

Early death among members of Toronto's Aboriginal Community:

Walking in their shoes



Anishnawbe Health Toronto



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Background



- Our clinical observations at Anishnawbe Health Toronto & three other Aboriginal health and social service centres suggest that a large number of Aboriginal individuals in Toronto are dying prematurely—meaning, they are passing away long before would be expected for the average Canadian citizen.

Historical Context



- In both developing and developed countries alike, Indigenous peoples face some of the heaviest burdens of ill health
 - This is due to histories of colonization, marginalization, discrimination & racism, which results in:
 - ✦ A multitude of issues, such as unstable housing and homelessness, a lack of education and stable jobs, and a lack of social supports.

Methods



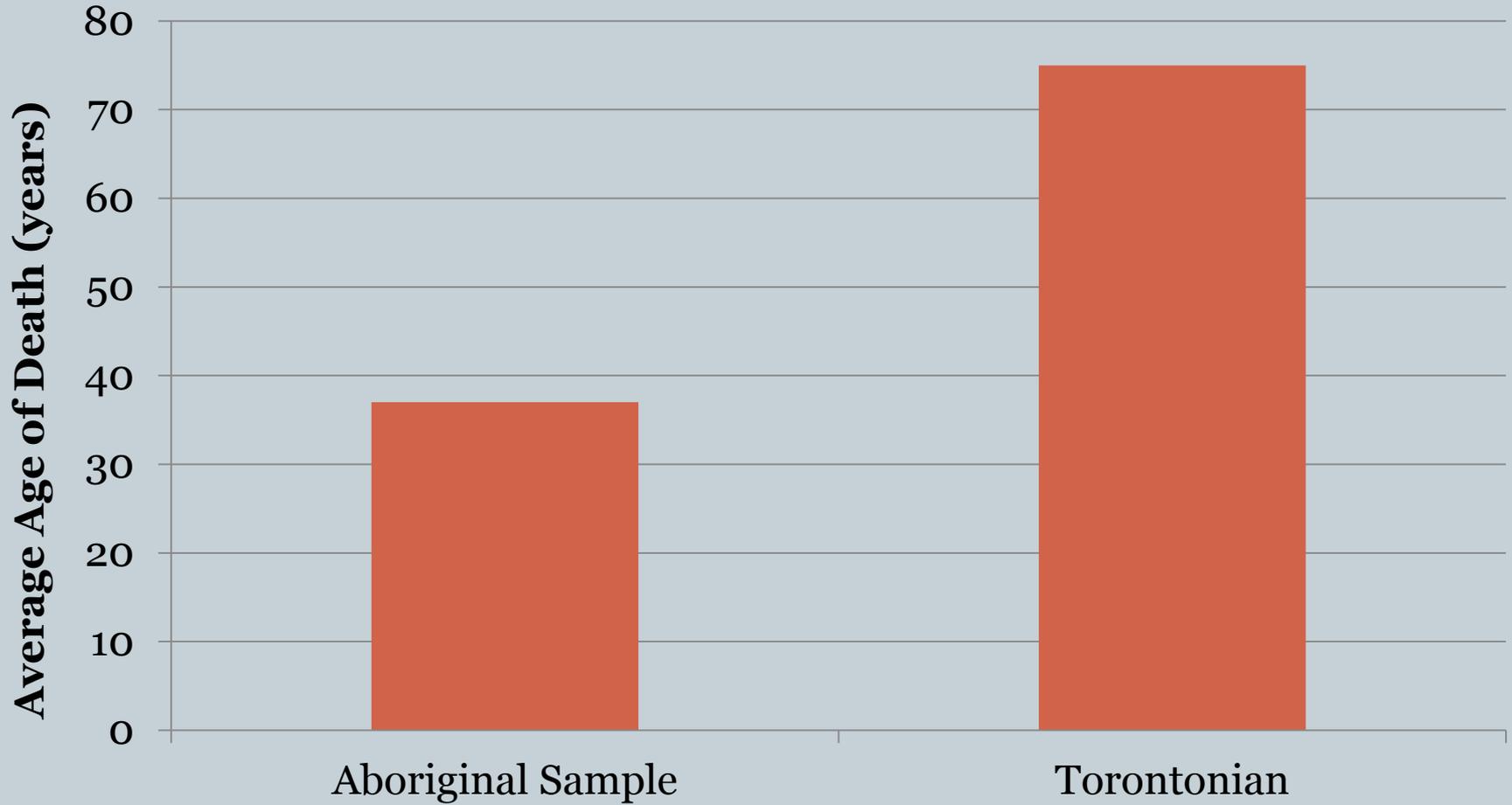
- Root cause analysis:
 - Quantitative chart review of deaths
 - ✦ AHT data between 2010-2012
 - ✦ Other three agencies: Looking back past 5 years
 - Narrative analysis of qualitative interviews
 - ✦ 20 interviews were carried out with community members close to the deceased

