



# *The Health of Aboriginal Populations in Montréal*

Produced by Direction régionale de Santé publique de Montréal

The Health of Aboriginal Populations in Montréal  
Produced by Direction régionale de santé publique de Montréal  
CIUSSS du Centre-Sud-de-l'Île de Montréal

1301 Sherbrooke east  
Montréal, Québec  
H2L 1M3  
514 528-2400  
santemontreal.qc.ca

Author:  
Maude Landry  
(Maude Landry declares that she has no conflict of interest)

Collaborators:  
Emily Shallhorn  
Marie-Pierre Markon  
Vicky Springmann  
Bruno Thibert  
James Massie  
Marie Pinard  
Samuel Montiège  
Marie-Andrée Authier  
Marie-France Raynault

We would like to thank the experts consulted at different stages of this publication.  
Their names are listed in the appendix.

Graphic design: Linda Daneau

The mural [White Supremacy Is Killing me](#) was created for the Voix insoumises/Unceded Voices festival (13-21 August 2017), an Indigenous and women of colour street art convergence.

**JESSICA SABOGAL** is a first generation Colombian American muralist who believe in the right to women's own liberation, unbounded by man-made borders, white supremacy, misogyny and xenophobia. The artist continuously pushes the boundaries by utilizing her medium for social change, action and empowerment.

This document is also available: [drsp.santemontreal.qc.ca](https://drsp.santemontreal.qc.ca)

© Gouvernement du Québec, 2020

ISBN: 978-2-550-85877-5 (En ligne)  
Dépôt légal  
Bibliothèque et Archives nationales du Québec, 2020  
Bibliothèque et Archives Canada, 2020

# Message from the Director

The mission of Montréal's regional public health department is to improve the health and well-being of Montrealers while reducing observable health inequalities in the population. As such, the public health department was spurred into action by the findings of the Truth and Reconciliation Commission (TRC), which recommended in 2012 to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities.

Among Québec's cities and municipalities, most people who self-identify as Aboriginal live in Montréal. As is the case elsewhere in the country, Aboriginal populations generally live in less favourable socioeconomic conditions than the rest of the population, and this has impacts on their health and well-being. Over the past few years, the public health department has released publications on the topics of persistent inequalities, housing problems, poverty and some of the difficult social conditions in which Aboriginal people live.

With this health profile, the public health department wants to move forward and answer the TRC's call to action. Although currently available information does not allow us to present a complete picture, it is enough to confirm a link between the state of health of Aboriginal people and social inequalities that persist between this population and non-Aboriginal groups.

This document aims to enhance Montrealers' awareness of the presence of Aboriginal people in the city, and to act as a first step in creating a space for discussion and collaboration around the topic of health promotion and Aboriginal people. This health profile was developed in collaboration with field workers from Aboriginal organizations in Montréal. The public health department thanks them for their invaluable contributions.

La directrice de santé publique de Montréal,



Mylène Drouin, M.D.

# Preface

While there has been progress in health, more needs to be done. The current health and social services system still does not adequately meet the realities or needs of First Nations and Inuit in Québec, regardless of where they live.

Several reports, including that of the Truth and Reconciliation Commission of Canada, point out the need to transform current systems to deal with the inequalities that First Nations, Métis and Inuit encounter in Canada. It is obvious that there are shortcomings and that, unfortunately, available data cannot adequately measure results pertaining to health and well-being, in comparison with Québec's population. The solution involves making significant changes in policy and program development.

Results in this portrait present an overview of the situation around which all stakeholders must mobilize and work together. The federal and provincial governments must support the autonomy of First Nations communities and organizations, in a perspective of self-determination and improvement of their well-being. To accomplish this, partnerships must be renewed to provide culturally adapted services.

To conclude, I would like to acknowledge the work of Direction régionale de santé publique de Montréal (DRSP) and its partners, and I look forward to a continued partnership in the future.

*The status quo is no longer an option... It's time to work together to initiate change that will enable us to turn the tide and make sure that the health and quality of life of First Nations change radically.*



A handwritten signature in blue ink, appearing to read 'G. Picard'.

Ghislain Picard,  
Chief of the Assembly of First Nations Québec-Labrador

# Table of content

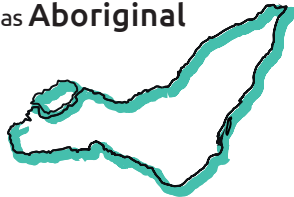
|  |    |
|--|----|
| Message from the Director .....  | 3  |
| Preface .....  | 4  |
| Highlights .....   | 7  |
| Introduction .....   | 9  |
| 1. Aboriginal Peoples in Québec and Canada: Some definitions.....              | 11 |
| Aboriginal peoples in Québec .....   | 12 |
| Aboriginal populations in urban areas .....                                    | 13 |
| 2. Profiles .....  | 14 |
| Considerations about the data .....  | 14 |
| Demographic characteristics of Aboriginal populations living in Montréal ..... | 15 |
| A more educated but poorer population.....                                     | 22 |
| Profile of the health of Aboriginal populations in Montréal.....               | 29 |
| 3. Avenues for Action .....  | 37 |
| Conclusion .....   | 39 |
| Appendix.....  | 40 |
| References .....   | 45 |



# Highlights

Among Quebec's cities and municipalities, Montréal has the highest number of people reporting an Aboriginal identity in the census.

In 2016, **13,000** persons living on the Island of Montréal self-identified as **Aboriginal**

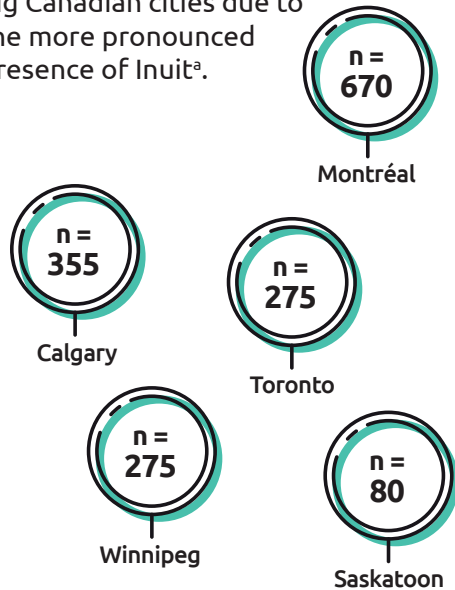


The Aboriginal identity population in Montréal is growing much faster than the non-Aboriginal population.

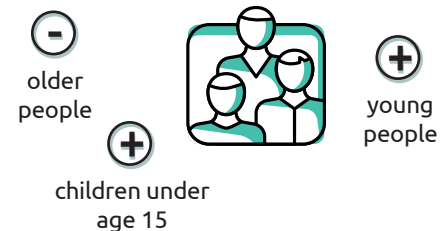
From 1996 to 2016, the overall population on the Island of Montréal grew



Montréal stands out from other big Canadian cities due to the more pronounced presence of Inuit<sup>a</sup>.

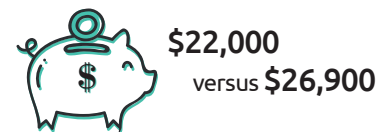


Compared with all Montrealers, the Aboriginal population is younger and has proportionately fewer older people and more young adults. The Inuit identity population also stands out by the number of children under age 15.



There are more Inuit in **Montréal** than in cities like **Calgary, Toronto, Winnipeg** and **Saskatoon** where the numbers of Aboriginal identity populations are higher.

When compared with all Montrealers, people of Aboriginal identity in Montréal have lower median incomes



<sup>a</sup> In this document, the term Inuit is spelled without an 's', since this is the plural form of the word *Inuk*.

Despite having higher education levels than other Aboriginal people in Québec, the incomes of Aboriginal identity people in Montréal are no higher than those of Aboriginal individuals elsewhere in Québec.

**25%** have university degrees in Montréal  
versus  
**11%** in the province as a whole



Currently available data do not suffice to draw a complete portrait of the health of Aboriginal populations living in Montréal. However,



This is similar to the perceptions of Montrealers in the lowest-income group: **45%** of Montrealers in the lowest income quintile have positive perceptions of their health.

The proportion of smokers among Aboriginal people in Montréal is higher than among the city's overall population:



There is no significant difference in excessive alcohol use between Aboriginal people and all Montrealers.



About **33%** of Aboriginal people have had suicidal thoughts in their lifetimes, compared with **9%** among all Montrealers.



When people living in Aboriginal communities in Québec are hospitalized, **1 in 5** is hospitalized in Montréal.





# Introduction

In Canada, the socioeconomic conditions of Aboriginal populations vary. However, most often, they are not as good as those of non-Aboriginal people in general. These less favourable conditions have an impact on health and well-being. Compared to other Canadians, Aboriginal people are more likely to develop chronic illnesses and have lower life expectancies<sup>1,2,3,4</sup>. Among populations living in Aboriginal communities (First Nations and Inuit), health disparities can be attributed to poor housing conditions, poverty and, in some cases, lack of access to essential resources such as safe drinking water and healthy, nutritious food<sup>5,6,7,8,9</sup>.

In Québec, while the health status and living conditions of First Nations and Inuit<sup>a</sup> living in communities are documented<sup>10</sup>, little is known about the situations of those living in urban settings. Nonetheless, various studies reveal that Aboriginal people living in Canadian cities often face poverty, isolation, discrimination and housing problems, and are more likely to experience homelessness<sup>11,12,13,14,15</sup>. According to census data, increasingly more people residing on the Island of Montréal report an Aboriginal identity. This population grew from 8,300 to 13,000 between 2006 and 2016<sup>16</sup>.

In 2012, the Truth and Reconciliation Commission (TRC) called for action to redress past harms inflicted on Aboriginal peoples in Canada<sup>17</sup>. These calls to action include identifying and closing gaps in health outcomes, and recognizing the distinct health needs of off-reserve Aboriginal people. As noted in the Commission's report, historically, social inequalities in health are rooted in federal policies<sup>17</sup>. The legacy of residential schools is reflected in significant disparities in education, income, and health between Aboriginal people and other Canadians<sup>17</sup>.

This document begins with a few contextual elements, followed by a short description of Aboriginal peoples in Québec and Canada. Section 2 focuses on the demographic, socioeconomic and health profiles of Aboriginal identity individuals in Montréal and some causes of social inequalities in health. Section 3 suggests avenues for action to improve the health and well-being of Aboriginal people in Montréal.

---

<sup>a</sup> In this document, the term Inuit is spelled without an 's', since this is the plural form of the word *Inuk*.



# 1. Aboriginal Peoples in Québec and Canada: Some Definitions

The Constitution Act of 1982<sup>18</sup> recognizes **three Aboriginal groups**: First Nations, Métis and Inuit. The broad diversity of Aboriginal peoples is difficult to summarize using only identification with one of the three groups listed above. In Canada, there are between 60 and 80 Nations, and over 630 Aboriginal communities<sup>19,20</sup>. There are also over 70 Aboriginal languages that can be divided into 12 language families<sup>21</sup>. Throughout the country, many Aboriginal persons also identify with the Nation to which they belong.

## First Nations<sup>b</sup>

According to the census, First Nations make up the largest Aboriginal group. Indeed, almost 6 in 10 Aboriginal people in Canada self-identify as First Nations<sup>22</sup>.

**Close to 80% of Aboriginal people in Canada live in Ontario, the Prairie provinces and British Columbia**      **10% live in Québec<sup>22</sup>**

The federal government sets the criteria to determine eligibility for Registered Indian status, in accordance with the Indian Act<sup>23</sup>.

## Métis

The Métis trace their ancestry to the unions between European men and Aboriginal women<sup>25</sup>.

The **Métis** are a distinct cultural group living **mostly in Ontario and in the western provinces<sup>22</sup>**.

Although the ancestral rights of Métis groups have been recognized in the Prairies and Ontario, to date, the Government of Québec has responded negatively to demands to recognize Métis communities in Québec<sup>26</sup>. However, in all provinces and territories, it is possible to self-identify as Aboriginal and Métis in the Canadian census<sup>27</sup>. Métis are included in the analyses since the data used in this profile are mostly from Statistics Canada.

## Inuits

Inuit live in the arctic regions of Nunavik in Québec, as well as in Inuvialuit, Nunavut and Nunatsiavut.

Inuktitut is the most spoken Aboriginal language in Canada<sup>24</sup>.

**In Canada, just over 20% of the Inuit population live in Québec<sup>22</sup>**.

<sup>b</sup> It is now recommended to use the term First Nations rather than “Indian”. The term “Indian” will only be used in this document when referring to legal texts or legal or administrative elements in which the term is still used. National Aboriginal Health Organization. (2005). Glossary Terms. Available at <http://www.ica.h.ca/content/en/glossary/terms>.

## Enfranchisement and loss of status

Since 1867, when the Indian Act was enacted, many people have lost their status against their will. Until 1951, the government could take away Indian status from First Nations people even if they met the criteria outlined in the Act, under the pretext that they were “enfranchised”. For example, simply attending university could result in loss of status. What is more, until 1985, if a status woman married a non-status man, her status was automatically taken away and their children were not entitled to be registered as Indians<sup>28,29</sup>.

## Aboriginal peoples in Québec

There are 10 First Nations in Québec: Abénaki, Algonquin, Attikamekw, Cree, Huron-Wendat, Innu, Maliseet, Micmac, Mohawk and Naskapi, as well as the Inuit nation. In Québec, close to 70,000 people reported a Métis identity in the 2016 census<sup>22</sup>; however the Québec government does not recognize the existence of historic Métis communities in the province<sup>30</sup>. Aboriginal communities in Québec are identified on the map.



Source : Secrétariat aux affaires autochtones du Québec, 2016<sup>26</sup>.

## Aboriginal populations in urban areas

In 2016 in Québec,  
**51%** of people who  
self-identified as Aboriginal  
lived in urban areas<sup>31</sup>.

This is lower than in Canada  
as a whole, where  
**58%** of this population  
live in cities.

According to Statistics Canada, the growing propensity to report an Aboriginal identity could be motivated in part by a wish to acknowledge origins, a more positive perception of Aboriginal identity in broader society, and recent legal decisions that challenge state-imposed criteria defining Aboriginal identity in Canada<sup>32,33</sup>

The increase in population is also partly due to Aboriginal people arriving from other towns or rural communities in Québec. The reasons for moving to the city most often cited by First Nations and Inuit individuals are access to education, employment opportunities, family and better living conditions<sup>34,35,36</sup>. According to some stakeholders, the housing crisis plaguing many First Nations and Inuit communities is due to federal underfunding of social housing<sup>7</sup>. Lastly, some people have to move to cities to access the health care services they need, especially specialized care<sup>36</sup>.

The ODENA Research Alliance has indicated that Aboriginal presence in cities should not be seen as a new phenomenon. Rather, it should act as a reminder that they were the first people to live on lands that are now Canada's big cities, and that they were eventually pushed outside city limits<sup>35</sup>.

## 2. Profiles

The specific characteristics of Aboriginal people in Montréal have an impact on health and service needs. This section presents statistics that provide a profile of this population. Indicators document the growth, social and economic conditions, living conditions and health status of Aboriginal identity populations.

### Considerations about the data

A number of elements limit the capacity of information systems to document urban Indigenous health in Canada<sup>37,38</sup>. Here are a few elements to consider when interpreting the findings contained in this document.

#### Limited availability of health indicators

Currently available data does not suffice to draw a complete portrait of the health of Indigenous populations living in Montréal. The usual sources of information are health administrative data<sup>c</sup>, population health surveys and data from surveillance systems. Among those sources, most don't include a variable that distinguishes Aboriginal individuals from other residents<sup>37</sup>.

However, some health surveys<sup>d</sup> define populations based on Aboriginal identity. But the indicators in those surveys are often produced at the national level only, since statistical limitations challenge the accuracy and validity of results for smaller geographical regions<sup>39,40</sup>. The results presented in this profile don't differentiate First Nations from Métis or Inuit, or various Aboriginal nations living in Montréal. Therefore, since health indicators refer to people who identify as Aboriginal, they don't convey the cultural diversity of this population.

An assessment of the health needs of Aboriginal people in Montréal was published in 2012. Some of the issues addressed in this study were city living, perceived barriers to services, perceived wellness and health, spirituality and maternal and child health<sup>41</sup>.

#### Lower survey participation

Participation rates of Aboriginal people in government surveys are often lower; when they do take part they don't always reveal their Aboriginal identity<sup>37</sup>. Homeless and highly mobile individuals, both of which are overrepresented in Aboriginal populations, are often missed by the census and population health surveys<sup>37</sup>. Health disparities between Indigenous and non-Indigenous people may be underestimated<sup>37</sup>. Findings for socioeconomic and health indicators put forward in this document present a more positive portrait than it actually is.

It is also difficult to accurately estimate the size of Aboriginal populations living in urban areas. Some Aboriginal people are only passing through Montréal or live part-time in the city and in other communities, but don't necessarily identify as residents. They come to the city for varying periods of time to work, study or access services that are not available in their home communities.

<sup>c</sup> Birth, death and hospitalization records.

<sup>d</sup> A variable on Aboriginal identity is available in Statistic Canada's Canadian Community Health Survey. The Aboriginal Peoples Survey is a national survey of First Nations peoples living off reserve, Métis and Inuit.

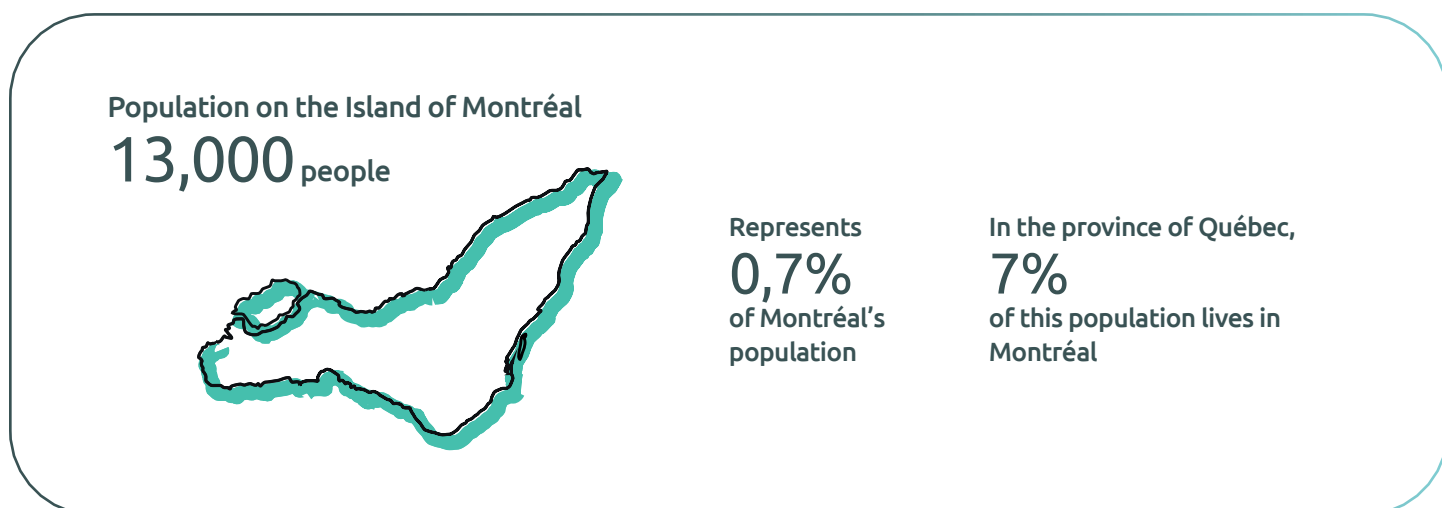
## A population established on a self-identification basis

Data in this document are originally from Statistics Canada's 2016 survey and the 2012 Aboriginal Peoples Survey. The indicators presented cover people who identify as Aboriginal. Self-identification with an ethnic group is a subjective indicator of an individual's cultural affiliation<sup>42</sup>. This definition can vary significantly from one census to another, and evolution of changes over time can be difficult to interpret<sup>42</sup>.

