

Press Release

***** Under Embargo until July 18, 2019*****

First Nations people should be allowed to retire

Today's release of the first ever analysis of the mortality experience of First Nations on the North Shore of Lake Huron found that over half of all community members are robbed of their right to retire. 53% of community members die before they reach the age of 65 (compared to 22% for Ontario overall).

Batchewana First Nation, July 18, 2019 - Maamwesying North Shore Community Health Services together with its member First Nations is releasing the first ever analysis of the mortality experience of community members. The full report will be available here on July 18, 2019: www.maamwesying.ca

The report fills important information gaps that will help community leaders prioritize and manage health services that address their most important health issues. Key findings of the report include:

- Our community members are more than twice as likely to die before retirement age, than Ontario overall. 53% of our community members die before age 65 compared to 22% for Ontario overall.
- The most common causes of death among our community members are deaths due to
 - Circulatory causes such as heart attacks and strokes. Our mortality rate due to circulatory deaths are 20% higher (or 1.2x) the Ontario average.
 - Cancers where our mortality rate is about the same as the Ontario average.
 - Injuries where our mortality rate is 130% higher (or 2.3x) the Ontario average.
 - Diabetes where our mortality rate is 290% higher (or 3.9x) the Ontario average.
- Despite the young age at which our community members are dying we still find that 58% of our community members have 4 or more chronic conditions when they die. We need to focus not just on living longer but living healthier. We are particularly concerned about three chronic conditions:
 - 47% of our community members have a history of diabetes when they die compared to 28% for Ontario overall.
 - 30% of our community members have a history of mental illness when they die compared to 23% for Ontario overall. When we look at addictions and substance use as a subset of the mental illnesses we find that 21% of our community members have a history of addictions or substance use compared to 8% for Ontario overall.
 - 22% of our community members have a history of kidney failure compared to 17% for Ontario overall.
- In general, our community members tend to have fewer chronic conditions when they die. Unfortunately, this is mostly because our community members are dying before they are old enough to get many of the chronic conditions that are common across Ontario.



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These results use data collected between 1992 to 2014. The analysis was done in collaboration with the Institute for Clinical Evaluative Sciences and Laurentian University using advanced analytical methods that link population and administrative data sets that are not available to most organizations. The Indian Registry System was used to identify all registered band members and compile their death certificate data, Ontario Health Insurance Plan (OHIP) billing data, hospital discharge, and ambulatory care data to provide our communities with the quantitative data we need to more effectively manage our health services.

These numbers confirm the health priorities communities see and live with on a day to day basis. Communities are already working to address the findings of this report with innovative approaches such as working with local hospitals to identify and address instances of institutional racism that could create barriers for community members to access health services. We are also seeing results. Some young families are taking an interest in healthy eating and active living but far more are not. This gives us some hope but we must do more and we must do it now.

Calls to Action

This report highlights that we need to do even more. We call upon local partners, Provincial and Federal Ministries to support our goals of:

1. Establishing residential and day treatment services as well as youth-focused land based programming for addictions at the community level to remove barriers to care.
2. Evaluating local prescribing practices to ensure they are not contributing to existing addictions challenges.
3. Community injury prevention through locally accessible drivers training to reduce road traffic accidents, swimming lessons to reduce drowning deaths, and initiatives focused on safe operation of all-terrain vehicles (ATV) and snowmobiles.
4. Integrated childhood obesity programming to prevent diabetes. This includes collaboration between nutrition educators, cultural workers, and recreation programming for land-based activities.
5. Evaluating existing chronic diseases and mental health programs to determine if they are achieving results and make sure we are using those resources to achieve the greatest health benefit.
6. We ask that funding partners are flexible in their calls for proposals. Our needs are unique and different from the rest of Ontario. Too many funding opportunities are designed for the needs of non-Indigenous communities and do not have the flexibility to support the services of our communities need. For example; the Province announced new investments for establishing senior dental clinics across Ontario. The eligible age criteria is set at 65 years and older. Over half our community members do not live to the age of 65. We need the age eligibility criteria lowered to at least 50 years.
7. Building the infrastructure, we need to evaluate our programs so we can continuously improve them. This means collecting program level data so we can tell whether our programs are working. It means developing the processes to analyze and interpret program evaluation data. It means having the human resources to carry out such specialized work.
8. We ask the two levels of government to adequately resource, commit and work collaboratively with our North Shore Tribal Council First Nation governments to support our health transformation project to address jurisdictional and health equity barriers.

Quotes:

“What these numbers do not tell us is the deep human impact on our communities. Every retirement stolen is a community that is robbed of a leader, a sister, a parent, a grandparent, a teacher, an elder or all of the above. When I think that over half our population will not get to retire I realize that this touches us all. We need to take action today to make sure that our young people are not robbed of their right to retire.” Gloria Daybutch, Executive Director, Maamwesying North Shore Community Health Services.

“This is the first time we have ever had access to this data but it is not new or surprising to us. We know the challenges we face in our communities because we live with the challenges daily. This report reminds me of the importance of the work my team does. It also makes me very sad. I once advocated to establish a pension plan for my team members. This report reminds me that very few people will be lucky enough to use that pension.” Fern Assinewe, Community Wellness Director, Sagamok Anishnawbek First Nation

About Us

Maamwesying North Shore Community Health Services <http://maamwesying.ca/> serves 11 First Nations communities and one Indian Friendship Centre through our N'Mninoeyaa Health Access Centre. Our Baawaating Family Health Clinic provides services primarily to our off-reserve population residing in Sault Ste. Marie as well as to non-Aboriginal local residents.

Maamwesying is a founding member of the Ma mow Ahyamowen partnership www.mamowahyamowen.ca together with nine other First Nations governed organizations from across Northern Ontario. The report released today is a result of our work together.

For further information or to arrange interviews please contact:

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