approach

Health during the early years

MOTHERS

Nunavik's mothers are raising large families, and are often doing so in difficult conditions. The cumulative effects of poverty, low education, and crowded dwellings place parents and children in a very vulnerable situation. The high prevalence of sexually transmitted infections, smoking, and alcohol use in women indicate many mothers live under serious stress. High rates of psychological distress (13%) and suicidal behaviours (26%), family violence, and sexual abuse, testify to the difficult living conditions faced by women (and their children) in the region.

BABIES, FROM BIRTH TO THEIR FIRST MONTHS OF LIFE

These difficult living conditions inevitably affect children's health, from the moment of conception onwards, and the region's perinatal and infant mortality, and infant hospitalization are all above Québec's average. For example, the infant mortality rate (18 per 1,000 for 2005-2009) has remained stable over the study period. It corresponds to an average of seven deaths a year, mainly due to perinatal conditions, Sudden Infant Death Syndrome, and congenital anomalies. The infant hospital admissions are largely for respiratory illnesses such as pneumonia and bronchitis, and exposition to crowded housing is likely to play a major role.

EARLY CHILDHOOD

The mortality rate in children under five has dropped slightly in recent years: over the 2005-2009 period, there was an average of one death per year, usually due to accidents. Nunavik's hospitalization rates for young children are distinctly higher than the Québec average; as with infants, respiratory conditions (pneumonia, acute respiratory infections, and asthma) are the leading cause of hospitalization. The next most common cause of hospitalization is digestive disease—largely for dental conditions.

Rates of vaccine-preventable diseases such as measles are low, indicating the effectiveness of the region's vaccination program. However, there are constant (although low) rates of Haemophilus influenzae B and invasive Strep pneumoniae infection, and periodic outbreaks of tuberculosis (TB) and pertussis (whooping cough).[2] Among the diseases that are reportable but not preventable by vaccine, giardiasis and shigellosis stand out. Both of these are intestinal conditions that are associated with crowded housing and water or food contamination.

Neglect and abuse of children is also a concern in the region. In a study of people now age 18 and over, Lavoie et al (2007) found that 1 out of 2 women, and 1 out of 5 men, had been sexually abused as a child. In 2010, up to 30% of children in Nunavik had been referred to Child Protection services.

Health conditions which are common in youth

MENTAL HEALTH, VIOLENCE AND UNINTENTIONAL INJURIES

According to the 2004 *Qanuippitaa* survey, large proportions of Nunavimmiut enjoy good self-esteem, are proud to be Inuk, and declare themselves satisfied with their lives. Yet, levels of psychological distress in the region are high, more than 1 in ten overall, and youth are the group most strongly affected. Unsurprisingly, the people with high levels of distress were also more likely to report drug and alcohol use.

According to the most recent figures, there are now roughly 13 suicides each year, most of them involving young men. Rates of suicidal ideation and attempts in Nunavik are also high, and most common in youth 15-24. Researchers attribute this to a combination of factors ranging from

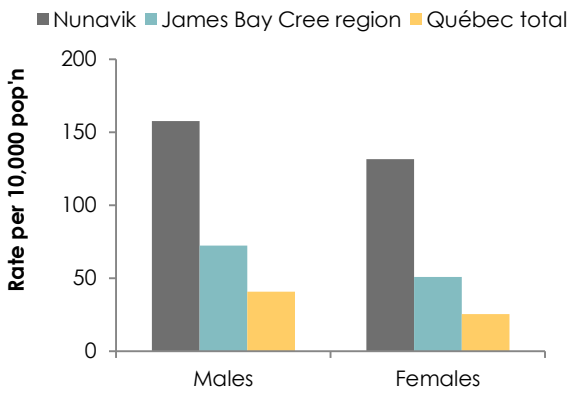
[2] Routine TB vaccination was phased out in Quebec as of 1976, and in Nunavik in 2004, but vaccination was reintroduced for the community that hosted the 2012 TB outbreak.

substance abuse, experience of violence or abuse, low education, and poverty through to cultural dislocation and historical trauma.

Violence—either family violence or violence in the community—causes two deaths a year in Nunavik (on average), and sends almost 60 people—mainly men— to hospital. There is little hard data on conjugal violence, but what we have points to very high rates. In 2004, 57% of women said they had suffered violence as an adult, usually at the hands of their spouse or ex-spouse—and this figure is probably under-reported. The risk factors for conjugal violence include living in a rural area, young age at first pregnancy, low education, spousal drinking, and experience of violence in childhood, all of which are unfortunately common in Nunavik. To this we must add broader risks such as the legacy of the residential schools experience, and the shortage of housing in the region.