Self-identification also leads to people forming groups where different realities coexist. For example, a First Nation could include individuals registered with a community and others who are not. Among Métis, some people claim a Métis identity while others refer to the more general idea of mixed identities (for example, First Nations and Inuit).

## Demographic characteristics of Aboriginal populations living in Montréal

### Aboriginal identity population in Montréal in 2016



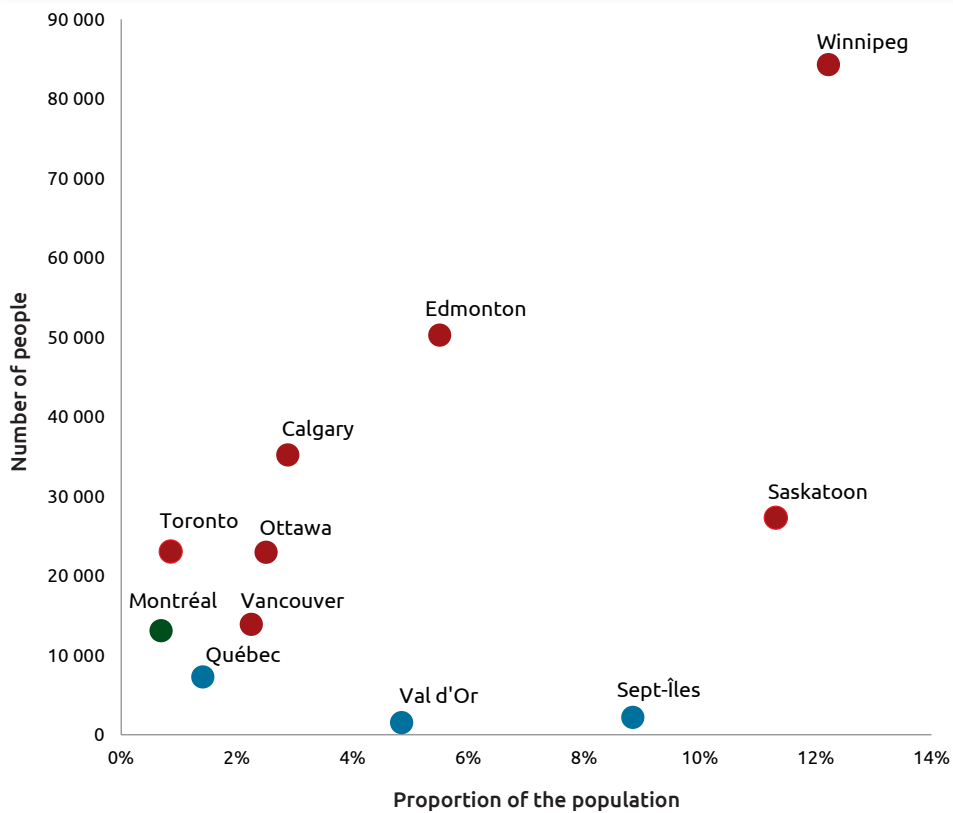
Source: 2016 Census, Statistics Canada

In the 2016 census, 13,000 persons living on the Island of Montréal self-identified as Aboriginal. This represents 7% of the Aboriginal identity population in Québec (183,000 people). In the Montréal metropolitan area, which encompasses neighbouring suburbs, the number climbs to 35,000 people, or close to 20% of Québec's Aboriginal population<sup>22</sup>.

The Aboriginal identity population in Montréal is relatively small, compared with other Canadian cities. However, among Québec's cities and municipalities, the highest number of people reporting an Aboriginal identity in the census were in Montréal (Figure 1).



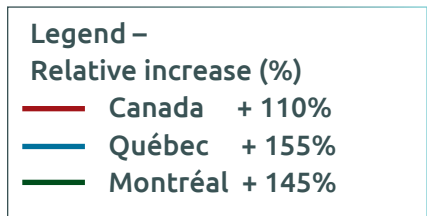
**Figure 1 – Aboriginal Identity Population in some Canadian Cities, 2016**



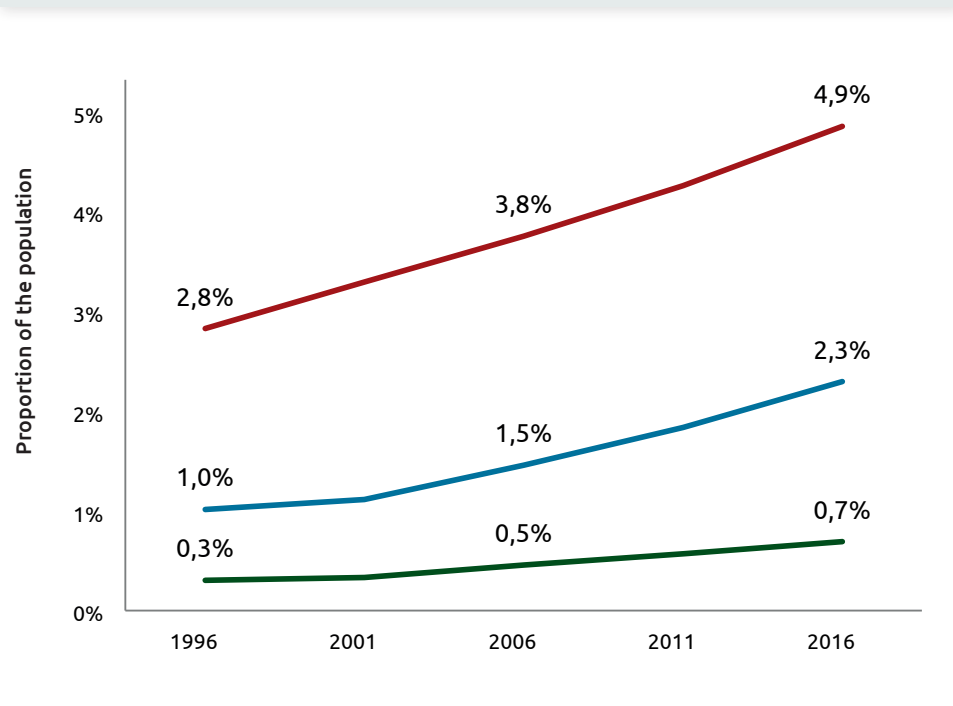
Source: 2016 Census, Statistics Canada

**A growing population**

The Aboriginal identity population in Montréal is growing much faster than the non-Aboriginal population. From 1996 and 2016, the overall population on the Island of Montréal grew by 7%, whereas the Aboriginal identity population increased by 145% (Figure 2). Such growth is not unique to Montréal. For the past four decades in Canada, this group has significantly increased in numbers<sup>43,44</sup>.



**Figure 2 – Evolution of Aboriginal Identity Population, 1996 to 2016**



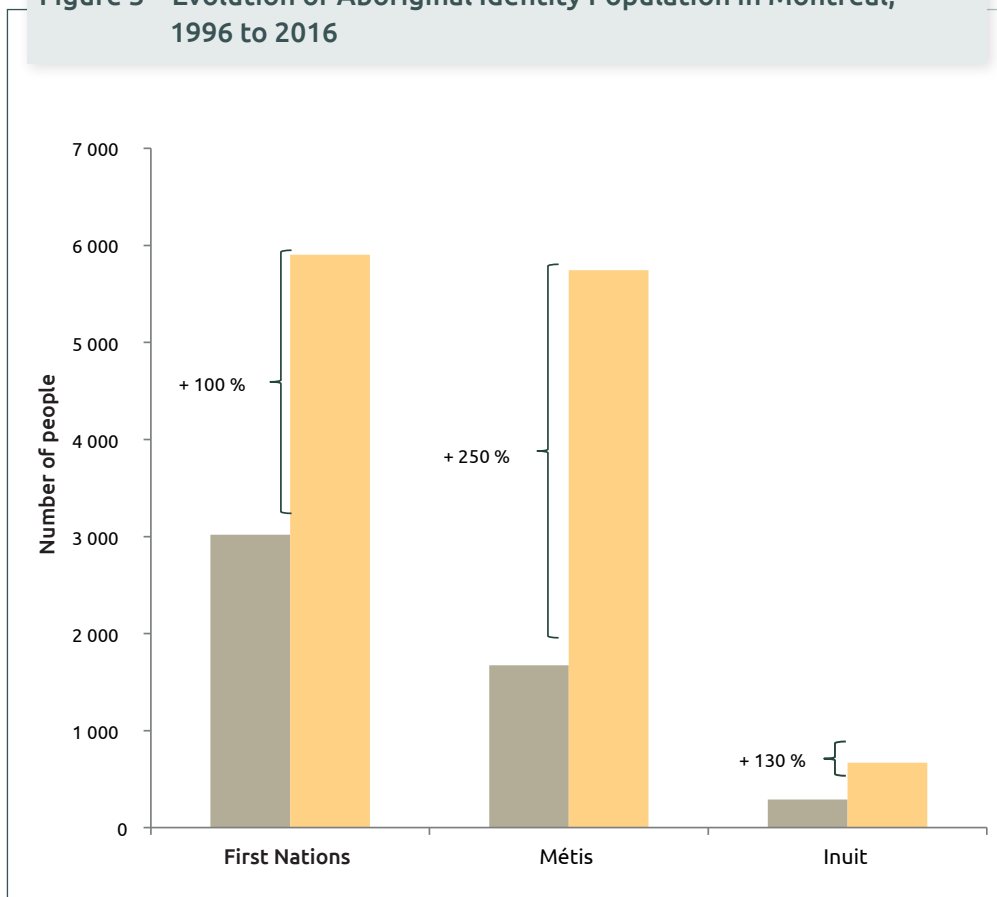
Source: 2016 Census, Statistics Canada



The rise in the Métis identity population is especially pronounced for the period 1996 to 2016. This group alone accounts for over half the increase in the Aboriginal identity population in Montréal. Populations who self-identify as First Nations or Inuit doubled during the same period (Figure 3). According to Statistics Canada, this growth in numbers is partly due the fact that more people are newly identifying as Aboriginal on the census—a continuation of a trend over time<sup>45</sup>.

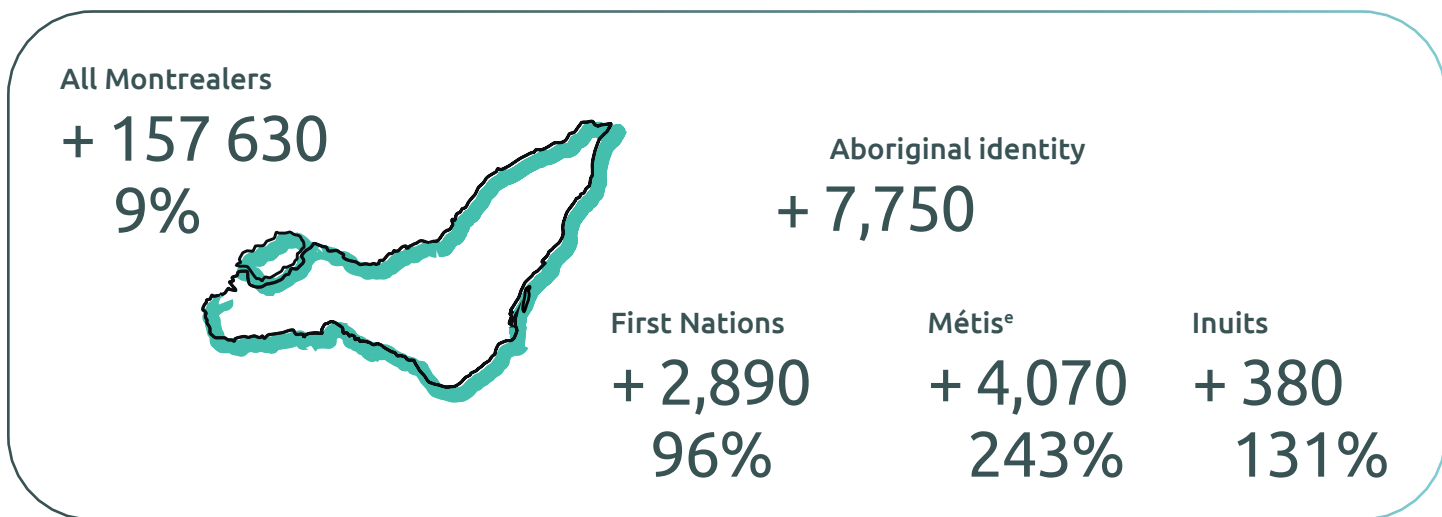


**Figure 3 – Evolution of Aboriginal Identity Population in Montréal, 1996 to 2016**



Source: 2016 Census, Statistics Canada

**Growth from 1996 to 2016 (number and relative %)**



Source: 2016 Census, Statistics Canada

<sup>e</sup> Since Statistics Canada does not distinguish between Métis Nation membership and Métis identity, the term “Métis” is used when referring to the group identified by census data.

## First Nations, Métis and Inuit in Montréal

First peoples' identity is different among the Aboriginal identity population in Montréal than elsewhere in Canada (Figure 4).

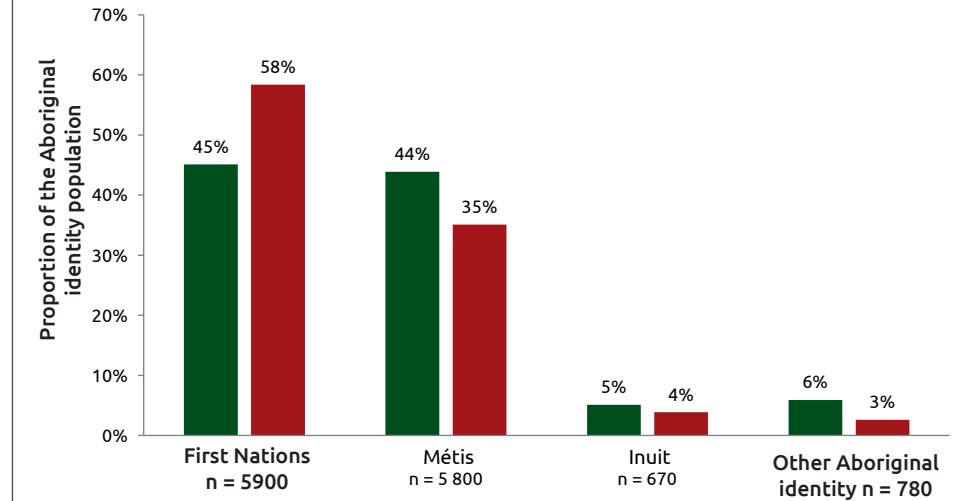
In Montréal :

- a lower proportion of the Aboriginal identity population also identify as First Nations (45% in Montréal versus 58% in Canada);
- a higher percentage report a Métis identity (44% in Montréal versus 35% in Canada).

### Legend –

- Aboriginal identity in Montréal
- Aboriginal identity in Canada

Figure 4 – Aboriginal Identity Population, by Membership in One of Three Groups, 2016



Source: 2016 Census, Statistics Canada

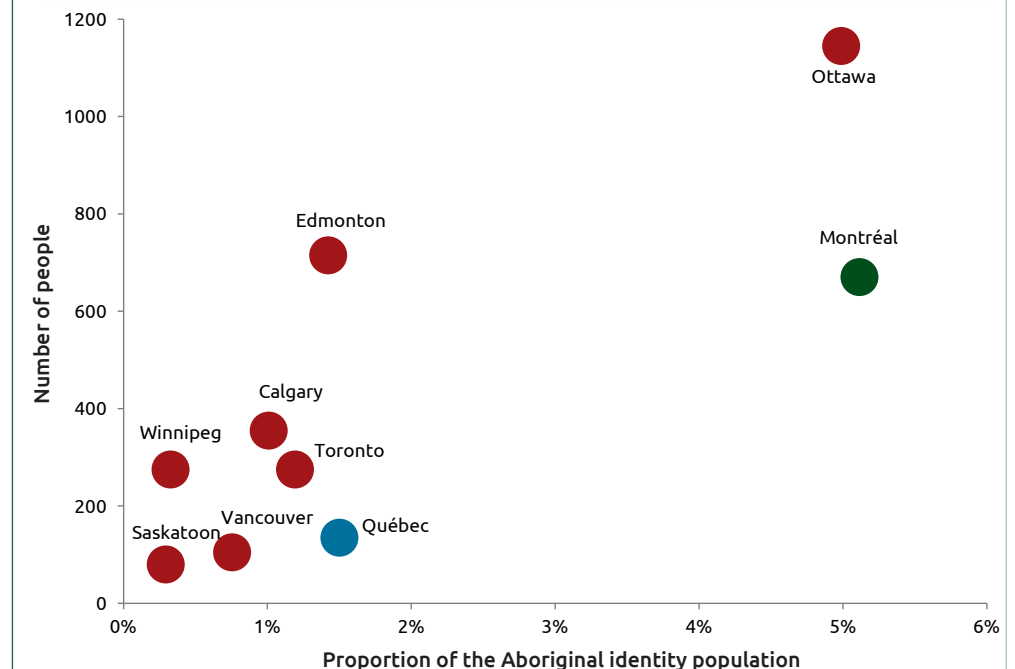
Montréal also stands out from other big Canadian cities with a more pronounced presence of Inuit (Figure 5).

There are more Inuit in Montréal (n=670) than in cities like Calgary (n=355), Toronto (n=275), Winnipeg (n=275) and Saskatoon (n=80), where the numbers of Aboriginal identity populations are higher.

### Legend –

- Canada
- Québec
- Montréal

Figure 5 – Inuit Identity Population in Montréal, 2016

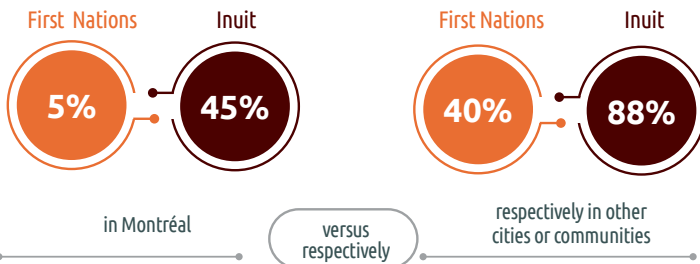


Source: 2016 Census, Statistics Canada

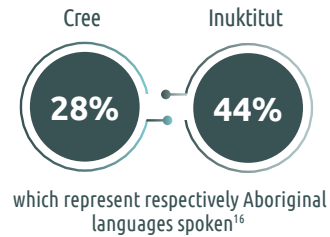
# Aboriginal languages

People in Montréal who self-identify as First Nations or Inuit are less likely to know an Aboriginal language than those living elsewhere in the province.

