

First Nations people, Métis and Inuit and COVID-19: Health and social characteristics

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While the COVID-19 pandemic has profoundly affected the lives of all Canadians, the Public Health Agency of Canada (PHAC) has indicated that certain health, social and economic characteristics are associated with a higher risk of contracting or spreading the COVID-19 virus and developing serious complications.

This release is the first of a series that will report on these characteristics for First Nations people, Métis and Inuit and on the significant economic, social and health challenges that could play a role in how COVID-19 affects the lives of Indigenous people in Canada.

Many First Nations people, Métis and Inuit live in remote or northern communities

There are 1.7 million Indigenous people in Canada. While many live in cities, many others live in rural, remote and northern communities, where residents face unique challenges.

For example, most Inuit (73%) live in [Inuit Nunangat](#), where the vast majority of communities are accessible only by air. Among First Nations people with Registered or Treaty Indian status, 44% live on reserve. Compared with the non-Indigenous population, Métis are also much more likely to live in rural areas.

Geographic isolation can lead to difficulty accessing medical care or health advice

Many of the First Nations, Inuit and Métis communities located in isolated or remote areas have smaller health care facilities—such as nursing stations—sometimes requiring patients to travel far distances to obtain care. For example, 82% of Inuit living in Inuit Nunangat reported that they did not have a family doctor. In comparison, less than one in five Canadians did not have a family doctor.

In addition, according to the [2015/2016 First Nations Regional Health Survey](#) from the First Nations Information Governance Centre, 1 in 10 First Nations people living on reserve reported having unmet health care needs in the preceding 12 months.

While health care may be more readily accessible to Indigenous people living closer to or within population centres, Indigenous people in these regions also face barriers. In 2017, nearly one in five (19%) First Nations people living off reserve and 16% of Métis did not have a family doctor.

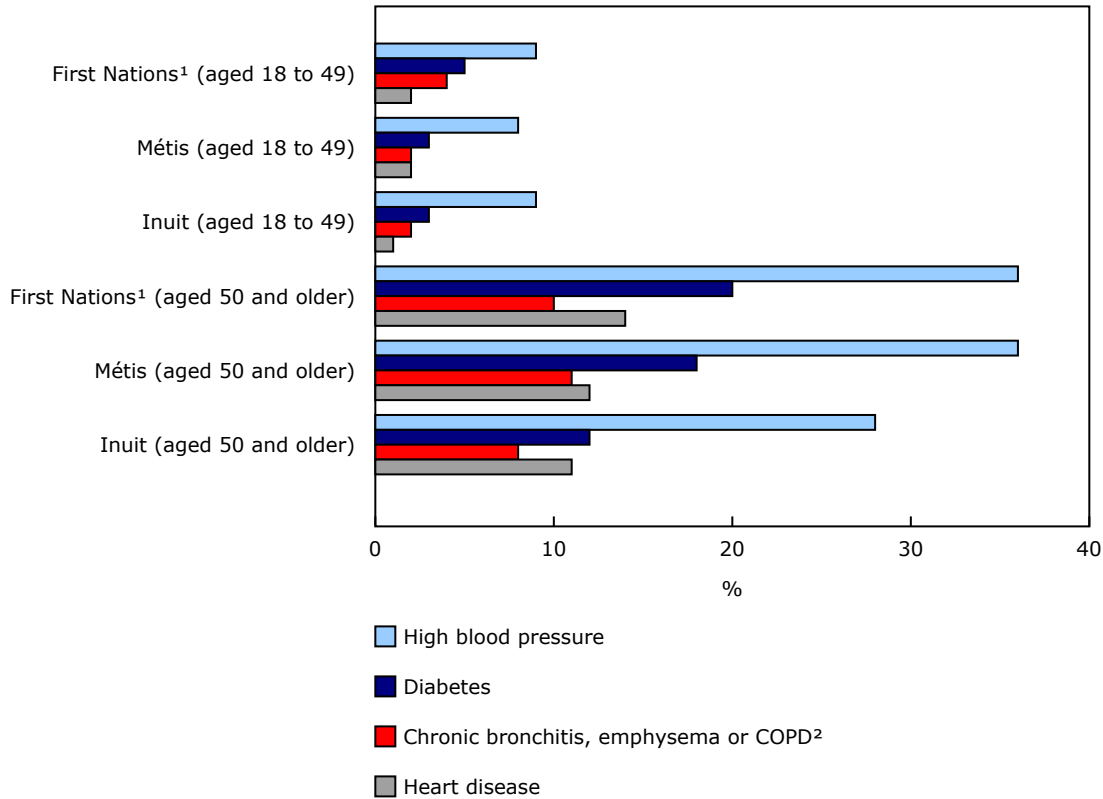
High levels of pre-existing health conditions in the Indigenous population

According to PHAC, older people, people with certain pre-existing health conditions and individuals with weaker immune systems are more at risk of developing complications from COVID-19.