Quantitative Results

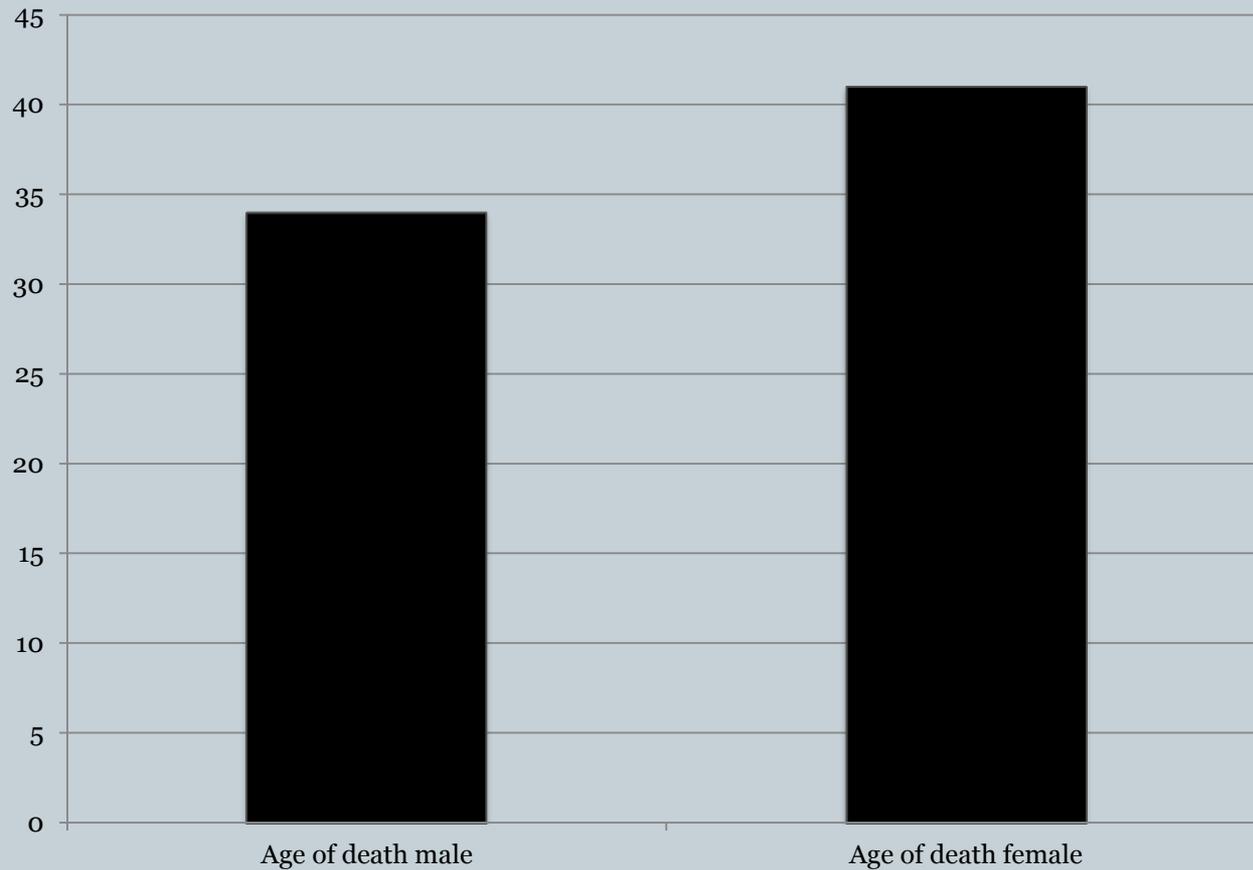


- Chart review of four agencies:
 - Combining all sets of data, the average age of death was **37 years of age** for this sample of Aboriginal community members using these health and social services in the Greater Toronto Area
 - This number is far below the average age of death for Torontonians, currently calculated to be **75 years of age** by Toronto Public Health.

Average Age of Death



Average age of death by sex in this cohort



Qualitative Results



- The findings from interviews are organized around two overarching themes within this root cause analysis:
 - *1) Impact of colonial & postcolonial policies on social determinants of health; and*
 - *2) Chronic stress as a result of these historical policies*

Impact of Colonial & Post-Colonial Policies on Health Determinants



[The deceased told me], “I went to residential school and the things that happened there—I can’t even talk about...that’s why I drank so much. I just couldn’t be a father.” (P.193)

It wasn’t [the deceased’s] fault...because the history of colonialism, and the historic trauma transmission delivered over the last 500 years has impacted Aboriginal people in many different ways. And I think it’s caused a lot of different levels of posttraumatic stress disorder, and it’s caused Aboriginal people to suffer spiritually, mentally emotionally, physically. So when you take them from their land, their spirit becomes damaged. (P.201)

Chronic Stress



[The deceased] fought a lot because—you know...he never picked a fight but never backed down from one. And it was all really racist stuff that went on. (P.121)

Well, [the deceased] was shy, you know? Wouldn't ask anybody for help. [...] I think that [because of] residential schools or whatever, things that she had that she was dealing with...she couldn't really go out and try to get therapy or try to rise above and better herself. She was just stuck. (P.282)