This is the case for:

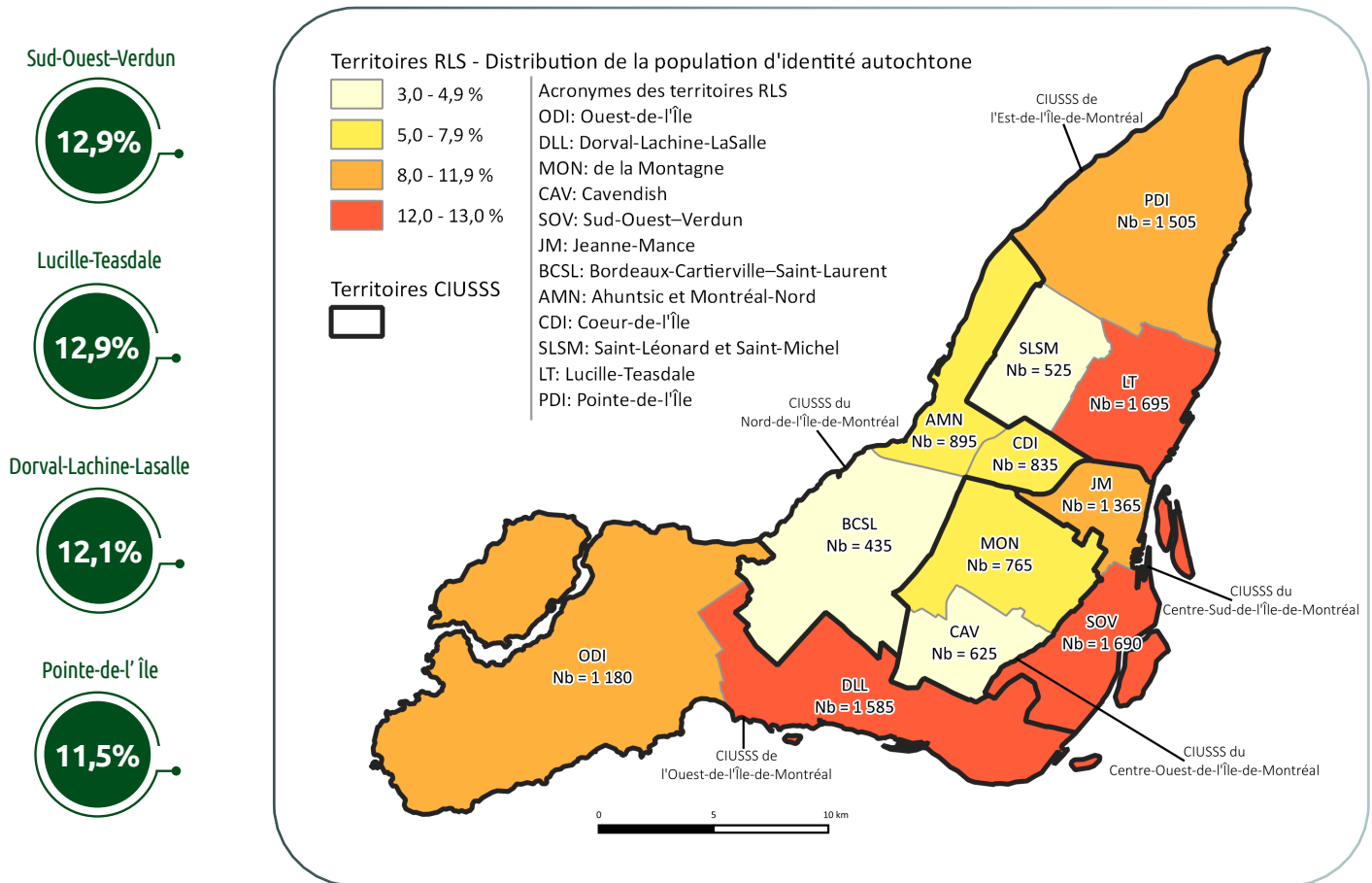


The most commonly spoken Indigenous languages in Montréal are:



## Distribution of Aboriginal Identity Population on the Island of Montréal

In Montréal, half of the Aboriginal identity population lives in 4 territories (RLS)<sup>f</sup>:



<sup>f</sup> RLS (local services networks) correspond to what were previously CSSS territories.

### Distribution (%) of Aboriginal Identity Population by CIUSSS territory<sup>9</sup>

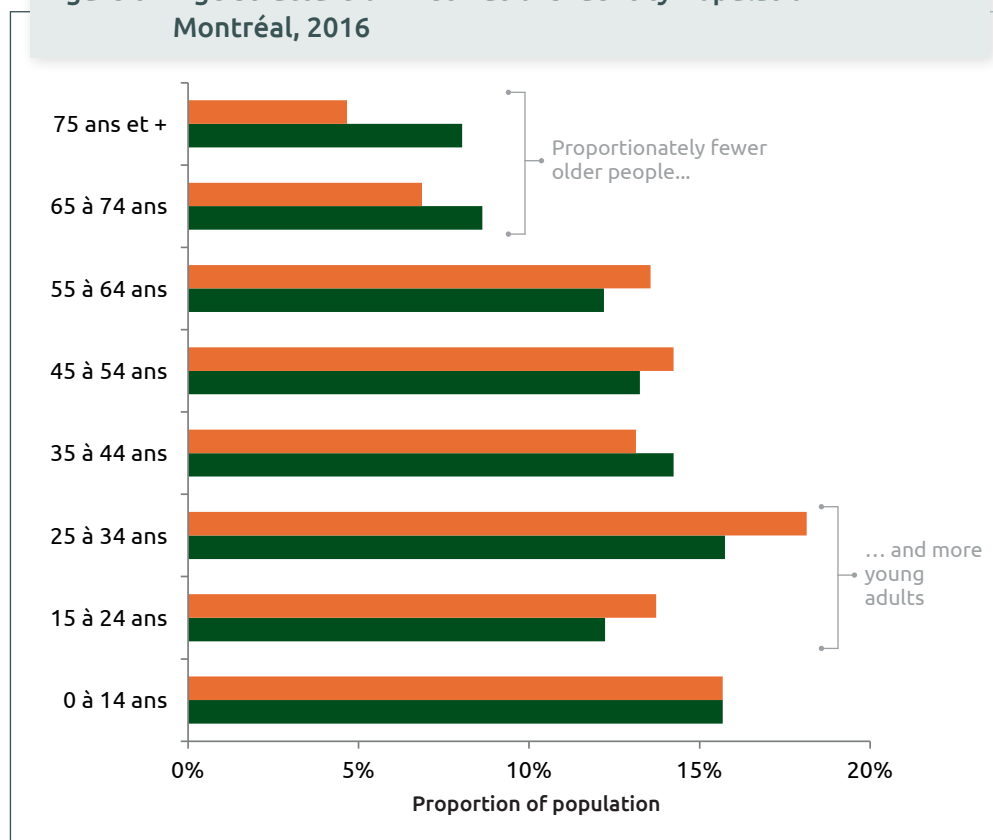
| CIUSSS territories                | Number        | %          |
|-----------------------------------|---------------|------------|
| Ouest-de-l'Île-de-Montréal        | 2,770         | 21         |
| Centre-Ouest-de-l'Île-de-Montréal | 1,395         | 11         |
| Centre-Sud-de-l'Île-de-Montréal   | 3,055         | 23         |
| Nord-de-l'Île-de-Montréal         | 2,160         | 16         |
| Est-de-l'Île-de-Montréal          | 3,725         | 28         |
| <b>Montréal RSS</b>               | <b>13,100</b> | <b>100</b> |

Source: 2016 Census, Statistics Canada

### A relatively young population

Compared with Montréal's total population<sup>h</sup>, there are proportionately fewer older Aboriginal people and more young Aboriginal adults (Figures 6,7 and 8). The Inuit identity population also stands out by the high number of children under 15 (Figure 8).

Figure 6 – Age Structure of First Nations Identity Population in Montréal, 2016



Source: 2016 Census, Statistics Canada

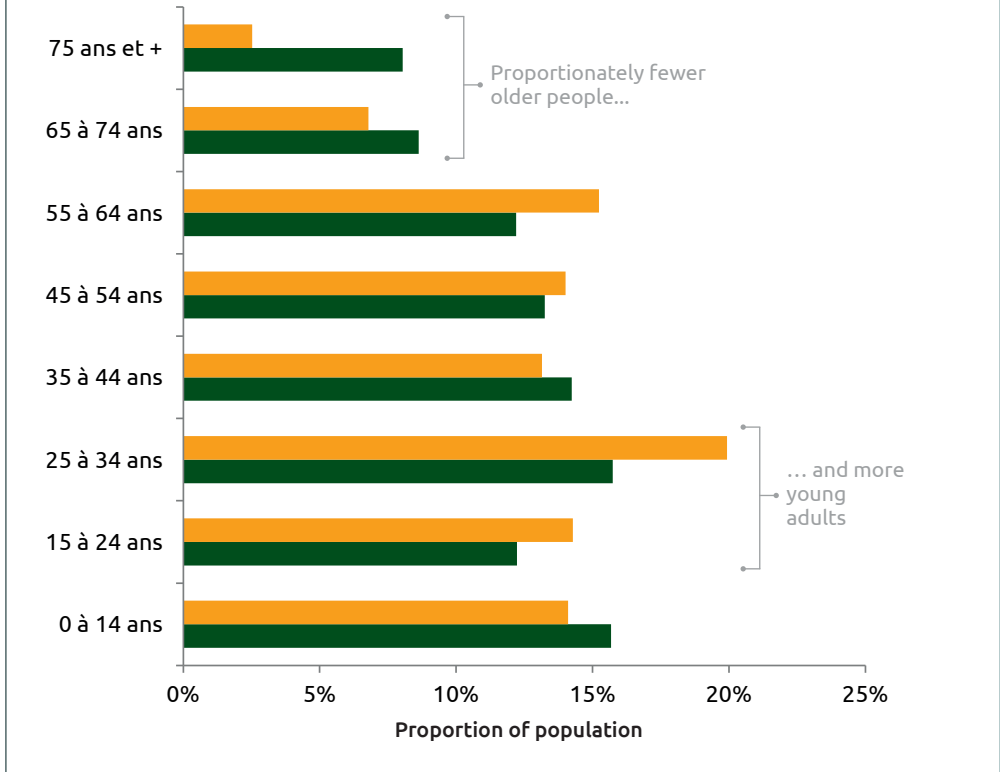
Legend –

- First Nations
- Montréal's total population

<sup>9</sup> CIUSSS: Integrated university health and social services centre.

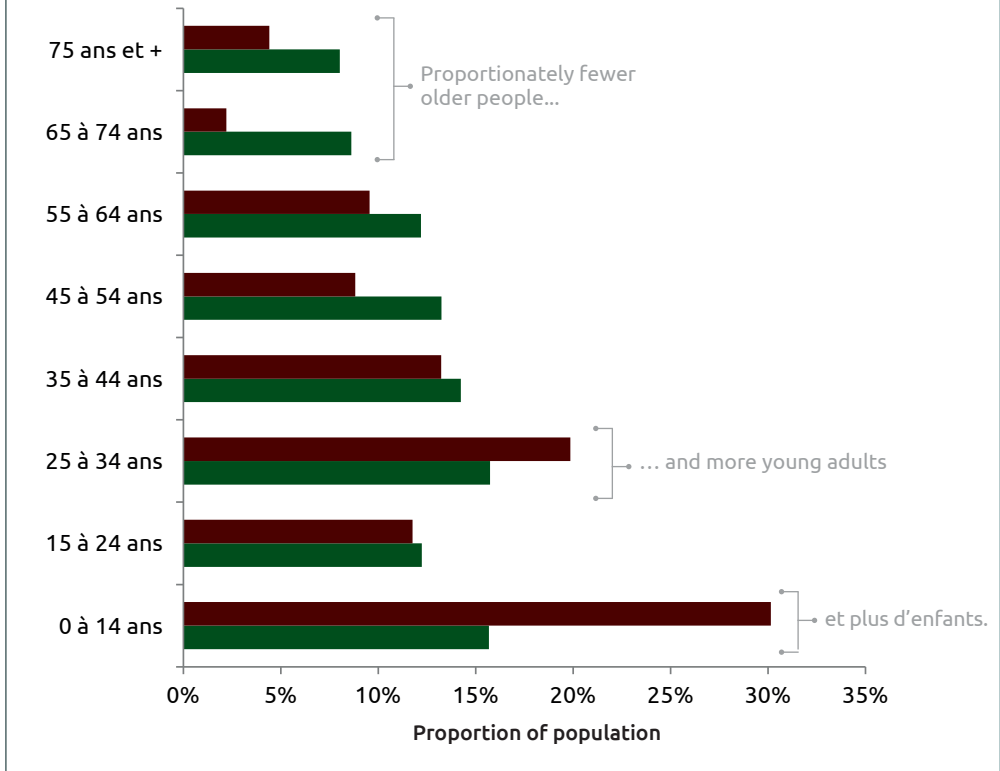
<sup>h</sup> "Montréal's total population" includes all people living on the Island of Montréal, including those of Aboriginal identity.

**Figure 7 – Age Structure of Métis Identity Population in Montréal, 2016**



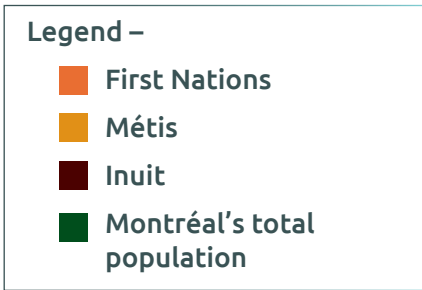
Source: 2016 Census, Statistics Canada

**Figure 8 – Age Structure of Inuit Identity Population in Montréal, 2016**

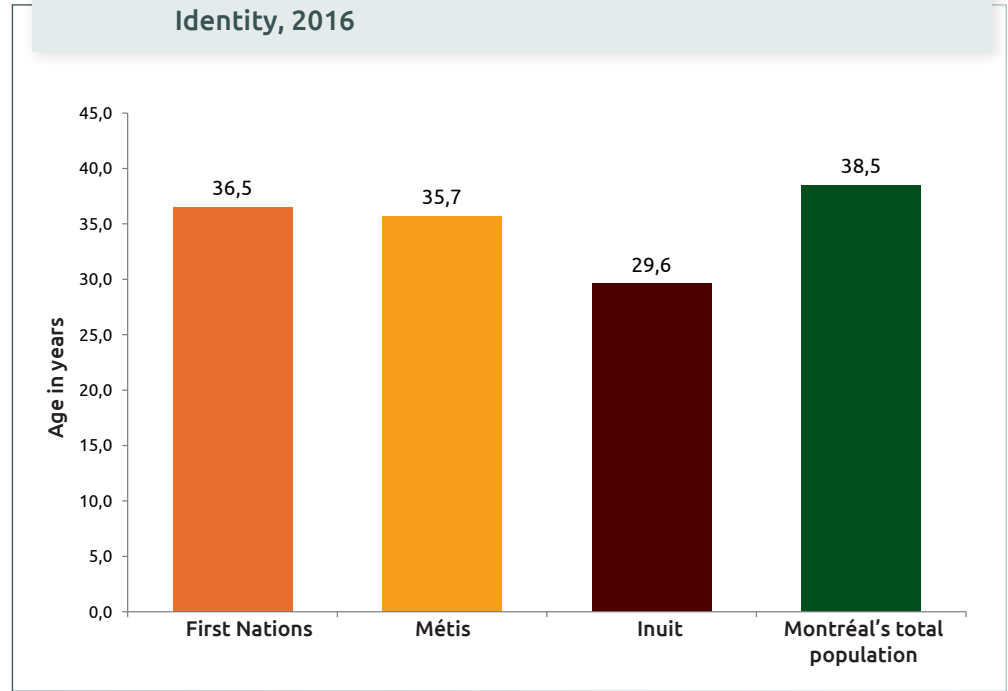


Source: 2016 Census, Statistics Canada

As illustrated in the age structures, Aboriginal identity populations in Montréal are younger than the population as a whole. Therefore, the median ages of Aboriginal identity populations are relatively lower (Figure 9). The Inuit are particularly young, with an average age of just under 30.



**Figure 9 – Median Age of the Population in Montréal by Aboriginal Identity, 2016**



Source: 2016 Census, Statistics Canada

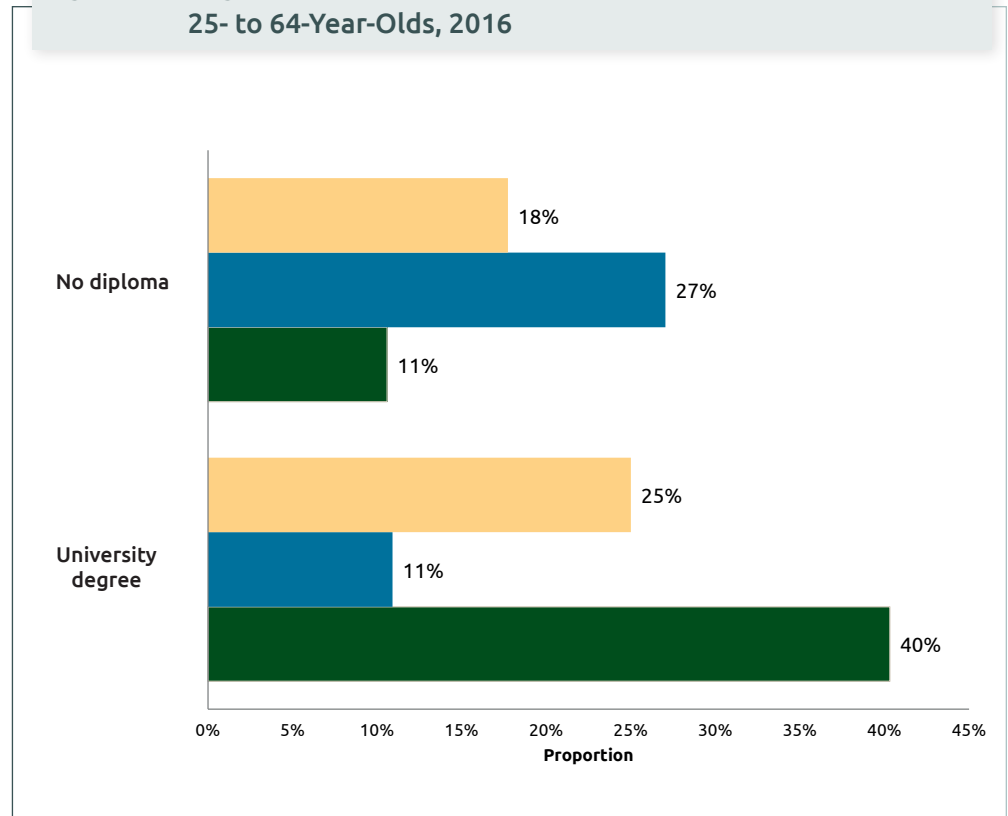
## A more educated but poorer population

In terms of education, in general, Aboriginal identity individuals in Montréal are more educated than those living elsewhere in Québec. Proportionately fewer have no diploma, and more of them are likely to have a university degree (Figure 10).

However, data also show gaps in education still exist when compared with Montréal's total population.