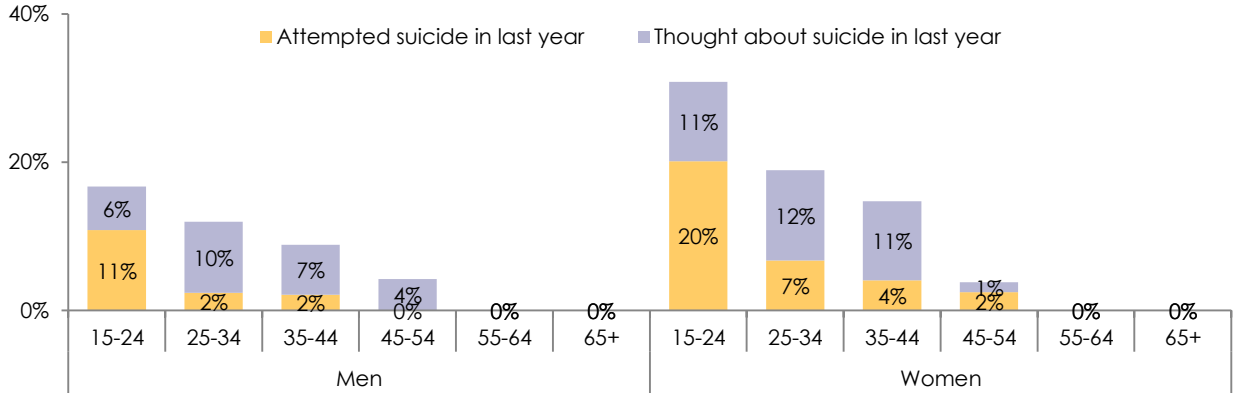
Unintentional injuries such as car or motor vehicle crashes, falls, or drowning kill on average 12 people in Nunavik each year, and put 167 in hospital. This picture has not changed much since the 1990s.

Age-adjusted hospitalization rates for unintentional injuries, Nunavik compared to other regions (fiscal years 2007-08 to 2011-12)



Sources: Ministère de la Santé et des Services sociaux, Fichier des décès (July 2012 version), and Estimations et projections démographiques (January 2010 version).

Suicide attempts and ideation in the past year, by age group and sex (2004)



Source: *Qanuippitaa* survey, 2004

Sexually transmitted infections (STIs)

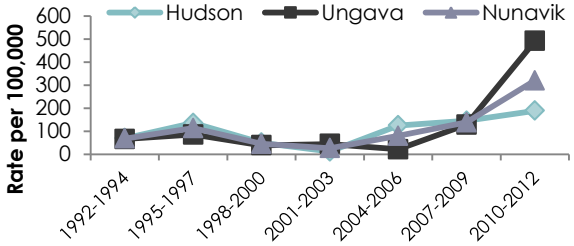
Nunavik's rates of chlamydia and gonorrhea are far above the Québec average, and appear to be rising again after a long period of gradual decline. Infection rates are highest in teens and younger adults, and decline gradually with age thereafter. Rates of chlamydia tend to be similar from one community to the next. In contrast, rates of gonorrhea vary widely, with a few communities having markedly higher rates than the rest.

Health conditions which are common in the adult years

Chronic diseases

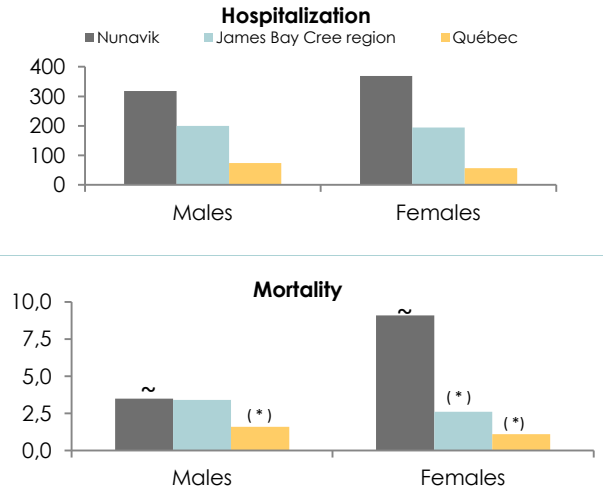
Cancer incidence and hospitalization rates in Nunavik are comparable to the Québec average, but rates of lung cancer are far higher. As for children, respiratory ailments (e.g., pneumonia, asthma, chronic bronchitis, emphysema) are the leading cause of hospitalization for both men and females in Nunavik.

Tuberculosis incidence rate, coasts and Nunavik total, 1992-2012



Source: MADO registry

Age-adjusted mortality and hospitalization rates from respiratory conditions: Nunavik compared to the James Bay Cree region and Québec as a whole, 2005-2009



(*) indicates a statistically significant different between a region's rate and the Nunavik rate.