Typical Medical Chart

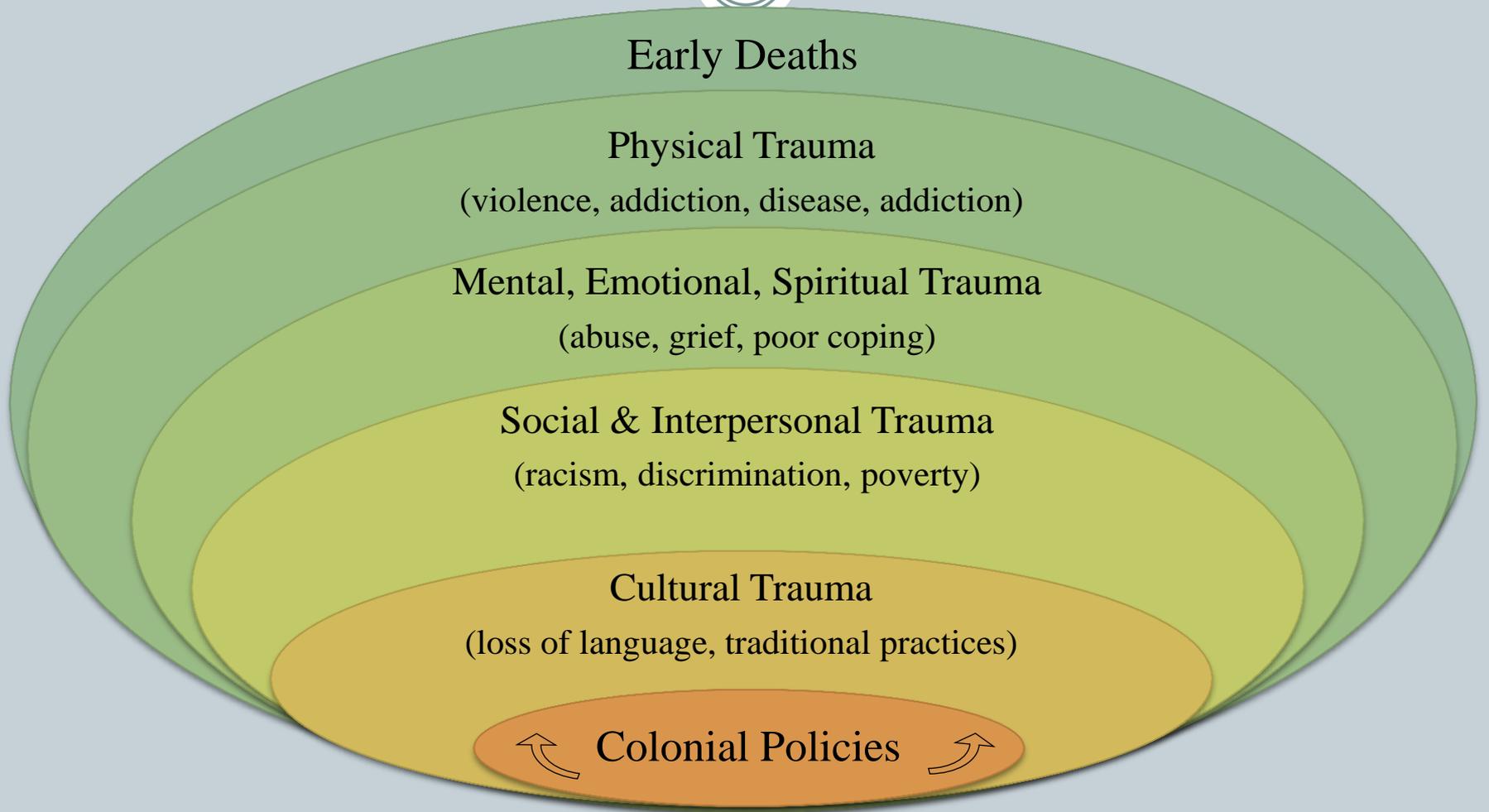


- Diabetes
- High blood pressure
- Obesity
- Inadequate housing
- Tobacco addiction
- Substance abuse
- Anxiety
- Depression
- Posttraumatic stress
- Chronic stress



- *I really think it's like a broken heart syndrome. It was [the deceased's] loneliness for his true identity, like not knowing anything about who his people really are because his family and his parents and his traditions were all lost. (P.108)*

Root Cause Analysis



Early Deaths

Physical Trauma

(violence, addiction, disease, addiction)

Mental, Emotional, Spiritual Trauma

(abuse, grief, poor coping)

Social & Interpersonal Trauma

(racism, discrimination, poverty)

Cultural Trauma

(loss of language, traditional practices)



Colonial Policies



For your consideration:



- Impacts of chronic stress on personal development, family and community relations
- Impacts of discrimination & racism on mental health

All is not lost...



[The deceased] cared so much about people! And it wasn't even just his own family! He'd take strangers food and call people in off the street! If he thought they were hungry. He was always feeding the neighbour's kids. I think it has a lot to do with us growing up in poverty. That he didn't ever want another kid to know what it was like to go hungry. (P.121)

[The deceased] saved his younger sister and brother, and then they, throughout the years, tried to stick together, and live as much as possible around each other, and try to take care of each other. (P.147)

City of Toronto Proclamation:



Year of Truth and Reconciliation

Nov 12, 2013-Nov 12, 2014

“The City of Toronto's Urban Aboriginal Framework sets out principles and commitments that support reconciliation and the City reaffirms its commitment to implementing the framework through activities such as education of the Toronto Public Service on Aboriginal history; Aboriginal employment strategy; representation of Aboriginal people at City agencies and corporations; and partnership and capacity building.”

Moving Forward



- For discussion: As a ‘caring community’, what steps can we take to improve social determinants of health and quality of life for Aboriginal peoples in Toronto?
 - Partnerships with the Aboriginal community
 - Partnerships with private and public sector
 - Decrease empathy gap: Cultural competency training
- *Year of Truth and Reconciliation: City of Toronto’s Proclamation*
 - Create definite action plan with defined and measurable outcomes

Thank you! Miigwetch!



- Questions?