**Figure 10 – Highest Level of Education Attained, 25- to 64-Year-Olds, 2016**



Source: 2016 Census, Statistics Canada

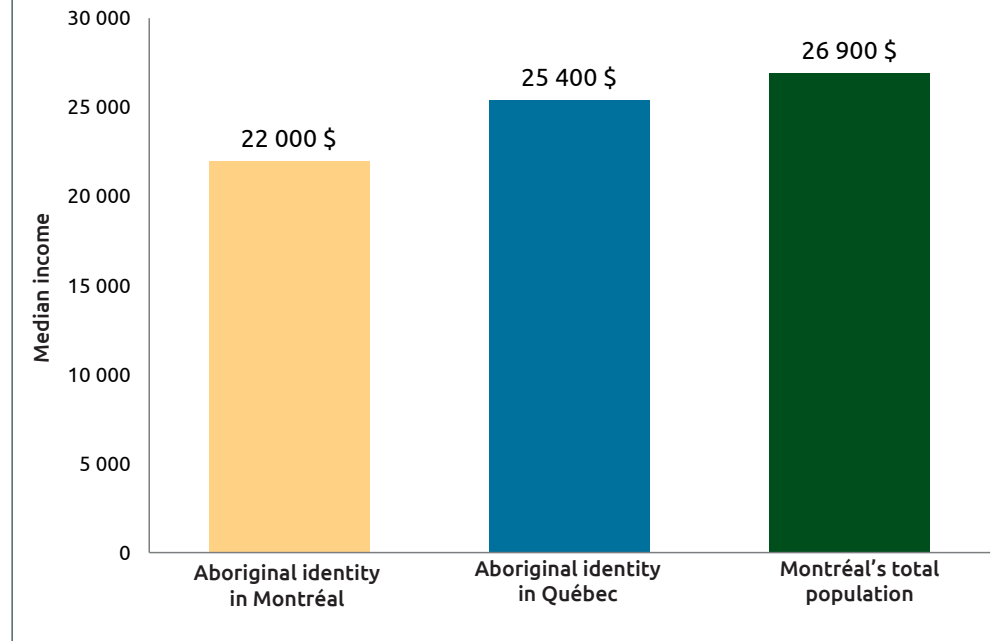
Despite their higher education levels, the economic situation of Aboriginal identity individuals in Montréal is no better than that of Aboriginal people living elsewhere in the province, whether in other cities or in Aboriginal communities. Findings from studies conducted in other big Canadian studies show that a high proportion of Aboriginal populations in large urban centres live in poverty<sup>46,47,48</sup>. While some Aboriginal people are educated and employed, others are marginalized and have difficulty entering the workforce<sup>49,50,51</sup>.

When compared with Montréal's total population and Aboriginal identity populations living elsewhere in Québec, people of Aboriginal identity in Montréal have lower incomes and proportionately more of them live below the low-income measure (Figure 11 and 12). However, Aboriginal identity populations have similar unemployment rates, whether they live in Montréal or elsewhere in Québec (Figure 12).

**Legend –**

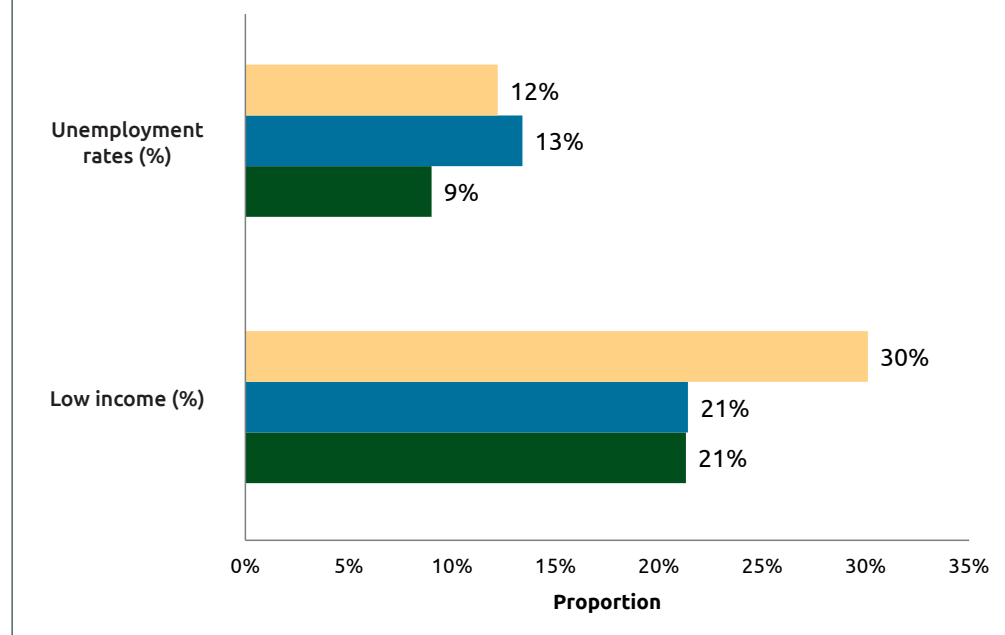
- Aboriginal identity in Montréal
- Aboriginal identity in Québec
- Montréal's total population

**Figure 11 – Median After-Tax Income, People Aged 15 and Over, 2015**



Source: 2016 Census, Statistics Canada

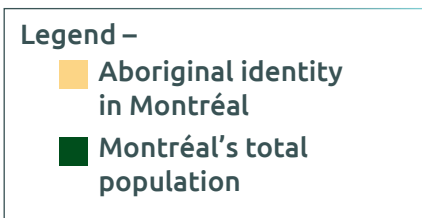
**Figure 12 – Low-Income Measure After Tax (LIM-AT) and Unemployment Rate, 2015 and 2016**



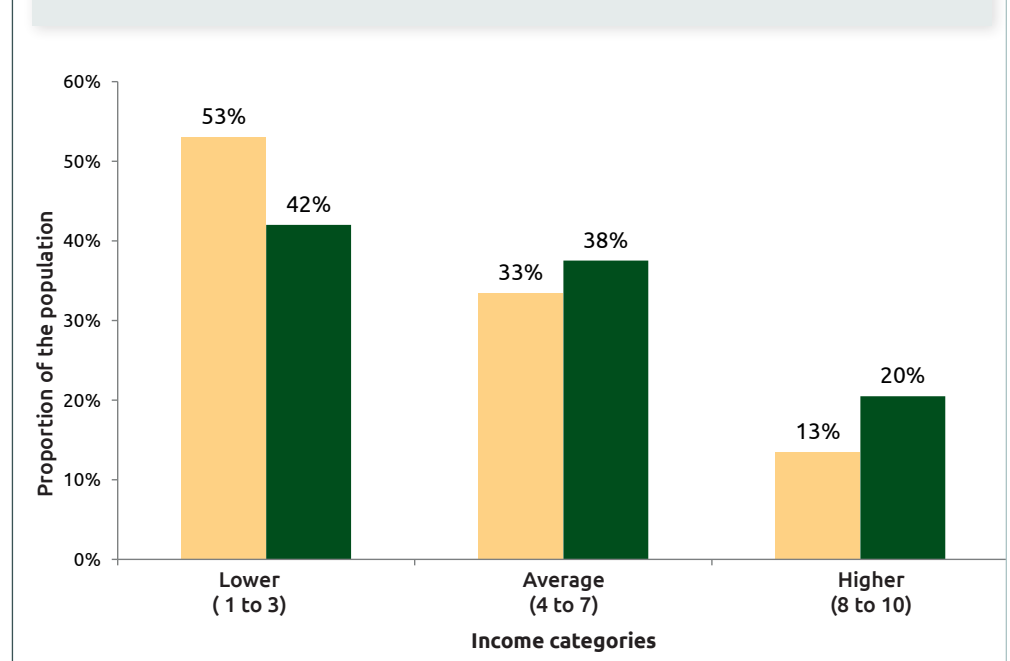
Source: 2016 Census, Statistics Canada

<sup>i</sup> Statistics Canada's Low Income Measure (LIM) threshold is one half of the median income of the total population. Income is adjusted according to the size and composition of family units.

In Montréal, the proportion of the Aboriginal identity population with an “average”<sup>j</sup> income is comparable to that of all Montrealers. However, Aboriginal identity populations are more likely to be in lower income categories and less likely to be in higher income ones (Figure 13).



**Figure 13 – Distribution of Population by Income Category, 2015**

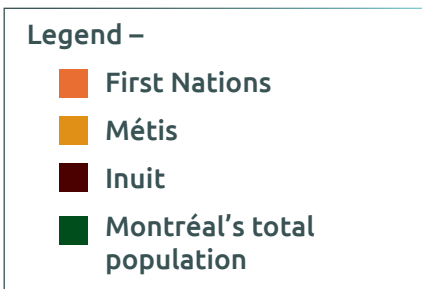


Source: 2016 Census, Statistics Canada

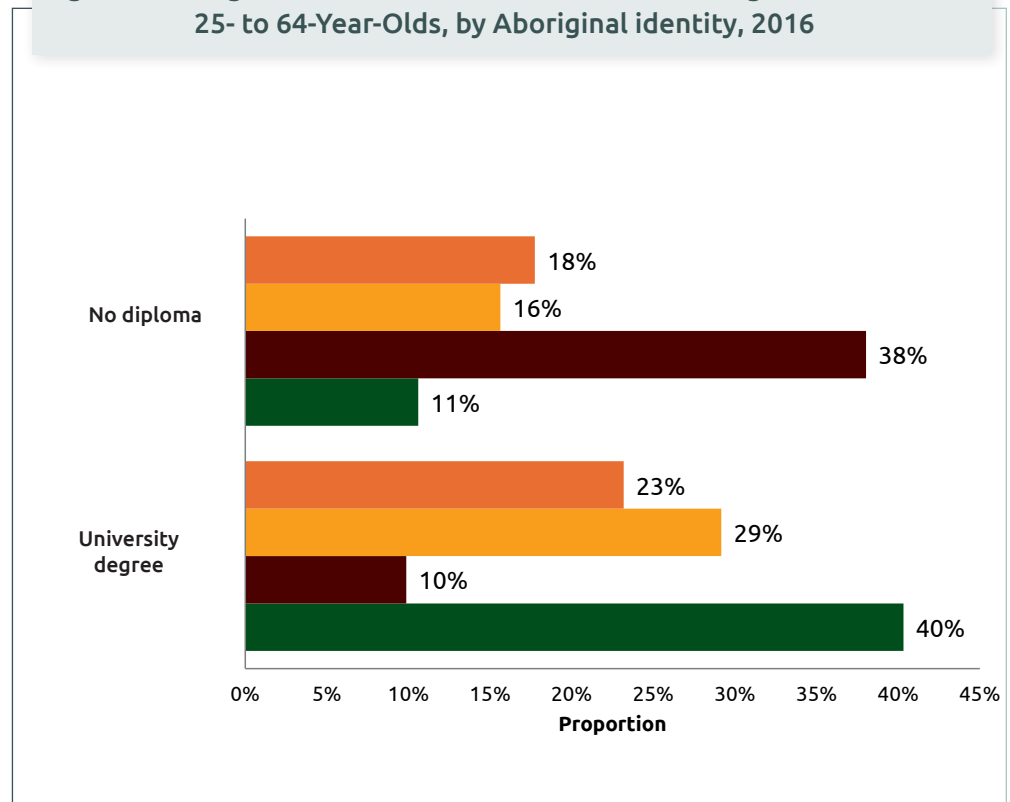
### Socioeconomic gaps among Aboriginal peoples

Gaps can also be observed within the Aboriginal identity population in Montréal (Figure 14).

Proportionately more Inuit than First Nations or Métis people don’t have a diploma, and are less likely to have a university degree. Among the Aboriginal identity population, Métis people are the most educated.



**Figure 14 – Highest Level of Education Attained among 25- to 64-Year-Olds, by Aboriginal identity, 2016**

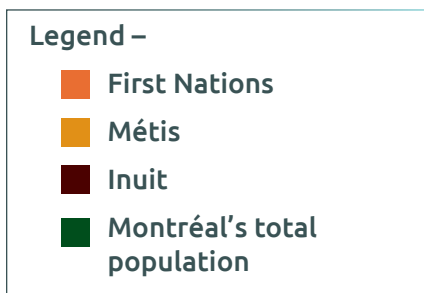


Source: 2016 Census, Statistics Canada

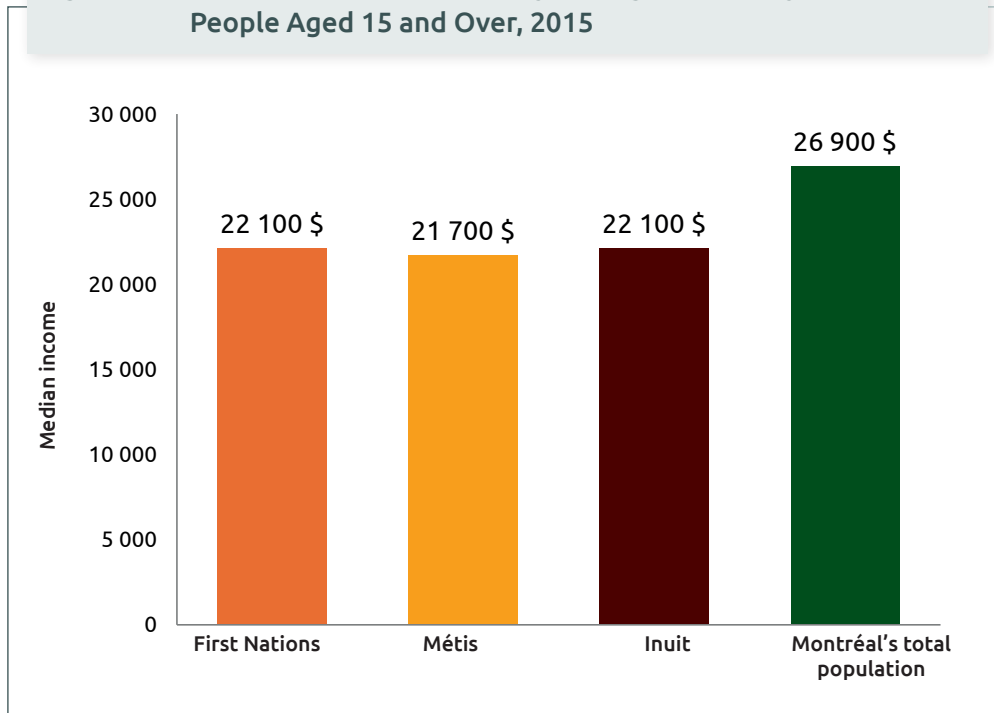
<sup>j</sup> “Average” incomes correspond to income deciles 4 to 7, as per income distribution in Canada.



Compared with all Montrealers, average median income is lower in all three Aboriginal groups, although it is comparable among them (Figure 15).

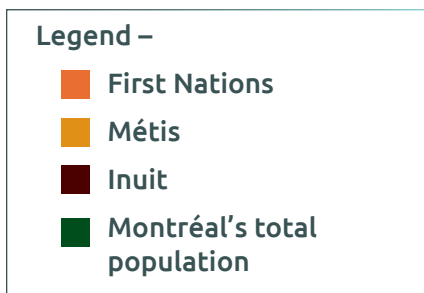


**Figure 15 – Median After-Tax Income by Aboriginal identity, People Aged 15 and Over, 2015**

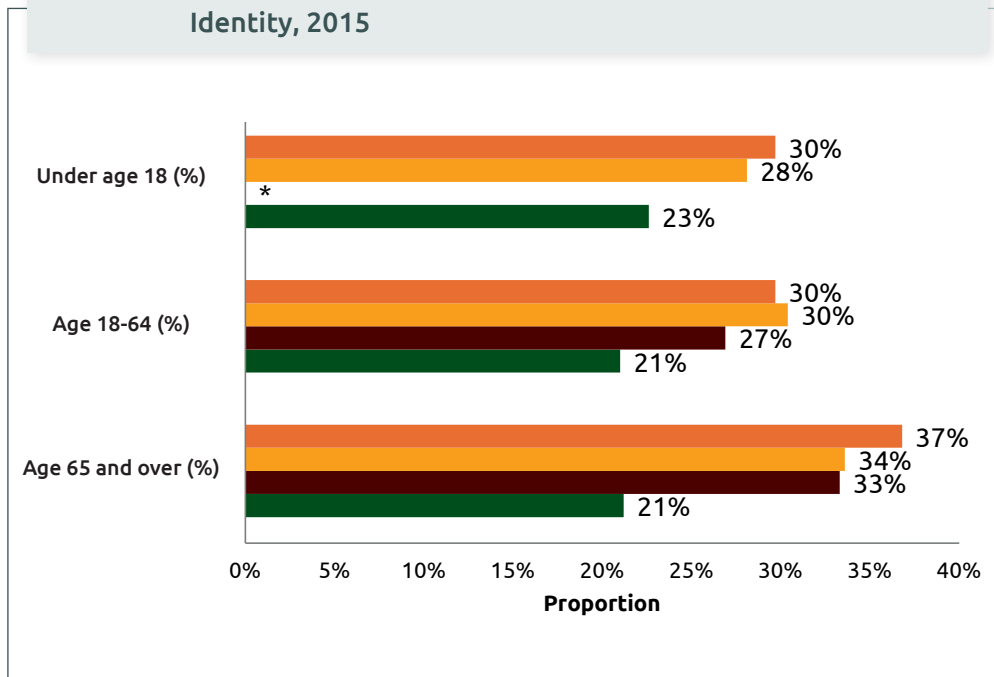


Source: 2016 Census, Statistics Canada

Older people who self-identify as First Nations are especially affected by poverty. Over a third of this population lives below the low-income measure (Figure 16).



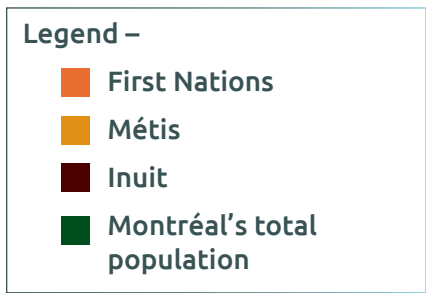
**Figure 16 – Low-Income Measure After Tax (LIM-AT) by Aboriginal Identity, 2015**



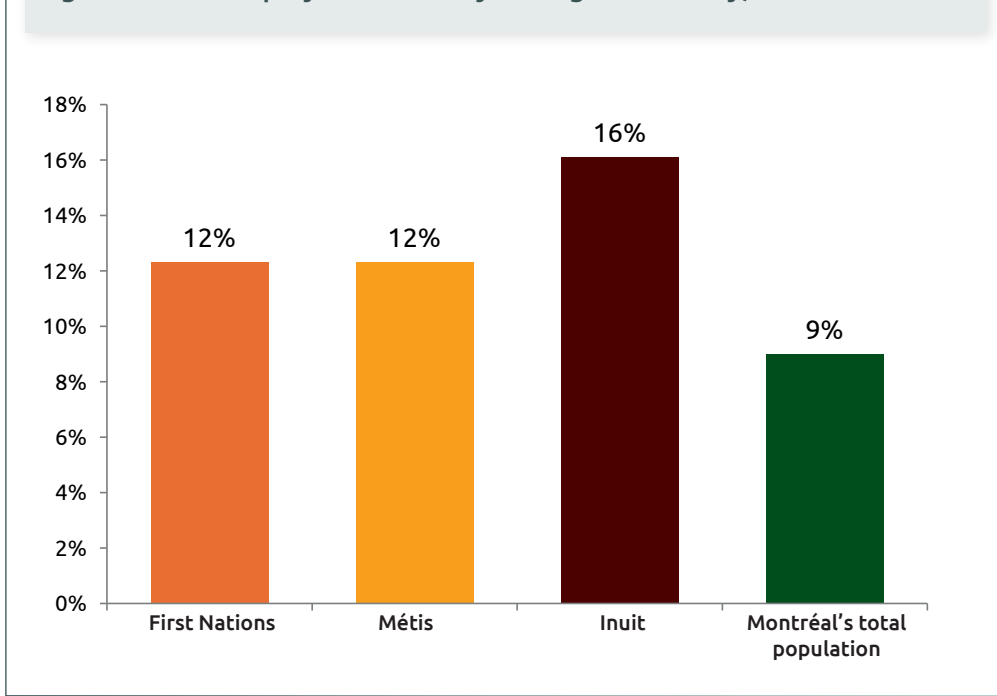
Source: 2016 Census, Statistics Canada

\* Results for the Inuit identity population are not included in this figure as the number of individuals in this category is too low.