~ indicates a rate based on small numbers, and thus somewhat imprecise (coefficient of variation over 16.6%)

Cardiovascular disease & Diabetes

According to the 2006 Aboriginal Peoples Survey, cardiovascular diseases affect 15% of all adults in the region, and each year, roughly 92 people have to be hospitalized for these diseases. The rates of hypertension, however, — although rising—are still below the Québec average. Similarly, the prevalence of diabetes in Nunavik remains lower in Inuit than in other Aboriginal groups, as only 5% of Inuit adults in Nunavik reported having diabetes in 2004. However, decreased consumption of traditional foods, increasing rates of obesity, high smoking rates, and the shift to a sedentary lifestyle all suggest that cardiovascular disease and diabetes rates will rise, perhaps dramatically, in the years to come.

Diseases of the digestive system

Although digestive conditions cause few deaths (on average, just one or two a year in Nunavik since 2000), they are the second-largest cause of hospitalization, right after respiratory conditions. Crowded housing and contaminated water are likely implicated.

Hearing loss

The proportion of elders (65+) in Nunavik's population is low, but rapidly increasing: it is expected to rise from its current 3% to 8% by 2031. We lack data on the health profile of the Elderly in Nunavik, but disabilities —particularly hearing loss—are likely an important concern. In 2004, 25% of adults overall reported having a hearing impairment, and this rate rises to 60% among elders. The primary causes are believed to be chronic ear infections and noise from firearms, snowmobiles, and occupational exposures.

Discussion and Conclusion

Health in Nunavik has improved, but there are still serious inequities

Our review of health status in the region has identified many areas in which the health of Nunavimmiut could be improved to close the health inequity gap with that of other Quebecers, beginning in early childhood and continuing throughout the life course. Although, real progress requires action to improve living conditions in the region and address the root causes of disease, some specific initiatives within the purview of the health and social service sector are also likely to help.

"Equity from the start"[3]

As we have seen, families in Nunavik often live in a context characterized by poverty, low income, and crowded housing. Support from the extended family may often to offset this precarious situation, as the introduction of midwifery services, and facilitated access to daycare, but, there is an urgent need for more support to families. Research shows that intensive family support programs in the early years help to prevent child neglect and pay large dividends in later teenagers' health. It is encouraging that Nunavik is currently adapting and pilot-testing a program of this type in a few communities. Still, parents also need help to modify behaviours like smoking or alcohol abuse, but this help must be provided in a context-sensitive and culturally safe way.

Supporting youth through transitions

The type of family-support programs discussed above also held promise for improving the health of youth. Programs that promote mental health and social skills in the early years of primary school also improve teen self-esteem, mental health, as well as contribute to reducing school violence, and other behaviours such as smoking. It would be urgent to start adapting such initiatives to the Inuit, and implement them widely in the regional school system.

Besides these, some programs specifically directed at adolescents are also needed. For example, the region has recently put considerable effort into developing a culturally adapted sex-education and safe relationships program for the schools, which may help to reduce rates of risky sexual behaviour as well as intimate partner violence. Implementation of this program needs to be reinforced.

Halting the rise in chronic diseases

Demographic trends and changes in disease patterns are going to increase the pressure on Nunavik's health and social service system. This will require more long-term care, making it even more essential for the region's primary health services to be integrated, family centred and culturally safe. Hence, the Health Board should continue its efforts to hire more Inuit staff and integrate traditional practice.

Further, the Health Board should continue to emphasize prevention and health-promotion initiatives that will support healthy aging. Since the most successful initiatives are those that create environments conducive to healthy habits (such as reducing cost of food, and building safe walking paths), the region should maintain its efforts to develop and enforce healthy public policies that are culturally and socially adapted to Nunavik's context.

The need to act on the root causes of social and health inequities

All of this being said, interventions aimed at specific health behaviours will only have partial success unless the underlying social, political and economic determinants are also addressed. Meaningful commitments from local, regional but also provincial and federal governments to address housing, employment, and intergenerational trauma would make as

[3] This expression is borrowed from the WHO report on health inequities (WHO, 2008).

significant a contribution to health as improving health services.

These efforts should build on Nunavik's many strengths in this area, as the region has successfully preserved the Inuit language, included culture in the school curriculum, and developed governance structures to control health care services, education, and other important sectors of society. The challenge now is to provide support to the region so that this movement towards greater autonomy can be pursued. A coordinated response from agencies at all governance levels is needed to improve living conditions in the region, and attack the root causes of health inequalities.

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