Among First Nations adults aged 50 and older living off reserve, 36% reported having high blood pressure and 20% reported having diabetes. In comparison, 33% of all Canadians aged 50 and older reported having high blood pressure and 14% reported having diabetes.



Chart 1
Proportion of First Nations people living off reserve, Métis and Inuit with selected pre-existing health conditions, by age group, 2017



1. First Nations people living off reserve.
 2. Chronic obstructive pulmonary disease.
 Source(s): Aboriginal Peoples Survey (2350).

Inadequate housing conditions increase vulnerability

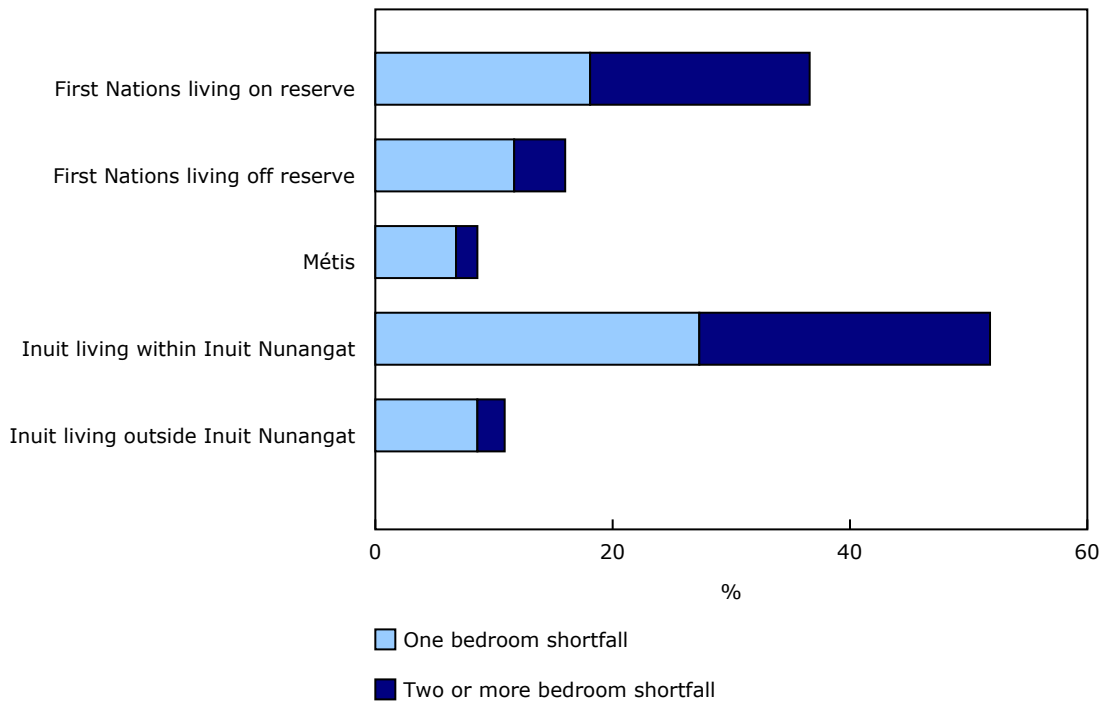
Many Indigenous people, especially those in remote and northern communities, live in inadequate housing. In particular, overcrowding is associated with an increased risk of the spread of infectious diseases.

In 2016, 18.3% of the Indigenous population lived in housing that was considered **unsuitable**, according to the **National Occupancy Standard**. Housing suitability—a measure of crowding—refers to whether the dwelling has enough bedrooms for the size and composition of the household.

Over half (51.7%) of Inuit living in Inuit Nunangat were in housing that was considered unsuitable, including 24.5% who were in housing with at least a two-bedroom shortfall.

Among First Nations people, 23.1% lived in unsuitable housing, and the proportion was much higher on reserve (36.8%) than off reserve (16.0%). In comparison, 8.5% of the non-Indigenous population was living in housing that was considered unsuitable.

Chart 2
Proportion of First Nations, Métis and Inuit living in crowded housing, Canada, 2016