The unemployment rate is particularly high among the Inuit identity population. It is also higher among First Nations and Métis compared with all Montrealers (Figure 17).

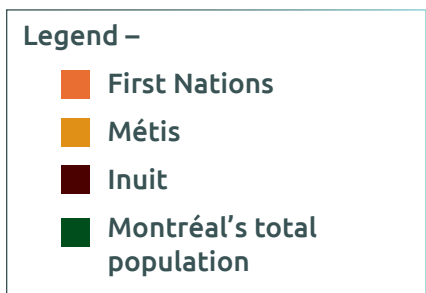


**Figure 17 – Unemployment Rate by Aboriginal Identity, 2016**

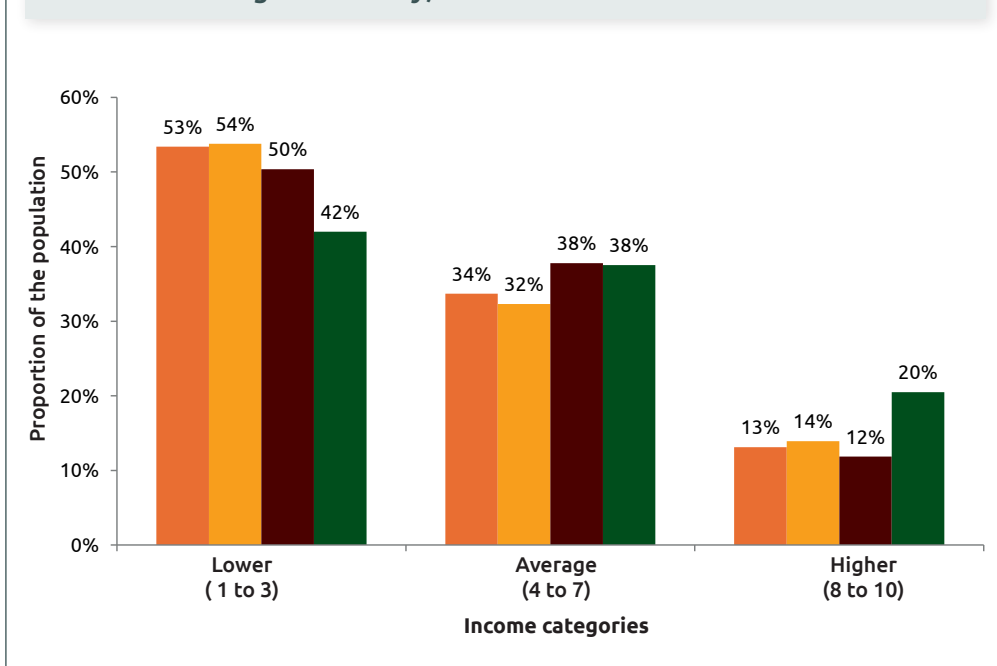


Source: 2016 Census, Statistics Canada

Aboriginal identity groups are overrepresented in the lower income category compared with all Montrealers. There are also proportionately fewer people from these groups in the higher income categories (Figure 18).



**Figure 18 – Distribution of Population by Income Category and Aboriginal Identity, 2015**



Source: 2016 Census, Statistics Canada

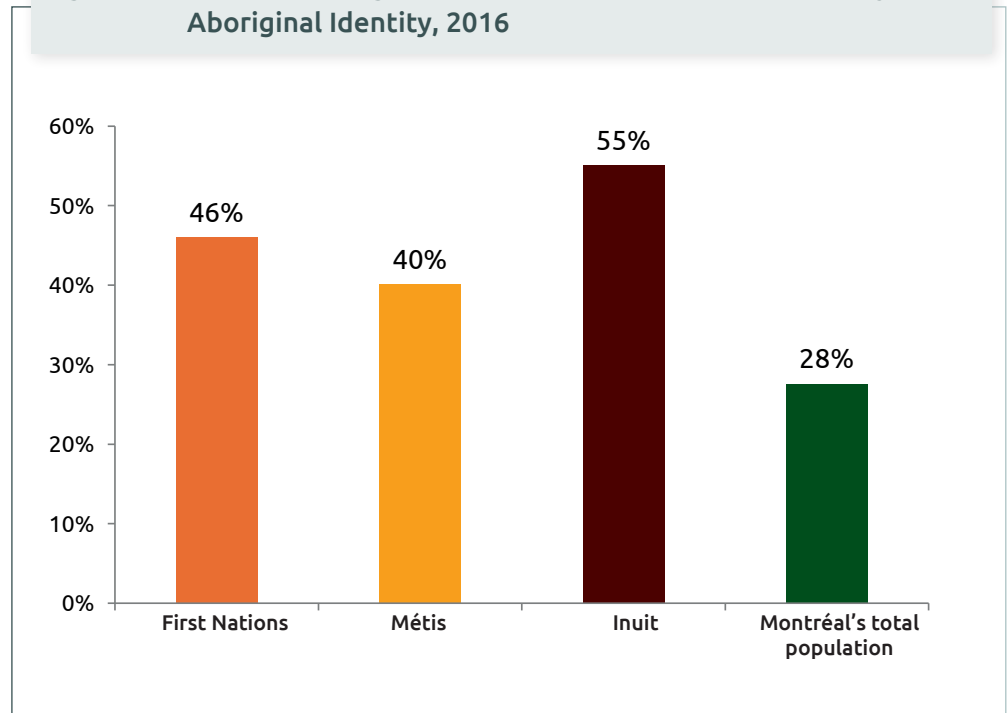
## A high proportion of Aboriginal identity children live with one parent only

Children of Aboriginal identity are more likely to live in lone-parent families. This is the case for over 40% of them, whereas the figure is 28% for Montréal's total population (Figure 19). Among the three groups, the number is highest for children of Inuit identity (55%).

### Legend –

- First Nations
- Métis
- Inuit
- Montréal's total population

Figure 19 – Children Living in Lone-Parent Families in Montréal by Aboriginal Identity, 2016



Source: 2016 Census, Statistics Canada

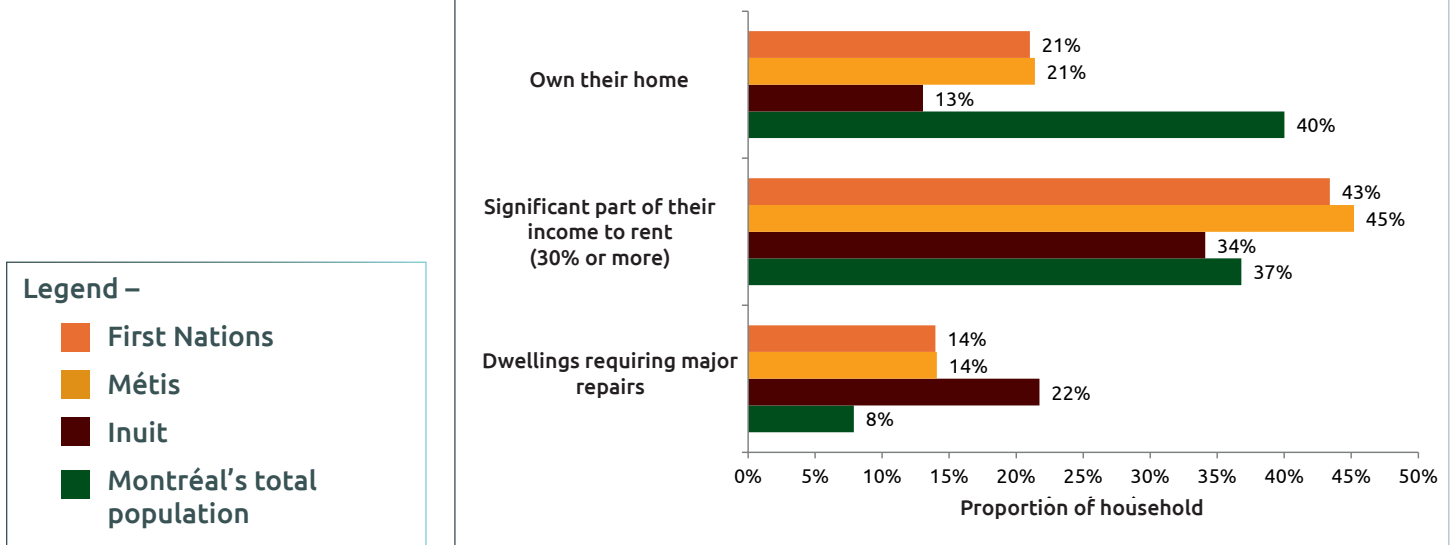
## Poorer living conditions than those of other Montrealers

There are serious housing problems in Aboriginal communities throughout the country: housing shortages, overpopulation, poorly built dwellings or dwellings in poor condition, and challenges in provision of safe drinking water<sup>7,52</sup>. Aboriginal people also have trouble accessing affordable, adequate and safe housing in urban areas<sup>14,53,54</sup>. One Montréal organization reports that Aboriginal people who live in the city have difficulty finding adequate housing at a reasonable cost, which jeopardizes their chances of finding stability and security<sup>55</sup>.

Census data confirm that, in general, the housing conditions of Aboriginal people in Montréal are not as good as those of the overall population (Figure 20). A comparison with all households in Montréal shows the following:

- Proportionately fewer Aboriginal households **own** their homes. At only 13%, the proportion of Inuit households who own their dwellings is especially low.
- A greater proportion of First Nations and Métis households allot a **significant part of their income to rent** (30% or more). This is also the case for more than a third of Inuit identity households. Having to spend too much on housing limits their ability to meet other essential needs, such as eating, transportation, taking care of their health, or even heating their homes<sup>14</sup>.
- Proportionately more Aboriginal households in Montréal live in dwellings requiring **major repairs**.

Figure 20 – Housing Characteristics<sup>k,l</sup> of Aboriginal Dwellings



Source: 2016 Census, Statistics Canada

### Specific housing needs

A study of people using Aboriginal community resources in Montréal showed certain preferences for housing and specific service needs<sup>56</sup>. Over two-thirds of respondents reported incomes below \$750 a month, making it difficult to access suitable housing. When asked about the type of accommodation in which they would ideally like to live, the most frequently chosen option was their own apartment with a rent subsidy. This was especially the case for First Nations and Inuit women, who generally preferred this option to Aboriginal congregate housing. The second most frequently selected type of housing was “permanent housing in a building reserved for Inuit or First Nations people, with culturally sensitive supports”.



<sup>k</sup> Montréal households” includes all people living on the Island of Montréal, including Aboriginal Montrealers.

<sup>l</sup> Aboriginal households are those where primary household maintainers self-identified as Aboriginal in the census.

## Homelessness

In Canada, Aboriginal people are overrepresented among the homeless population<sup>54</sup>. They are also more likely to experience hidden homeless, that is, having to stay with parents or friends because they can't afford housing<sup>54</sup>.

The 2018 Count and Survey of Montreal's Homeless Population revealed that Aboriginal people represented 12% of the sample, even though they made up only about 1% of the city's population<sup>15</sup>. The Inuit comprised 25% of homeless Indigenous people, but only 5% of the Indigenous population in Montréal. The large majority of homeless Aboriginal people in Montréal were born elsewhere in Québec or in another Canadian province. Just over 22% were born in Montréal<sup>15</sup>.

## Profile of the health of Aboriginal populations in Montréal

### A system to monitor the health of Aboriginal people in urban settings

Overall, Aboriginal people who live in urban areas in Canada are in better health than those who live in Aboriginal communities, but in poorer health than the non-Aboriginal population<sup>36,57</sup>.

The Truth and Reconciliation Commission (TRC) identified health indicators to track in cities as well as in Aboriginal communities<sup>58</sup>.

Here is a list of those indicators:

- Infant mortality and infant and child health issues
- Maternal health
- Birth rates
- Suicide rates
- Addictions
- Life expectancy
- Chronic diseases (especially diabetes, COPD, heart diseases, high blood pressure and cancer)
- Illness and injury incidence
- Availability of appropriate health services

Unfortunately, data sources commonly used to produce indicators determined by the TRC do not identify Indigenous people. Therefore, the portrait presented here is limited.

#### *Of note*

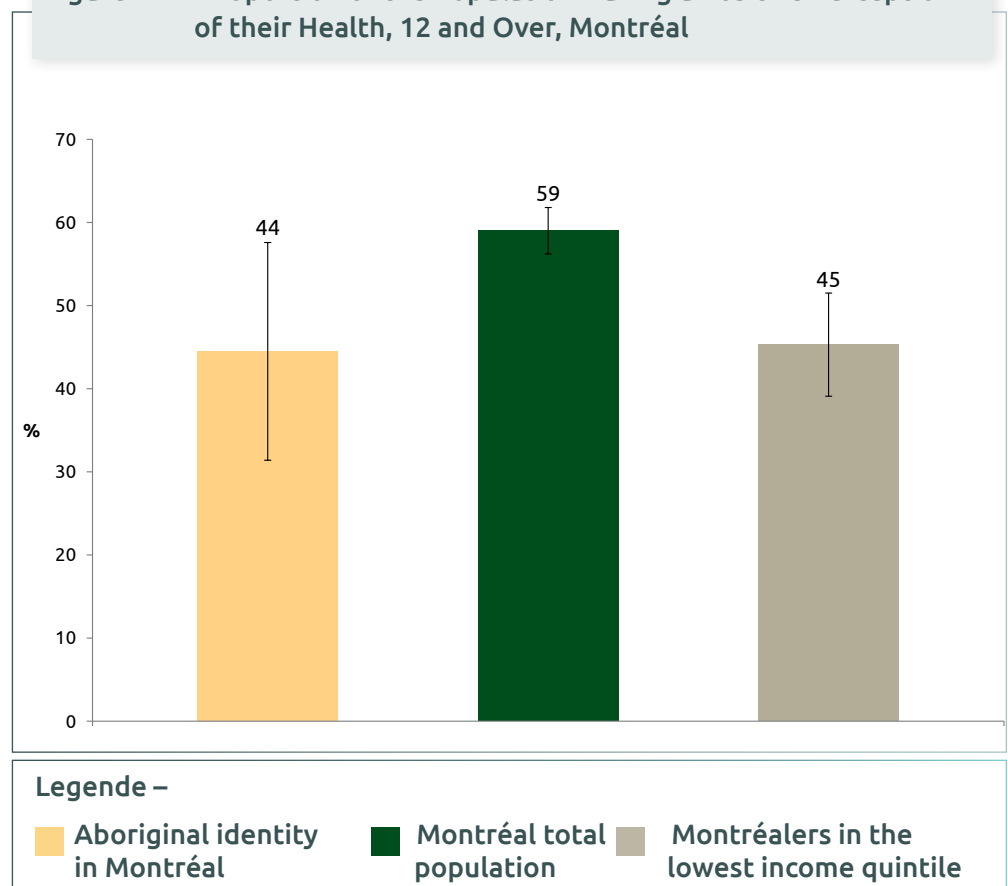
*The results presented here reflect the state of health of a small number of respondents. While they point to broad trends, in general there are no statistically significant differences between the groups unless indicated.*

## Perception of health status

About 44% of the Aboriginal identity population in Montréal **have a positive perception of their health**<sup>m</sup> (Figure 21). Positive perception of health status is associated with lower mortality, more active life and better community health<sup>59,60</sup>. Negative perception of health is associated with decreased physical capabilities, disease and mortality<sup>59</sup>.

It is well documented that poverty is associated with poorer perception of health<sup>61,62,63</sup>. Proportionately fewer Montrealers whose income is among the lowest have a positive perception of their general health than the population as a whole (45% versus 57%)<sup>n</sup>.

Figure 21 – Proportion of the Population Having a Positive Perception of their Health, 12 and Over, Montréal



Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

## Health-related behaviours

Abusive alcohol use, drug addiction and smoking are some of the coping mechanisms observed most frequently among populations experiencing poverty and social exclusion. These are ways to manage stress caused by difficult living conditions<sup>64,65</sup>. According to some studies, the frequency of those behaviours among Aboriginal peoples can be explained by loss of cultural identity and deterioration of traditional lifestyles fuelled by assimilation measures<sup>66,67</sup>. Aboriginal peoples around the world share these risk factors<sup>68</sup>.

In 2012, the Aboriginal Peoples Survey (APS) revealed that 30% of the Aboriginal identity population in Montréal had not used alcohol in the past year. This figure is comparable to that of Montrealers in the Canadian Community Health Survey (24%)<sup>69</sup>. The APS showed similar results in off-reserve First Nations and Inuit people in Québec: respectively, 28% and 35% of them had not used alcohol in the 12 months preceding the survey. The figure for Métis people in Québec was 22%<sup>70</sup>.

<sup>m</sup> Population having a very good or excellent perception of health.

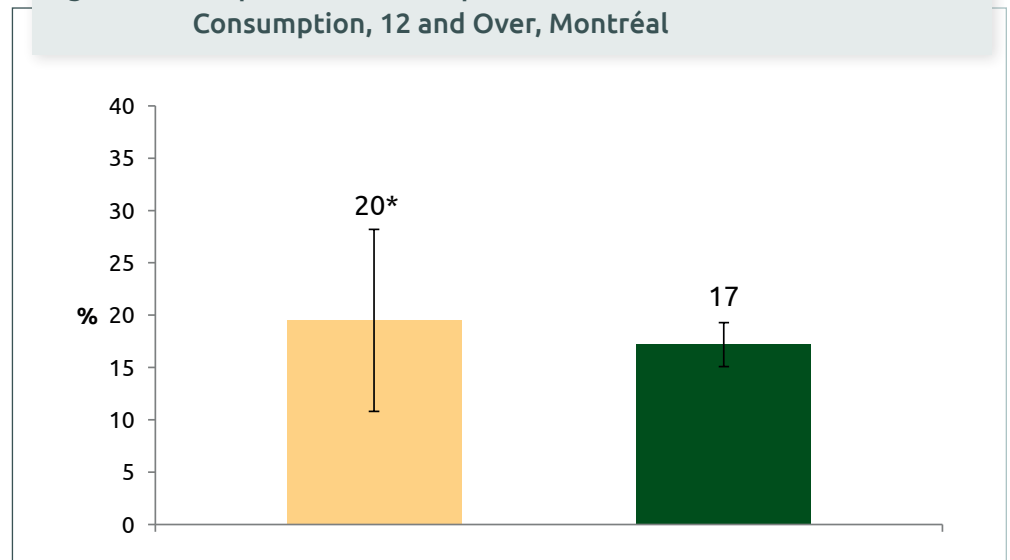
<sup>n</sup> When results are available, data for a group living in less favourable socio-economic conditions are presented. This is to highlight the fact that health disparities are associated to poor socioeconomic conditions and not cultural affiliation.

The proportion of Aboriginal identity individuals and of all Montrealers who engaged in excessive alcohol consumption<sup>o</sup> in the past year is similar. (Figure 22)

**Legend –**

- Aboriginal identity in Montréal
- Montréal's total population

**Figure 22 – Proportion of the Population with Excessive Alcohol Consumption, 12 and Over, Montréal**



Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

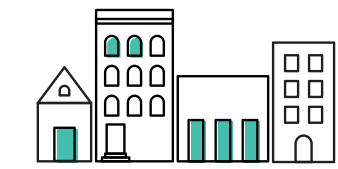
\* Coefficient of variation above 15% and less than or equal to 25%. Therefore the proportion should be interpreted with caution.

