

Media Backgrounder

Prevention System Quality Index: Health Equity Focus on First Nations, Inuit and Métis Peoples

About the report

The [Prevention System Quality Index: Health Equity](#) report follows the [2016 Prevention System Quality Index](#). The report focuses on four risk factors for cancer – tobacco use, alcohol consumption, unhealthy eating and physical inactivity – using a health equity perspective.

Cancer Care Ontario's Prevention System Quality Index monitors system-level policies and programs that can reduce cancer risk factors and exposures in Ontario and identifies opportunities to strengthen the cancer prevention system. It aims to inform work by public health experts, policy-makers, policy-influencers and program planners in governments, non-governmental organizations and local public health agencies across all sectors.

A major focus of *Prevention System Quality Index: Health Equity* is on First Nations, Inuit and Métis in Ontario who face health inequities rooted in colonialism, racism and social exclusion. Cancer Care Ontario's [Path to Prevention—Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis](#) report makes recommendations for policies and programs that address the unique needs of First Nations, Inuit and Métis populations, and these are highlighted in the *Prevention System Quality Index: Health Equity* report.

Health equity

Health equity is achieved when everyone can reach their full health potential no matter where they live, what they have or who they are. Health inequities are differences in health that are systematic, avoidable and unfair. People facing health inequities have greater health risks and poorer health outcomes.

Cancer in First Nations, Inuit and Métis

First Nations, Inuit and Métis peoples have a higher prevalence of several cancer risk factors, higher age-standardized cancer mortality (death) rates, rising rates of cancer incidence (new cases) and poorer cancer survival than non-Aboriginal Ontarians.

Key statistics

- The most recent published information indicates that from 1991 to 2010, lung, colorectal, kidney and cervical cancer incidence rates were all higher in the First Nations population, compared to other people in Ontario. First Nations women had higher incidence of all cancers combined than non-First Nations women. The First Nations population also had poorer cancer survival than the rest of Ontario.
- From 1991 to 2001, Métis women across Canada had higher rates of cancer death overall than non-Aboriginal women.
- Inuit living in Inuit Nunangat (the Inuit homeland across the Canadian Arctic) are more likely to be diagnosed with lung and colorectal cancer than other Canadians, and less likely to be diagnosed with breast and prostate cancer. There is very little information on cancer burden in Inuit living in Ontario.

Key report findings for First Nations, Inuit and Métis populations

Culturally relevant policies and programs that are developed together with First Nations, Inuit and Métis communities are required to reduce risk factors and health inequities.

Commercial tobacco:

- First Nations, Inuit and Métis populations have higher smoking rates than non-Aboriginal Ontarians.
- During 2007–2013, 50 percent of First Nations adults living on-reserve and 43 percent of First Nations adults living off-reserve smoked, which was higher than for non-Aboriginal Ontarians (22 percent). Almost one-third of on-reserve First Nations adolescents smoked, which is seven times higher than non-Aboriginal adolescents.
- Despite a decrease in the percentage of Métis people who reported smoking from 2007 to 2014, smoking rates remained much higher than in the non-Aboriginal population.
- Inuit were more likely to smoke than non-Aboriginal Ontarians and those living in Inuit Nunangat had the highest smoking rates of all Inuit adults (74 percent).
- Inuit and Métis people are more likely to be exposed to second-hand smoke than non-Aboriginal Ontarians.

Alcohol:

- On-reserve First Nations adults and Inuit adults living in Inuit Nunangat (traditional Inuit homeland) are more likely to abstain from alcohol than non-Aboriginal Ontarians; however, First Nations, Inuit living in Inuit Nunangat and Métis populations have higher rates of binge drinking than non-Aboriginal Ontarians.

Healthy eating:

- First Nations adults are more likely to experience food insecurity (i.e., poor access to nutritious food because of limited household financial resources) than non-Aboriginal Ontarians. During 2007–2014, about one-third of First Nations adults living on-reserve were in moderately food insecure households, compared to 14 percent of adults living off-reserve and 5 percent of non-Aboriginal adults. About 15 percent of First Nations people living on-reserve reported their household as being severely food insecure, compared to 6 percent of First Nations adults living off-reserve and only about 1 percent of non-Aboriginal Ontarians.
- Métis households also have higher rates of food insecurity. During 2007–2014, a higher percentage of Métis people in Ontario lived in food insecure households than non-Aboriginal Ontarians (21 percent vs. 12 percent).
- Inuit have lower rates of food security than non-Aboriginal Ontarians. In 2012, a lower percentage of Inuit living in Ontario (67 percent) and in Inuit Nunangat (47 percent) reported that their household was food secure than non-Aboriginal Ontarians (94 percent).

Physical activity:

- On-reserve First Nations adults have higher rates of physical inactivity than non-Aboriginal Ontarians.

A full copy of the *Prevention System Quality Index: Health Equity* report is available [here](#). More detailed risk factor data on First Nations, Inuit and Métis populations can be found in reports published by Cancer Care Ontario and partner organizations [here](#). The *Path to Prevention—Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* report is available [here](#).

About Cancer Care Ontario:

Cancer Care Ontario equips health professionals, organizations and policy-makers with the most up-to-date cancer knowledge and tools to prevent cancer and deliver high-quality patient care.

It does this by collecting and analyzing data about cancer services and combining it with evidence and research that is shared with the healthcare community in the form of guidelines and standards. It also monitors and measures the performance of the cancer system, and oversees a funding and governance model that ties funding to performance, making healthcare providers more accountable and ensuring value for investments in the system.

Cancer Care Ontario actively engages people with cancer and their families in the design, delivery and evaluation of Ontario's cancer system, and works to improve the performance of Ontario's cancer system by driving quality, accountability, innovation and value.

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