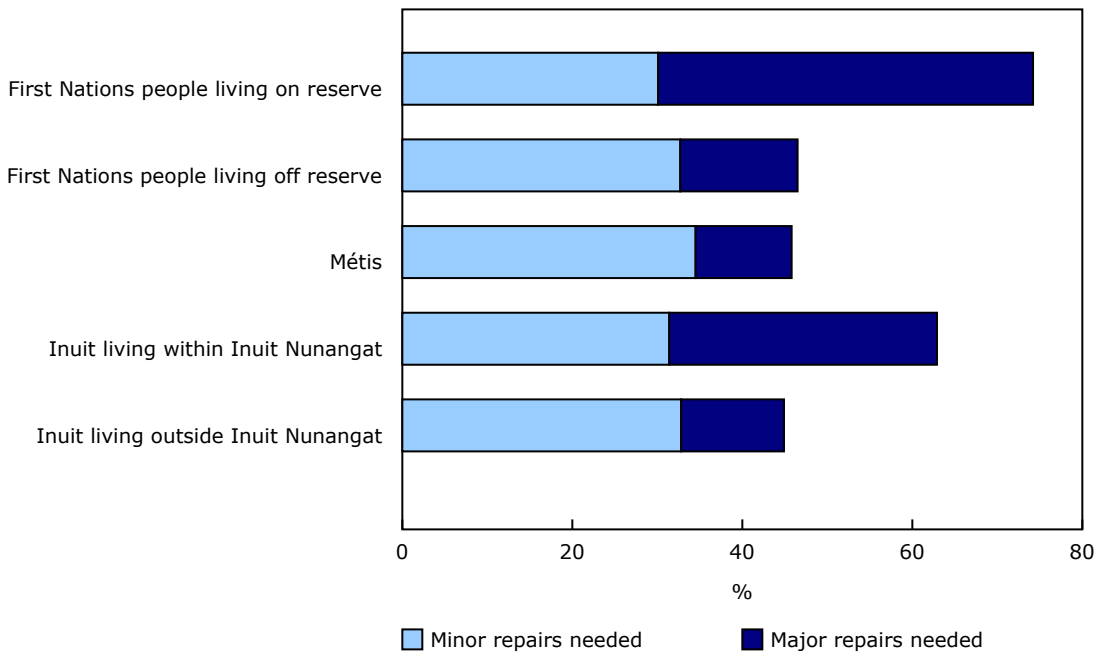


Note(s): A dwelling is considered unsuitable if it does not have enough bedrooms for the size and composition of the household, on the basis of the National Occupancy Standard developed by Canada Mortgage and Housing Corporation.
Source(s): Census of Population (3901).

Additionally, many Indigenous people live in homes in need of major repairs. The physical condition and quality of a home, including the state of repair, plumbing, water access and quality, as well as exposure to allergens and mould, can also be associated with an increased risk of the spread of infectious diseases. People living in homes in need of major repairs may also be more vulnerable in situations of recommended quarantine or self-isolation.

One-quarter of Inuit (26.2%) and First Nations people (24.2%) were living in homes in need of major repairs in 2016. The percentage of homes in need of major repairs was highest among First Nations people living on reserve (44.1%).

Chart 3
Dwelling conditions for First Nations, Métis and Inuit, Canada, 2016



Source(s): Census of Population (3901).

Indigenous families living in multigenerational households may be particularly vulnerable

Many Indigenous families, especially First Nations people living on reserve and Inuit living in Inuit Nunangat, live in multigenerational households. Living arrangements in which grandparents live alongside their children and grandchildren may increase the chances of exposure of older Indigenous adults, an at-risk group for severe COVID-19 symptoms.

Over one-quarter of First Nations people living on reserve (25.4%) and 23.5% of Inuit in Inuit Nunangat lived in multigenerational households in 2016. In comparison, 6.1% of the non-Indigenous population lived in multigenerational households.

The housing statistics presented above refer to the population living in private households. It is important to note that Indigenous people are often overrepresented among those experiencing precarious housing or homelessness (e.g., living in homeless shelters, transitional housing or residential facilities for victims of abuse).

Statistics Canada's commitment to measuring the social impacts of the COVID-19 pandemic

The COVID-19 pandemic will continue to have far-reaching impacts on the well-being of all Canadians. In addition to the health impacts, the economic effects of measures to slow the transmission of COVID-19 (e.g., school and business closures) could have significant impacts on society and on the well-being of Canadians.

Individuals who are already subject to poor socioeconomic conditions (among whom First Nations people, Métis and Inuit are overrepresented) are particularly vulnerable to these impacts.

Statistics Canada will continue to monitor the situation and provide information on a range of topics to shed light on this evolving issue and provide high-quality data to First Nations, Métis and Inuit communities.

Note to readers

Information on the increased risk of the spread of infectious disease associated with overcrowding among Indigenous people was taken from the National Collaborating Centre for Aboriginal Health report (2017), [Social Determinants of Health: Housing as a Social Determinant of First Nations, Inuit and Métis Health](#).

*Information on Indigenous people living in homeless shelters was taken from Belanger, Y., Awosoga, O., Weasel Head, G. (2013). "Homelessness, urban Aboriginal people, and the need for a national enumeration." *Aboriginal Policy Studies*. Volume 2, Number 2.*

Definitions, data sources and methods: survey numbers [3250](#) and [3901](#).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; STATCAN.infostats-infostats.STATCAN@canada.ca) or Media Relations (613-951-4636; STATCAN.mediahotline-ligneinfomedias.STATCAN@canada.ca).