**Substance abuse linked to residential school experience**

According to the National Collaborating Centre for Aboriginal Health, many residential school survivors developed symptoms of post-traumatic stress as a result of their stays in one of those schools. People who suffer from this disorder can have difficulty functioning on a daily basis due to the many incapacitating symptoms. There is also an association between this disorder and abuse of alcohol and sedative medication drugs. Subsequent generations of residential school survivors are also more likely to report experiencing psychological distress and suicidal behaviours<sup>71</sup>.



High-quality social support and a sense of belonging to the community help to protect against the effects of stress<sup>72,73</sup>. It has been shown that Aboriginal culture has powerful protection factors that limit or prevent substance abuse. These elements also contribute to reducing symptoms of intergenerational trauma and limit impacts on future generations<sup>72,73</sup>.



<sup>o</sup> Excessive alcohol consumption is defined as having five or more drinks per occasion once a month or more over the past 12 months.

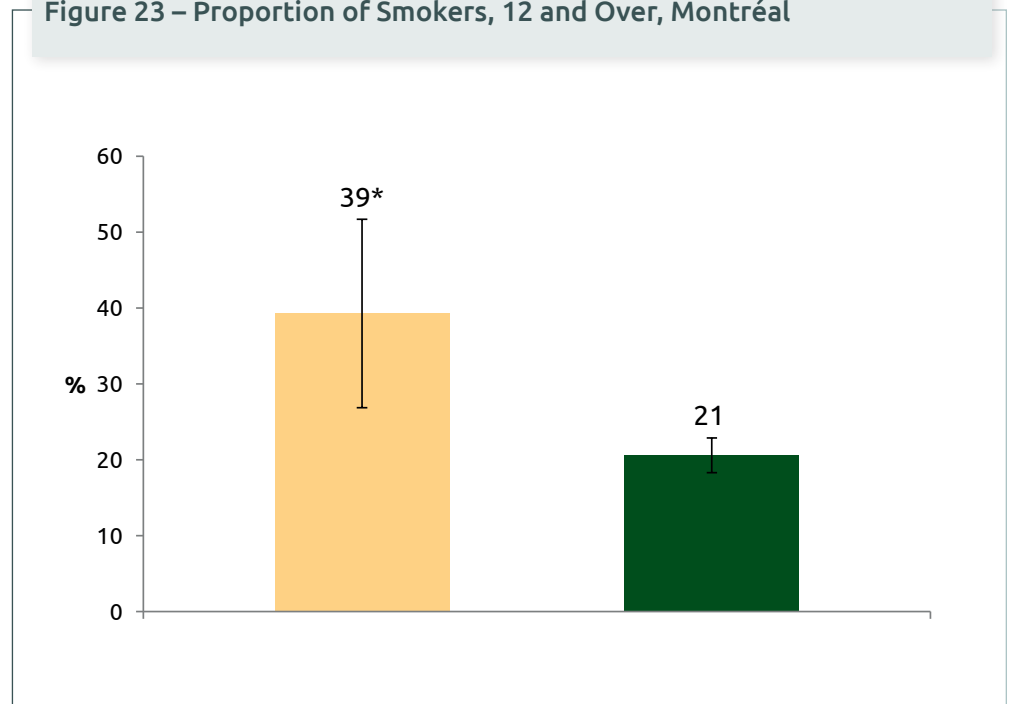
The proportion of **smokers** among Aboriginal people in Montréal is higher than among the city's overall population (Figure 23).

However, this finding may conceal differences among the Aboriginal identity population; again according to APS, in 2012 in Québec, 28% of First Nations and Métis aged 12 and over reported smoking regularly, whereas for Inuit, the figure was 61%<sup>70</sup>.

**Legend –**

- Aboriginal identity in Montréal
- Montréal's total population

**Figure 23 – Proportion of Smokers, 12 and Over, Montréal**



Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

\* Coefficient of variation above 15% and less than or equal to 25%. Therefore the proportion should be interpreted with caution.

**Chronic diseases**

First Nations and Métis people in Canada bear a disproportionate burden of chronic diseases<sup>74</sup>. However, among the Inuit population, in particular in Nunavik, prevalence of chronic diseases is currently lower than among First Nations and northern Métis populations (Yukon, Northwest Territories and Nunavut)<sup>74,75</sup>. This situation may be attributable to greater adherence, until very recently, to relatively active lifestyles and traditional dietary patterns in Inuit communities in Canada<sup>74,76</sup>.

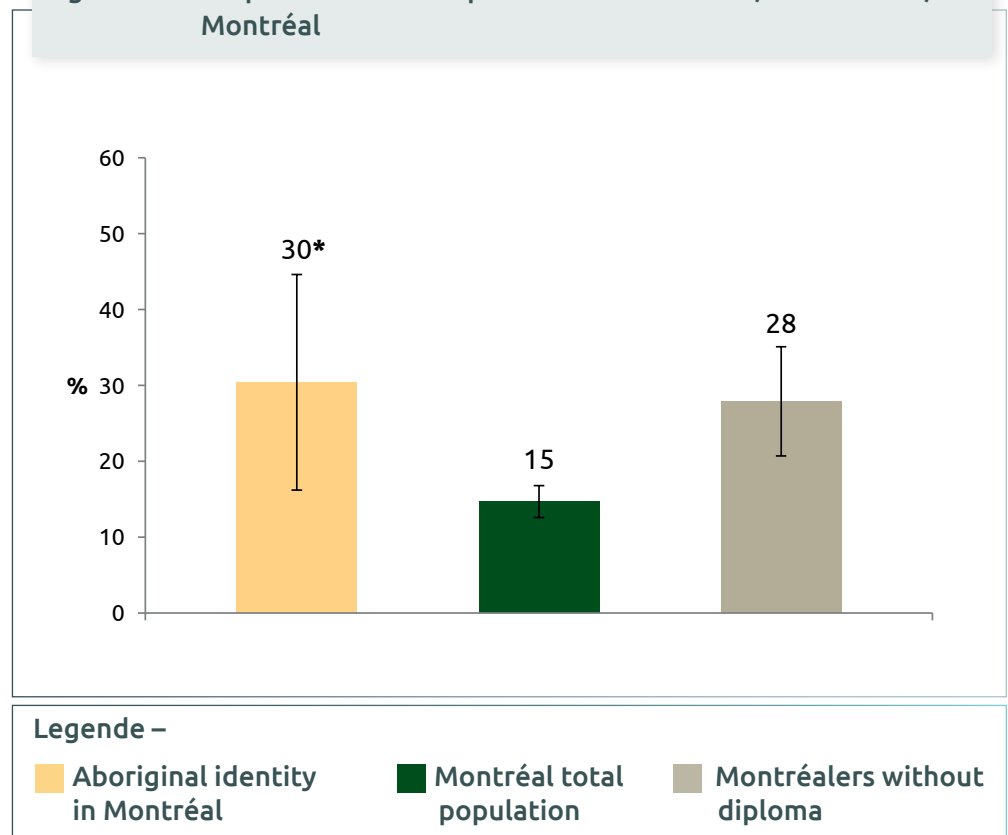
According to the 2012 Aboriginal Peoples Survey (APS), 66% of the Aboriginal identity population in Montréal reported **at least one chronic condition**<sup>77</sup>. This result is comparable to that observed in the off-reserve First Nations population in Canada (63%)<sup>57</sup>. However, the figures are higher than among the total Canadian population, where 49% reported being diagnosed with at least one chronic condition by a health professional<sup>57</sup>.



Aboriginal people living in urban areas are particularly affected by **obesity**, which is associated with an increased risk of type 2 diabetes, cardiovascular disease and some forms of cancer<sup>78</sup>. About 30% of the Aboriginal identity population in Montréal is obese (Figure 24).

It should be noted that socioeconomic factors affect the probability of suffering from obesity<sup>79</sup>. Prevalence of obesity in Montréal is higher among Montrealers who do not have a diploma (15% versus 28%). Moreover, among both the Aboriginal and non-Aboriginal populations in Canada, obesity is less prevalent among people with the highest levels of educational attainment<sup>78</sup>.

**Figure 24 – Proportion of the Population that Is Obese, 18 and Over, Montréal**



Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

\* Coefficient of variation above 15% and less than or equal to 25%. Therefore the proportion should be interpreted with caution.

## Diabetes

**Diabetes** is a chronic illness that can lead to many complications such as cardiovascular disease, kidney failure, neuropathy and retinopathy<sup>80,81</sup>. For at least the past 20 years, the prevalence of diabetes in Canada has been growing, a matter of significant concern for public health<sup>81</sup>.

Currently, diabetes prevalence among Aboriginal people in Montréal cannot be determined with the available data sources. However, it is known that First Nations in Québec are more affected by this condition than non-Aboriginals (Table I). At this time, the prevalence of diabetes among Inuit is lower than among other Aboriginal peoples.

**Table I - Prevalence of Diabetes, 18 and Over, Province of Québec, 2010-2015**

|  | Rate (%) | Confidence interval |
|--|----------|---------------------|
| Total population, Pr. Québec <sup>1</sup>    | 6,5      | 6,1 - 6,8           |
| First Nations (on communities) <sup>2</sup>  | 17,4     | 15,2 - 19,9         |
| First Nations (off communities) <sup>1</sup> | 12,2     | 6,2 - 18,2          |
| Métis  | 8,1      | 4,8 - 11,5          |
| Inuit <sup>3</sup>                           | 5        | -                   |

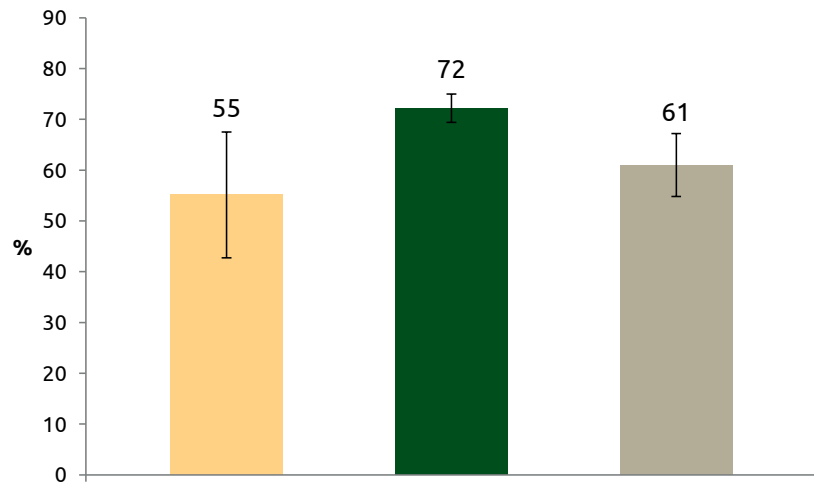
Sources: <sup>1</sup>Statistics Canada, CCHS, Annual Component, 2010-2013, taken from the Pan-Canadian Health Inequalities Data Tool, 2017 Edition 2017. A joint initiative of the Public Health Agency of Canada, the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information. Accessed on 2018-02-13; <sup>2</sup>CS SSPNQL, Enquête régionale sur la santé des Premières Nations du Québec, 2015. Résultats préliminaires, phase 3 (2017); <sup>3</sup>Statistics Canada, Aboriginal Peoples Survey, 2012, taken from Inuit health: Selected findings from the 2012 Aboriginal Peoples Survey. <https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2014003-eng.htm>

## Mental health

**Perceived mental health** is a reliable indicator of a population's well-being. Negative perception does not necessarily correspond to diagnosed mental health disorders, but is associated with greater service use<sup>59</sup>.

In Montréal, the proportion of Aboriginal people with **positive perceptions of their mental health**<sup>P</sup> is lower than in the overall population (Figure 25). Positive perception of mental health is influenced by social status and socioeconomic position. Among Montrealers whose incomes are among the lowest, proportionately fewer have positive perceptions of their mental health compared to the overall population (61% versus 72%)<sup>69</sup>.

**Figure 25 – Proportion of the Population with Positive Perceptions of Their Mental Health, 18 and Over, Montréal\*\*\***



### Legende –



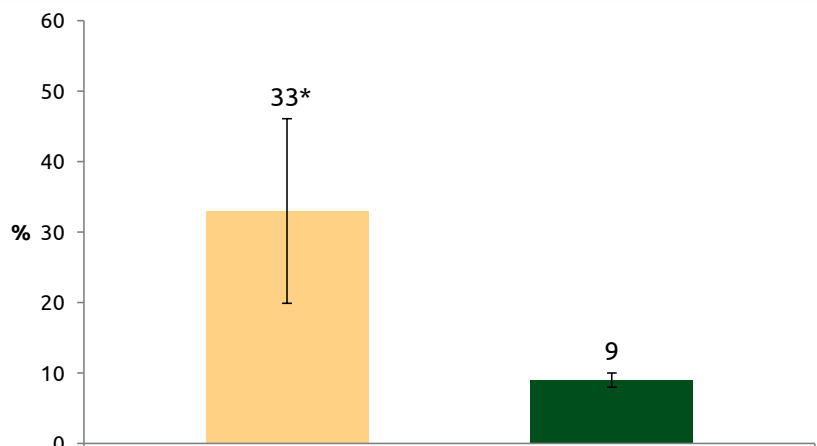
Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

About a third of Aboriginal people have had **suicidal thoughts** in their lifetime. This proportion is statistically higher than for Montrealers in general (Figure 26).

### Legend –



**Figure 26 – Proportion of the Population Who Have Seriously Considered Suicide in Their Lifetime, 18 and Over, Montréal**



Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

\* Coefficient of variation above 15% and less than or equal to 25%. Therefore the proportion should be interpreted with caution.

<sup>P</sup> Population having a very good or excellent perception of mental health.

In Montréal, the proportion of Aboriginal people **with mood or anxiety disorders** is statistically higher than in the overall population (Figure 27).

**Figure 27 – Proportion of the Population with Mood or Anxiety Disorders**



**Legend –**

- Aboriginal identity in Montréal
- Montréal's total population

Sources: Statistics Canada, Aboriginal Peoples Survey (APS, 2012) and Canadian Community Health Survey (CCHS), 2011-2012

\* Coefficient of variation above 15% and less than or equal to 25%. Therefore the proportion should be interpreted with caution.

**Impact of residential schools on Indigenous people in Montréal**

According to the Urban Aboriginal Peoples Study, in 2011, **50%** of Aboriginal respondents in Montréal or a family member had attended a residential school<sup>34</sup>.

Most of them (80%) said this experience has had an impact on their lives and who they are today<sup>34</sup>.



**Service utilization**

At this time, there is little data available to estimate the actual number of Aboriginal people who are temporarily in Montréal each year to receive care and services.

However, it is possible to get information using the place of residence of hospitalized individuals. When people living in Aboriginal communities in Québec are hospitalized, 1 in 5 is hospitalized in Montréal; according to hospitalization data, a large majority of them are from Nunavik and Eeyou Istchee James Bay Territory.

**Table II - Hospitalizations Among the Population Living in Indigenous Communities, by Type and Place**

| Type of hospitalization    | Pr. Québec | Montréal | % in Montréal |
|----------------------------|------------|----------|---------------|
| Total (all types)          | 26,200     | 4,800    | 18%           |
| Short-term hospitalization | 17,600     | 3,100    | 18%           |

Source: Med-Écho 2013-2014 à 2014-2015

Note: Data include residents of territories subject to agreements

*Some studies show* that having experienced or being afraid of experiencing discrimination in health care settings is an obstacle to Aboriginal people accessing services. Those studies suggest that Aboriginal individuals face prejudice in the health system, which has an impact on how they are treated when seeking medical helps<sup>41,82,83</sup>. Among Aboriginal people living in poverty, the fear of not being taken seriously or not receiving appropriate treatment is even more pronounced<sup>84</sup>.

*In an evaluation of the health needs of Aboriginal people in Montréal carried out in 2012*, fear of experiencing racism was identified as an obstacle to accessing health services. Respondents also reported being “mistreated”<sup>9</sup> in the past year. Respondents identified their ethnic origin and language spoken as the reasons behind the discrimination they experienced<sup>41</sup>.

*According to that same study*, it is in mental health and maternal and child health that the needs are most pressing. This is due to the fact that the needs are significant and access to services is especially difficult for Aboriginal populations in Montréal. Many people also identified access to traditional healing services as problematic. Indeed, the majority of survey respondents did not know where to go to access those services<sup>41</sup>. Traditional healing methods include access to a traditional healer or elder, and various ceremonies<sup>41</sup>.

## **Aboriginal women: Particularly vulnerable**

Aboriginal women in Canada are at greater risk of developing chronic illnesses than non-Aboriginal women and Aboriginal men<sup>25</sup>. Aboriginal women’s poorer health may be explained in part by less favourable socioeconomic conditions<sup>36</sup>. Compared with Aboriginal men, Aboriginal women face a double marginalization of racism and sexism<sup>34</sup>. They are particularly affected by social inequalities, racism and discriminatory behaviours directed toward Aboriginal people<sup>25,36,85,86</sup>.

The 2014 General Social Survey indicates that Aboriginal women in Canada had been three times more likely than non-Aboriginal women to be victims of spousal assault in the past five years<sup>87</sup>. Some women take their children and move to the city because of domestic violence, relationship breakdown and housing instability, and so improve their living conditions<sup>36,87</sup>. These women are more likely to have low incomes, be lone-parents and experience housing instability<sup>36</sup>. The health status and living conditions of Aboriginal women in urban settings cannot be dissociated from the reasons for which some of them leave their communities<sup>88</sup>.

They are also more likely than other women to experience violence and be victims of homicide<sup>87</sup>. In the past decade, the average rate of homicides involving Aboriginal female victims was six times higher than that observed among non-Aboriginal women<sup>89</sup>. Since 1980 in Canada, there have been almost 1200 cases of missing or murdered Aboriginal women<sup>90</sup>. These crimes occur more often in urban areas, where 60% of murders and 70% of disappearances have been recorded<sup>90</sup>.

<sup>9</sup> The study does not define the term “mistreatment”.

## 3. Avenues for Action

### A system to monitor the health of Aboriginal people in urban settings

A system to monitor the health of Aboriginal people in Montréal should enable production of local evidence-based data. These data are especially needed to plan care, services, and social and prevention programs, and to evaluate public policy.

The system should normally allow for the following:

1. Provide a picture of the health and well-being of the Aboriginal population.
2. Measure health disparities between Aboriginal and non-Aboriginal populations.
3. Observe how health status and health disparities evolve over time.
4. Document the social and economic conditions in which Aboriginal people live (social determinants of health).

The surveillance system should be culturally adapted and useful to Aboriginal people. It should be developed in accordance with First Nations' governing process, and approved by First Nations, Inuit and Cree authorities. Elements that reflect a holistic world view of health should also be incorporated in this system, including indicators of effects of colonization, well-being of the community and strength of the culture<sup>39</sup>. Indeed, such systems are already in place in communities as well as in territories subject to agreements, that is, Eeyou Istchee James Bay Territory and Nunavik<sup>91</sup>.

### Access to culturally safe services

*Cultural competency* can be defined as the result of a service or care delivered in a respectful manner and in a way that the user feels safe. Therefore, cultural competency "is about creating a health care environment that is free of racism and stereotypes, where Aboriginal people are treated with empathy, dignity, and respect<sup>92</sup>." Aboriginal people describe fear of discrimination as an obstacle to using health services<sup>41</sup>. Culturally safe care requires communicating respect for a patient's beliefs, values and knowledge, and ensures the person is a partner in decision-making<sup>92</sup>.

### Holistic health

For First Nations and Inuit, whole health results from harmony and balance involving body, mind, emotions and spirit. Attaining harmony and balance is a process that necessitates full commitment of the person interacting with the territory, environment and other people. Many Aboriginal cultures share the concept of holistic health<sup>68,93</sup>.

For Aboriginal peoples, culture, identity, territory, language, spirituality and health are closely linked. For some of them, access to traditional healing practices is as, if not more, important than access to mainstream non-Aboriginal health care<sup>94</sup>. Those practices vary among Nations and cultures, and are often less accessible in urban settings<sup>94</sup>.



## Conclusion

Currently available data does not suffice to draw a complete and satisfactory portrait of the health of Aboriginal people living in Montréal. Some information isn't available, and the data collected isn't accurate enough to measure health gaps for most indicators. The vision of health described in this profile also reflects a Western perspective.

Still, it is possible to highlight findings that emerge from the information analyzed. First, as is the case elsewhere in Canada and in other big cities, significant socioeconomic inequalities remain between Aboriginal and non-Aboriginal populations in Montréal. Health data also suggest the presence of psychological distress among Aboriginal Montrealers. The latter experience difficulty accessing culturally safe health care and services. Some Aboriginal people in Montréal also face challenges in trying to hold on to a strong cultural identity.

# APPENDIX I

Health data sources and their limitations to produce indicators for Aboriginal populations in Montréal

| Data source   | Limitations  | Impacts on outcomes  |
|---|--|--|
| <b>Census</b><br>(Statistics Canada)  | Very low or even no representation of people who move around or are homeless   | Underestimation of social inequalities and health disparities between Aboriginal and non-Aboriginal individuals                                    |
|   | The Aboriginal population is established on a self-identification basis  | Variations in size of Aboriginal populations from census to census   |
|   |  | Challenges in interpreting changes over time   |
| <b>Health administrative data</b><br>For example: birth, death and hospitalization records  | No ethnic identifier in Québec records   | Impossible to produce the usual mortality, morbidity and birth indicators for Aboriginal populations outside communities                           |
| <b>Population health surveys (Statistics Canada)</b><br>Indigenous identifiers available in the Canadian Community Health Survey (CCHS) and the Aboriginal People's Survey (APS). | Lack of representation of Indigenous people living in Montréal.<br><br>Same limitations as for the census, since samples are based on the census population. | Impossible to produce indicators for Montréal, or indicators inaccurate.   |
| <b>Surveillance system data</b>   | Only concerns status Indians <sup>r</sup> or those living in a community, and Inuit living in Inuit Nunangat   | Production of indicators possible solely for FN with Indian status and Inuit given care in Montréal who also have an address in their communities. |

<sup>r</sup> In Montréal, "Status Indians" make up a bit less than 40% of the Aboriginal population.



## Appendix II

Demographic characteristics of the Aboriginal identity population in Montréal, 2016

|   | All Montrealers | Aboriginal identity population in Montréal |        |               |       |         |         |       |         |
|---|-----------------|--|--------|---------------|-------|---------|---------|-------|---------|
|   |                 | Aboriginal identity (Total)                |        | First Nations |       | Métis   |         | Inuit |         |
| Age structure   |                 | N  | %      | N             | %     | N       | %       | N     | %       |
| Total population                                      | 100,0           | 13 100                                     | 100    | 5 910         | 100,0 | 5 745   | 100     | 670   | 100,0   |
| 0 to 4 years  | 5,8             | 775  | 5,9    | 300           | 5,1   | 345     | 6,0     | 80    | 11,9    |
| 5 to 19 years   | 15,4            | 2 015                                      | 15,4   | 960           | 16,2  | 765     | 13,3    | 170   | 25,4    |
| 20 to 64 years  | 63,6            | 8 940                                      | 68,2   | 3 970         | 67,2  | 4 100   | 71,4    | 390   | 58,2    |
| Aged 65 +   | 15,2            | 1 375                                      | 10,5   | 680           | 11,5  | 535     | 9,3     | 45    | 6,7     |
| Population aged 15 and over                           | 84,0            | 11 020                                     | 84,1   | 4 975         | 84,4  | 4 935   | 85,9    | 475   | 69,7    |
| Median age of the population                          | 38,5            | -  | 35,8   | -             | 36,5  | -       | 35,7    | -     | 29,6    |
| Relative increase in the population from 1996 to 2016 | + 7%            | + 7,745                                    | + 145% | + 2,885       | + 96% | + 4,070 | + 143 % | + 380 | + 131 % |
| Family structure                                      | %               | N  | %      | N             | %     | N       | %       | N     | %       |
| Children living with one parent only                  | 27,6            | 1 440                                      | 43,2   | 695           | 46,0  | 555     | 40,1    | 135   | 55,1    |

Source: Statistics Canada, 2016 Census

## APPENDIX III

### Socioeconomic characteristics of the Aboriginal identity population in Montréal, 2016

|  | All Montrealers | Aboriginal identity         |      |               |      |        |      |        |      |
|--|-----------------|-----------------------------|------|---------------|------|--------|------|--------|------|
|  |                 | Aboriginal identity (Total) |      | First Nations |      | Métis  |      | Inuit  |      |
|  | %               | N                           | %    | N             | %    | N      | %    | N      | %    |
| <b>Education</b>   |                 |                             |      |               |      |        |      |        |      |
| No certificate, diploma or degree                                  | 10,6            | 1,390                       | 17,7 | 620           | 17,7 | 560    | 15,6 | 135    | 38,0 |
| University certificate, diploma or bachelor's degree               | 40,3            | 1,960                       | 25,0 | 810           | 23,2 | 1,045  | 29,1 | 35     | 9,9  |
| <b>Socioeconomic characteristics</b>                               |                 |                             |      |               |      |        |      |        |      |
| Unemployed   | 9,0             | 855                         | 12,2 | 390           | 12,3 | 390    | 12,3 | 45     | 16,1 |
| Income for the population aged 15 years and over (2015, after-tax) |                 |                             |      |               |      |        |      |        |      |
| Median income (\$)   | 26,880          | 21,950                      | -    | 22,085        | -    | 21,681 | -    | 22,053 | -    |
| Average income (\$)  | 35,155          | 28,155                      | -    | 27,871        | -    | 28,083 | -    | 27,522 | -    |
| Household income (2015, after-tax)                                 |                 |                             |      |               |      |        |      |        |      |
| Median income (\$)   | 46,525          | 35,344                      | -    | 35,480        | -    | 34,927 | -    | 35,991 | -    |
| Average income (\$)  | 61,682          | 44,166                      | -    | 43,745        | -    | 44,411 | -    | 42,075 | -    |
| Low-income status for the population (2015, after-tax LIM)         | 21,3            | 3,940                       | 30,1 | 1,805         | 30,5 | 1,750  | 30,5 | 160    | -    |
| Under 18 years of age  | 22,6            | 695                         | 28,0 | 325           | 29,7 | 280    | 28,1 | 45     | -    |
| Under 6 years of age   | 22,7            | 260                         | 28,6 | 125           | 34,7 | 105    | 25,9 | 15     | -    |
| 18 to 64 years   | 21,0            | 2,770                       | 29,9 | 1 230         | 29,7 | 1,290  | 30,4 | 105    | 26,9 |
| 65 years and over  | 21,2            | 480                         | 34,7 | 250           | 36,8 | 185    | 33,6 | 10     | 33,3 |
| <b>Housing</b>   |                 |                             |      |               |      |        |      |        |      |
| Owner households   | 40,0            | 1,415                       | 21,0 | 640           | 21,1 | 660    | 21,4 | 30     | 13,0 |
| Tenant households spending 30% or more of income on shelter costs  | 36,8            | -                           | 43,4 | -             | 43,4 | -      | 45,2 | -      | 34,1 |
| Dwellings needing major repairs                                    | 7,9             | 945                         | 14,0 | 425           | 14,0 | 435    | 14,1 | 50     | 21,7 |
| Housing not suitable   | 8,2             | 375                         | 5,5  | 170           | 5,6  | 170    | 5,5  | 20     | 8,7  |

Source: Statistics Canada, 2016 Census

## APPENDIX IV

Aboriginal identity population in Montréal, 2016, CIUSSS and RTS territories

| Territories                                    | Aboriginal identity |       | Premières Nations |       | Métis |       | Inuit |       |
|--|---------------------|-------|-------------------|-------|-------|-------|-------|-------|
|  | First Nations       | Métis | Inuit             | %     | N     | %     | N     | %     |
| Montréal RSS                                   | 13,105              | 100,0 | 5,910             | 100,0 | 5,750 | 100,0 | 670   | 100,0 |
| 061 - RTS de l'Ouest-de-l'Île-de-Montréal      | 2,765               | 21,1  | 1,375             | 23,3  | 880   | 15,3  | 340   | 50,7  |
| 062 - RTS du Centre-Ouest-de-l'Île-de-Montréal | 1,395               | 10,6  | 725               | 12,3  | 500   | 8,7   | 95    | 14,2  |
| 063 - RTS du Centre-Sud-de-l'Île-de-Montréal   | 3,055               | 23,3  | 1,410             | 23,9  | 1,385 | 24,1  | 65    | 9,7   |
| 064 - RTS du Nord-de-l'Île-de-Montréal         | 2,160               | 16,5  | 890               | 15,1  | 1,030 | 17,9  | 70    | 10,4  |
| 065 - RTS de l'Est-de-l'Île-de-Montréal        | 3,725               | 28,4  | 1,510             | 25,5  | 1,950 | 33,9  | 105   | 15,7  |
| RLS de l'Ouest-de-l'Île                        | 1,180               | 9,0   | 540               | 9,1   | 475   | 8,3   | 85    | 12,7  |
| RLS de Dorval-Lachine-LaSalle                  | 1,585               | 12,1  | 830               | 14,0  | 405   | 7,0   | 250   | 37,3  |
| RLS Cavendish                                  | 625                 | 4,8   | 370               | 6,3   | 155   | 2,7   | 50    | 7,5   |
| RLS de la Montagne                             | 765                 | 5,8   | 360               | 6,1   | 345   | 6,0   | 45    | 6,7   |
| RLS du Sud-Ouest-Verdun                        | 1,690               | 12,9  | 855               | 14,5  | 710   | 12,3  | 50    | 7,5   |
| RLS Jeanne-Mance                               | 1,365               | 10,4  | 555               | 9,4   | 675   | 11,7  | 20    | 3,0   |
| RLS de Bordeaux-Cartierville-Saint-Laurent     | 435                 | 3,3   | 130               | 2,2   | 200   | 3,5   | 35    | 5,2   |
| RLS d'Ahuntsic et Montréal-Nord                | 895                 | 6,8   | 350               | 5,9   | 470   | 8,2   | 15    | 2,2   |
| RLS du Cœur-de-l'Île                           | 835                 | 6,4   | 410               | 6,9   | 365   | 6,3   | 20    | 3,0   |
| RLS de Saint-Léonard et Saint-Michel           | 525                 | 4,0   | 225               | 3,8   | 265   | 4,6   | 15    | 2,2   |
| RLS de la Pointe-de-l'Île                      | 1,505               | 11,5  | 610               | 10,3  | 825   | 14,3  | 20    | 3,0   |
| RLS Lucille-Teasdale                           | 1,695               | 12,9  | 670               | 11,3  | 865   | 15,0  | 65    | 9,7   |

Source: Statistics Canada, 2016 Census

# APPENDIX V

Aboriginal identity population in Montréal, 2016, CLSC territories

| Territories                                | Aboriginal identity |       | First Nations |       | Métis |       | Inuit |       |
|--|---------------------|-------|---------------|-------|-------|-------|-------|-------|
|  | N                   | %     | N             | %     | N     | %     | N     | %     |
| Montréal RSS                               | 13,105              | 100,0 | 5,910         | 100,0 | 5,750 | 100,0 | 670   | 100,0 |
| CLSC Lac Saint-Louis                       | 530                 | 4,0   | 250           | 4,2   | 210   | 3,7   | 50    | 7,5   |
| CLSC Pierrefonds                           | 650                 | 5,0   | 295           | 5,0   | 265   | 4,6   | 35    | 5,2   |
| CLSC Dorval-Lachine                        | 885                 | 6,8   | 455           | 7,7   | 205   | 3,6   | 155   | 23,1  |
| CLSC Lasalle                               | 705                 | 5,4   | 380           | 6,4   | 195   | 3,4   | 90    | 13,4  |
| CLSC René-Cassin                           | 85                  | 0,6   | 35            | 0,6   | 40    | 0,7   | 0     | 0,0   |
| CLSC Notre-Dame-de-Grâces - Montréal-Ouest | 540                 | 4,1   | 330           | 5,6   | 115   | 2,0   | 50    | 7,5   |
| CLSC Parc-Extension                        | 90                  | 0,7   | 40            | 0,7   | 40    | 0,7   | 10    | 1,5   |
| CLSC Côte-des-Neiges                       | 460                 | 3,5   | 200           | 3,4   | 225   | 3,9   | 20    | 3,0   |
| CLSC Métro                                 | 225                 | 1,7   | 120           | 2,0   | 80    | 1,4   | 10    | 1,5   |
| CLSC Saint-Henri                           | 415                 | 3,2   | 170           | 2,9   | 200   | 3,5   | 20    | 3,0   |
| CLSC Verdun                                | 1 105               | 8,4   | 595           | 10,1  | 435   | 7,6   | 20    | 3,0   |
| CLSC Pointe-Saint-Charles                  | 175                 | 1,3   | 90            | 1,5   | 75    | 1,3   | 10    | 1,5   |
| CLSC Saint-Louis-du-Parc                   | 380                 | 2,9   | 190           | 3,2   | 160   | 2,8   | 0     | 0,0   |
| CLSC Plateau-Mont-Royal                    | 485                 | 3,7   | 195           | 3,3   | 260   | 4,5   | 0     | 0,0   |
| CLSC Des Faubourgs                         | 495                 | 3,8   | 170           | 2,9   | 245   | 4,3   | 10    | 1,5   |
| CLSC Bordeaux-Cartierville                 | 155                 | 1,2   | 50            | 0,8   | 75    | 1,3   | 0     | 0,0   |
| CLSC Saint-Laurent                         | 280                 | 2,1   | 75            | 1,3   | 125   | 2,2   | 35    | 5,2   |
| CLSC Ahuntsic                              | 340                 | 2,6   | 155           | 2,6   | 155   | 2,7   | 10    | 1,5   |
| CLSC Montréal-Nord                         | 550                 | 4,2   | 195           | 3,3   | 315   | 5,5   | 10    | 1,5   |
| CLSC Villeray                              | 390                 | 3,0   | 205           | 3,5   | 155   | 2,7   | 10    | 1,5   |
| CLSC La Petite Patrie                      | 445                 | 3,4   | 205           | 3,5   | 210   | 3,7   | 10    | 1,5   |
| CLSC Saint-Michel                          | 270                 | 2,1   | 125           | 2,1   | 125   | 2,2   | 10    | 1,5   |
| CLSC Saint-Léonard                         | 255                 | 1,9   | 100           | 1,7   | 140   | 2,4   | 10    | 1,5   |
| CLSC Rivière-des-Prairies                  | 270                 | 2,1   | 120           | 2,0   | 130   | 2,3   | 0     | 0,0   |
| CLSC Mercier-Est-Anjou                     | 660                 | 5,0   | 260           | 4,4   | 390   | 6,8   | 0     | 0,0   |
| CLSC Pointe-aux-Trembles-Montréal-Est      | 570                 | 4,3   | 225           | 3,8   | 305   | 5,3   | 20    | 3,0   |
| CLSC Rosemont                              | 775                 | 5,9   | 310           | 5,2   | 415   | 7,2   | 15    | 2,2   |
| CLSC Olivier-Guimond                       | 325                 | 2,5   | 145           | 2,5   | 140   | 2,4   | 20    | 3,0   |
| CLSC Hochelaga-Maisonneuve                 | 595                 | 4,5   | 215           | 3,6   | 310   | 5,4   | 30    | 4,5   |

Source: Statistics Canada, 2016 Census

# References

- 1 Statistique Canada. Tableau 13-10-0458-01 Indicateurs de la santé, selon l'identité autochtone, taux normalisés selon l'âge, estimations pour une période de quatre ans.
- 2 Statistique Canada. (2013). Certains indicateurs de la santé des membres des Premières nations vivant hors réserve, des Métis et des Inuits (Produits n° 82-624-X au catalogue). Ottawa : Statistique Canada.
- 3 Statistique Canada. Tableau 13-10-0134-01 Espérance de vie à différents âges, selon le groupe de population et le sexe, Canada.
- 4 Statistique Canada. Tableau 13-10-0403-01 Espérance de vie, à la naissance et à 65 ans, selon le sexe, moyenne de cinq ans, Canada et régions inuites.
- 5 Brown, B., Wachowiak-Smolíková, R., Spence, N. D., Wachowiak, M. P., & Walters, D. F. (2016). Why Do Some First Nations Communities Have Safe Water and Others Not? Socioeconomic Determinants of Drinking Water Risk. *Glob J Health Sci*, 8(9), 99–106. doi : 10.5539/gjhs.v8n9p99
- 6 Galway, L. P. (2016). Boiling over: A Descriptive Analysis of Drinking Water Advisories in First Nations Communities in Ontario, Canada. *Int J Environ Res Public Health*, 13(5). doi : 10.3390/ijerph13050505
- 7 Bureau du vérificateur général. (2011). Le Point de 2011 de la vérificatrice générale du Canada. Chapitre 4. Repéré à [http://www.oag-bvg.gc.ca/internet/English/parl\\_oag\\_201106\\_04\\_e\\_35372.html](http://www.oag-bvg.gc.ca/internet/English/parl_oag_201106_04_e_35372.html)
- 8 Statistique Canada. (2017). Les conditions de logement des peuples autochtones au Canada. Recensement de la population 2016 (Produit n° 98-200-X au catalogue). Ottawa : Statistique Canada.
- 9 Agence de la santé publique du Canada. (2017). Rapport de l'administrateur en chef de la santé publique sur l'état de la santé publique au Canada, 2017 : Concevoir un mode de vie sain. Ottawa : Agence de santé publique du Canada.
- 10 Surveillance systems have been developed for First Nations populations living in communities and territories subject to agreements (James Bay Cree Territory and Nunavik). For more information on these surveillance systems, refer to the following websites:
  - Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador.  
Lien : <http://www.cssspnql.com/champs-intervention/secteur-recherche/surveillance-etat-sante>
  - Conseil Cri de la santé et des services sociaux de la Baie James.  
Lien : <http://www.creehealth.org/fr/sant%C3%A9-publique/surveillance-de-la-sant%C3%A9>
  - Régie régionale de la santé et des services sociaux.  
Lien : <http://nrbhss.gouv.qc.ca/fr/la-rrsssn/sant%C3%A9-publique>
- 11 Direction de la recherche stratégique des Affaires autochtones et Développement du Nord Canada (2013). La disparité des revenus des Autochtones. Repéré à [http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/rs\\_re\\_brief\\_incomedisparity-PDF\\_1378400531873\\_fra.pdf](http://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/rs_re_brief_incomedisparity-PDF_1378400531873_fra.pdf)
- 12 Chaire de recherche du Canada sur la condition autochtone comparée. (2016). La pauvreté monétaire des Autochtones du Québec. Mesurer et comprendre. Québec : Université Laval.
- 13 Newhouse, D. et Peters, E. (2003). Des gens d'ici. Les Autochtones en milieu urbain. Ottawa : Gouvernement du Canada.
- 14 Direction régionale de santé publique de Montréal. (2015). Pour des logements salubres et abordables. Rapport du directeur de santé publique de Montréal 2015. Montréal : Direction régionale de santé publique de Montréal.
- 15 Latimer, E., Bordeleau, F. pour l'équipe de Je Compte MTL 2018. (2019). Dénombrement des personnes en situation d'itinérance sur l'île de Montréal le 24 avril 2018. Montréal : Ville de Montréal et Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal.
- 16 Statistique Canada. (2018). Montréal, TÉ [Division de recensement], Québec. Profil de la population autochtone, Recensement de 2016 (Produit n° 98-510-X2016001 au catalogue). Ottawa : Statistique Canada.

- 17 Commission de vérité et réconciliation du Canada. (2015). Ce que nous avons retenu : Les principes de la vérité et de la réconciliation. Winnipeg : Commission de vérité et réconciliation du Canada.
- 18 Loi constitutionnelle de 1982, 35, alinéa 2. Repéré à <http://lois-laws.justice.gc.ca/fra/Const/page-15.html>
- 19 Commission royale sur les peuples autochtones. (1996). Volume 2 : Une relation à redéfinir. Rapport de la Commission royale sur les peuples autochtones. Ottawa : Gouvernement du Canada.
- 20 Statistique Canada. (2017). Peuples et collectivités autochtones. Disponible au : <https://www.rcaanc-cirnac.gc.ca/fra/1100100013785/1529102490303>
- 21 Statistique Canada. (2017). Les langues autochtones des Premières Nations, des Métis et des Inuits, Recensement de la population de 2016 (Produit n° 98-200-X2016022 au catalogue). Ottawa : Statistique Canada.
- 22 Statistique Canada. (2017). Peuples autochtones. Faits saillants en tableaux, Recensement de 2016 (Produit n° 98-402-X2016009 au catalogue). Ottawa : Statistique Canada.
- 23 Loi sur les Indiens, article 6. Repéré à <http://laws-lois.justice.gc.ca/fra/lois/l-5/TexteCompleet.html>
- 24 Statistique Canada. (2011). Recensement en bref. Les langues autochtones au Canada (Produit n° 98-314-X2011003 au catalogue). Ottawa : Statistique Canada.
- 25 Allan, B. et Smylie, J. (2015). First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto: the Wellesley Institute.
- 26 Secrétariat aux affaires autochtones. (2015). Statistiques des populations autochtones du Québec 2015. Repéré au <http://www.autochtones.gouv.qc.ca/nations/population.htm> Dernière mise à jour, 2016-08-18, consulté le 2017-10-04.
- 27 Statistique Canada. (2017). Dictionnaire, recensement de la population, 2016. Définition Identité autochtone. Repéré au <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/pop001-fra.cfm>
- 28 Relations Couronne-Autochtones et Affaires du Nord Canada. (2017). Peuples et collectivités autochtones. Premières Nations au Canada. Ottawa : Gouvernement du Canada.
- 29 Bibliothèque du Parlement, Direction de la recherche parlementaire. (1987). Les autochtones - historique des lois discriminatoires à leur endroit. Ottawa : Gouvernement du Canada.
- 30 Secrétariat aux affaires autochtones. (2011). Amérindiens et Inuits, portrait des nations autochtones du Québec, 2e édition. Québec : Gouvernement du Québec.
- 31 Statistique Canada. (2017). Population ayant une identité autochtone selon les deux sexes, total - âge, chiffres de 2016, Canada et régions métropolitaines de recensement et agglomérations de recensement, Recensement de 2016 – Données-échantillon (25 %). Repéré à : <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/abo-aut/Tableau.cfm?Lang=Fra&T=102&S=88&O=A>
- 32 Daniels c. Canada (Affaires indiennes et du Nord canadien) <https://scc-csc.lexum.com/scc-csc/scc-csc/fr/item/15858/index.do>
- 33 Bill C-3 An Act to promote gender equity in Indian registration by responding to the Court of Appeal for British Columbia decision in *Mclvor v. Canada* (Registrar of Indian and Northern Affairs) <http://www.parl.ca/DocumentViewer/en/40-3/bill/C-3/first-reading>
- 34 Environics Institute. (2011). Urban aboriginal peoples study. Montreal Report. Toronto : Environics Institute.
- 35 Regroupement des Centres d'amitié autochtone du Québec. (s.d.). Les Autochtones et la ville. Rapport final 2013-2014. Wendake : RCAAQ.
- 36 Centre de collaboration nationale de la santé autochtones. (2012). La santé des Autochtones vivant en milieu urbain. Prince George : CCNSA.
- 37 Smylie, J. & Firestone, M. (2015). Back to the basics: Identifying and addressing underlying challenges in achieving high quality and relevant health statistics for indigenous populations in Canada. *Statistical Journal of the IAOS*, 31(1), p. 67-87.
- 38 First Nations Centre. (2009). Urban First Nations Health Research Discussion Paper. Ontario : National Aboriginal Health Organization.

- 39 Smylie, J. & Anderson, M. (2006). Understanding the health of Indigenous peoples in Canada: key methodological and conceptual challenges. *Canadian Medical Association Journal*, 175(6), p. 602-605.
- 40 Anderson, M. & Smylie, J. (2009). Health Systems Performance Measurement Systems in Canada: How Well do They Perform in First Nations, Inuit, and Métis Contexts? *Pimatisiwin*, 7(1), p. 99–115.
- 41 RÉSEAU pour la stratégie urbaine de la communauté autochtone à Montréal. (2012). Évaluation des besoins en santé des autochtones en milieu urbain de Montréal. Repéré à <http://reseauumtlnetwork.com/wp-content/uploads/2015/01/Rapport-final--valuation-des-besoins-en-sant--.pdf>
- 42 Guimond, E. et Sénécal, S. (2009). Les Autochtones du Canada : une population aux multiples définitions. *Cahiers québécois de démographie*, 38(2), 217–220. doi : <https://doi.org/10.7202/044814ar>
- 43 Robitaille, N. et Choinière, R. (1987). L'accroissement démographique des groupes autochtones du Canada au XXe siècle. *Cahiers québécois de démographie*, 16(1), 3-35. doi : <https://doi.org/10.7202/600606ar>
- 44 Direction générale de la planification, de la recherche et de la statistique des Affaires autochtones et Développement du Nord Canada. (2013). Données démographiques sur les Autochtones. Tirées de l'Enquête nationale auprès des ménages de 2011. Repéré à [https://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/abo\\_demo2013\\_1370443844970\\_fra.pdf](https://www.aadnc-aandc.gc.ca/DAM/DAM-INTER-HQ-AI/STAGING/texte-text/abo_demo2013_1370443844970_fra.pdf)
- 45 Statistique Canada. (2017). Les peuples autochtones au Canada : faits saillants du Recensement de 2016. Ottawa : Statistique Canada.
- 46 Polanyi, M., Wilson, B., Mustachi, J., Ekra, M. et Kerr, M. (2017). Unequal city : The hidden Divide Among Toronto's Children and Youth. Toronto : Social Planning Toronto.
- 47 Macdonald, D. et Wilson, D. (2016). Shameful Neglect. Indigenous Child Poverty in Canada. Repéré au [https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2016/05/Indigenous\\_Child%20Poverty.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2016/05/Indigenous_Child%20Poverty.pdf)
- 48 Firestone M., Smylie J., Maracle S., Spiller, M., O'Campo, P. (2014). Unmasking health determinants and health outcomes for urban First Nations using respondent-driven sampling. *BMJ Open*, 4(7).doi : <http://dx.doi.org/10.1136/bmjopen-2014-004978>.
- 49 Ontario Federation of Indian Friendship Centres, Ontario Métis Aboriginal Association, Ontario Native Women's Association. Urban Aboriginal Task Force. Final Report, December 2007. Repéré à <http://research.ofifc.org/sites/default/files/Urban%20Aboriginal%20Task%20Force%20%28UATF%29%20Final%20Report.pdf>
- 50 McCaskill, D., FitzMaurice, K., et Cidro, J. (2011). Toronto Aboriginal Research Project. Final report. Toronto : Toronto Aboriginal Support Services Council (TASSC).
- 51 Peters E. (2005). Indigeneity and marginalisation: Planning for and with urban Aboriginal communities in Canada. *Progress in Planning*, 63(4), 327–404.
- 52 Comité sénatorial permanent des peuples autochtones. (2015). La situation du logement dans les Premières nations : Défis et réussites. Ottawa : Sénat, Comité permanent des peuples autochtones.
- 53 Montréal Autochtone. (2017). Mino Madji8in : En action pour le mieux-être des Autochtones dans les villes. Montréal : Montréal Autochtone.
- 54 Comité sénatorial permanent des affaires sociales, des sciences et de la technologie. (2009). Pauvreté, logement, itinérance : les trois fronts de la lutte contre l'exclusion. Ottawa : Sénat, Comité sénatorial permanent des affaires sociales, des sciences et de la technologie.
- 55 Montréal Autochtone. (2017). Évaluation des besoins en logement social des Autochtones de la région urbaine de Montréal. Document inédit.
- 56 Latimer, E., Bordeleau, F. et Méthot, C. (2018). Besoins exprimés et préférences en matière de logement des utilisateurs autochtones de ressources communautaires sur l'île de Montréal. Montréal : Institut Universitaire en santé mentale Douglas du Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal.
- 57 Statistique Canada. (2016). Les déterminants sociaux de la santé des membres des Premières Nations de 15 ans et plus vivant hors réserve

- 58 Commission de vérité et réconciliation du Canada. (2012). Commission de vérité et réconciliation du Canada : Appels à l'action. Winnipeg : Commission de vérité et réconciliation du Canada.
- 59 Statistique Canada. (2010). Gens en santé, milieux sains.  
Repéré au : <http://www.statcan.gc.ca/pub/82-229-x/2009001/status/phx-fra.htm>
- 60 Institut de la statistique du Québec. (2016). L'Enquête québécoise sur la santé de la population, 2014-2015: pour en savoir plus sur la santé des Québécois. Résultats de la deuxième édition. Québec : Gouvernement du Québec, Institut de la statistique du Québec.
- 61 Agence de la santé et des services sociaux de Montréal. (2012). Rapport du directeur de santé publique 2011. Les inégalités sociales de santé à Montréal. Le chemin parcouru.  
Repéré à [https://publications.santemontreal.qc.ca/uploads/tx\\_asssmpublications/978-2-89673-133-6.pdf](https://publications.santemontreal.qc.ca/uploads/tx_asssmpublications/978-2-89673-133-6.pdf)
- 62 Ferland, M. et Pampalon, R. (2004). Évolution des inégalités de santé selon le revenu au Québec de 1987 à 1998. Santé, société et solidarité, no. 2, 17-28.
- 63 Bonner, W.I.A., Weiler, R., Orisatoki, R., Lu, X., Andkhoie, M., Ramsay, D., ...Farag, M. (2017). Determinants of self-perceived health for Canadians aged 40 and older and policy implications. *Int J Equity Health*, 16(1):94. doi:10.1186/s12939-017-0595-x
- 64 Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2), 143-155.
- 65 Centre canadien de lutte contre l'alcoolisme et les toxicomanies. (2009). Toxicomanie au Canada: Troubles concomitants. Ottawa : Centre canadien de lutte contre l'alcoolisme et les toxicomanies.
- 66 Currie, C.L., Wild, T.C., Schopflocher, D.P., Laing, L., Veugelers, P., Parlee, B. (2013). Racial Discrimination, Post Traumatic Stress, and Gambling Problems among Urban Aboriginal Adults in Canada. *Journal of gambling studies / co-sponsored by the National Council on Problem Gambling and Institute for the Study of Gambling and Commercial Gaming*, 29(3):393-415.
- 67 Terrell, M. D. (1993). Ethnocultural factors and substance abuse: Towards culturally sensitive treatment models. *Psychology of Addictive Behaviors*, 7(3), 162-167.
- 68 King, M., Smith A. et Gracey, M. (2009) Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, 374, 76-85.
- 69 Statistique Canada, Enquête sur la santé dans les collectivités canadiennes 2011-2012, tiré de l'Infocentre de santé publique du Québec.
- 70 Statistique Canada. (2016). Les peuples autochtones : Feuillelet d'information du Québec (Produit n° 89-656-X2016006 au catalogue). Ottawa : Statistique Canada.
- 71 Aguiar, W. et Halseth, R. (2015). Promouvoir la guérison des adultes et des familles autochtones dans le cadre d'un modèle de collège communautaire. Prince George : Centre de collaboration nationale de la santé autochtone.
- 72 Bellamy, S. et Hardy, C. (2015). Les troubles anxieux et les peuples autochtones au Canada : L'état actuel des connaissances et les pistes de recherches futures. Prince George : Centre de collaboration nationale de la santé autochtone.
- 73 Bellamy, S. et Hardy, C. (2015). Le syndrome de stress post-traumatique chez les peuples autochtones du Canada : Examen des facteurs de risque, l'état actuel des connaissances et orientations pour de plus amples recherches. Prince George : Centre de collaboration nationale de la santé autochtone.
- 74 Bruce, S. G., Riediger, N. D., Lix, L. M. (2014). Maladies chroniques et facteurs de risque chez les membres des Premières Nations, les Inuits et les Métis du Nord Canadien. *Maladies chroniques et blessures au Canada*, 34(4), 229-327.
- 75 Statistique Canada. (2014). Santé des Inuit : certains résultats de l'Enquête auprès des peuples autochtones de 2012 (Produit n° 89 653 X au catalogue — No. 003). Ottawa : Statistique Canada.
- 76 Régie régionale de la santé et des services sociaux Nunavik, en collaboration avec l'Institut national de santé publique du Québec. (2014). Portrait de santé du Nunavik en 2015 : les enjeux chez les jeunes, les adultes et les personnes âgées. Québec : Gouvernement du Québec.
- 77 Enquête auprès des peuples autochtones (EAPA) de 2012. Tableaux produit par la Direction de la recherche stratégique et des statistiques, Services aux Autochtones Canada du Gouvernement du Canada à la demande de la Direction régionale de santé publique de Montréal.



- 78 Agence de la santé publique du Canada et Institut canadien d'information sur la santé. (2011). Obésité au Canada. Repéré à <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/assets/pdf/oic-oac-fra.pdf>
- 79 Direction régionale de santé publique de Montréal. (2015). État de situation. Le surplus de poids chez les Montréalais. Montréal : Direction régionale de santé publique du CIUSSS Centre-Sud-de-l'Île-de-Montréal.
- 80 Direction régionale de santé publique de Montréal en collaboration avec l'Institut national de santé publique du Québec. (2015). Le diabète à Montréal : un problème qui continue de prendre de l'ampleur. Montréal : Direction régionale de santé publique du CIUSSS Centre-Sud-de-l'Île-de-Montréal.
- 81 Agence de la santé publique du Canada. (2011). Le diabète au Canada. Perspective de santé publique sur les faits et chiffres. Ottawa : Agence de santé publique du Canada.
- 82 Kurtz, D. L. M., Nyberg, J.C., Van Den Tillaart, S., Mills, B. et Okanagan Urban Aboriginal Health Research Collective (OUAHRC). (2008). Silencing of voice: an act of structural violence. Urban Aboriginal women speak out about their experiences with health care. *Journal of Aboriginal Health*, 4(1), 53-63.
- 83 Tang, S.Y. et Browne, A. J. (2008). «Race» matters: racialization and egalitarian discourses involving Aboriginal people in the Canadian health care context. *Ethnicity & Health*, 13(2), 109-127.
- 84 Browne, A.J., Smye, V.L., Rodney, P., Tang, S.Y., Mussell, B. et O'Neil, J. (2011). Access to primary care from the perspective of Aboriginal patients at an urban emergency department. *Qualitative Health Research*, 21(3), 333-348.
- 85 Centre International pour la prévention de la criminalité. (2011). The city as a « space of opportunity »: Urban indigenous experiences and community safety partnerships. Montréal : Centre International pour la prévention de la criminalité.
- 86 Boucher, N. et Borrero Luz, J. (2012) Les enjeux de la sécurité pour les Autochtones en milieu urbain. Une revue de la littérature internationale. Montréal : Alliance de recherche ODENA, Réseau de recherche et de connaissances relatives aux peuples autochtones (DIALOG) et Regroupement des centres d'amitié autochtones du Québec.
- 87 Statistique Canada. (2016). La victimisation chez les Autochtones au Canada, 2014. Repéré à <https://www150.statcan.gc.ca/n1/fr/pub/85-002-x/2016001/article/14631-fra.pdf?st=HcK6og9S>
- 88 Lévesque, C. (2003). The presence of Aboriginal peoples in Quebec's cities: Multiple movements, diverse issues. Dans D. Newhouse et E. Peters (dir.), *Not strangers in these parts: Urban Aboriginal peoples* (pp. 23-34). Ottawa : Policy Research Initiative.
- 89 Statistique Canada. (2015). L'homicide au Canada, 2014. Repéré à <https://www150.statcan.gc.ca/n1/fr/pub/85-002-x/2015001/article/14244-fra.pdf?st=Kv-h0HEN>
- 90 Gendarmerie Royale du Canada. (2014). Les femmes autochtones disparues et assassinées : Un aperçu opérationnel national. Ottawa : Gendarmerie Royale du Canada.
- 91 For more information on these surveillance systems, refer to the following websites:
- Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador.  
Lien : <http://www.cssspnql.com/champs-intervention/secteur-recherche/surveillance-etat-sante>
  - Conseil Cri de la santé et des services sociaux de la Baie James.  
Lien : <http://www.creehealth.org/fr/sant%C3%A9-publique/surveillance-de-la-sant%C3%A9>
  - Régie régionale de la santé et des services sociaux.  
Lien : <http://nrhss.gouv.qc.ca/fr/la-rrsssn/sant%C3%A9-publique>
- 92 Conseil canadien de la santé. (2012). Empathie, dignité et respect : Créer la sécurisation culturelle pour les Autochtones dans les systèmes de santé en milieu urbain. Toronto : Conseil canadien de la santé, p. 5
- 93 Commission royale sur les peuples autochtones. (1996). Volume 3 : Vers un Ressourcement. Rapport de la Commission royale sur les peuples autochtones. Ottawa : Gouvernement du Canada.
- 94 Environics Institute. (2011). Urban aboriginal peoples study. Toronto : Environics Institute.

# Liste des experts consultés lors de l'élaboration du rapport

|                                       |   |
|---------------------------------------|---|
| Nancy Gros-Louis McHugh               | CSSSPNQL  |
| Joannie Gray Roussel                  | CSSSPNQL  |
| Serge Lareault                        | Ville de Montréal   |
| Aurélie Arnaud                        | Ville de Montréal   |
| Marie-Ève Bordeleau                   | Ville de Montréal   |
| Carole Chouinard                      | Ville de Montréal   |
| Mélissa Goupil-Landry                 |   |
| Widia Larivière                       | Comm. droits de la personne du Qc                                       |
| Maggie Putulik                        | Module Nord   |
| Annie Bergeron                        | Femmes autochtones du Québec  |
| Isabelle Paillée                      | Femmes autochtones du Québec  |
| Philippe Tsaronsere Meilleur          | Montréal Autochtone   |
| Faisca Richer (INSPQ)                 | RÉSEAU pour la stratégie urbaine de la communauté autochtone à Montréal |
| Pascale Annoual                       | RÉSEAU  |
| Sean Yaphé                            | RÉSEAU  |
| Allison Reid                          | RÉSEAU  |
| Vicki Boldo                           | RÉSEAU  |
| Marina Boulos                         | Chez Doris  |
| Véronique Rankin                      | Regroupement des Centres d'amitié autochtone                            |
| Tania Sirois                          | Regroupement des Centres d'amitié autochtone                            |
| Audrey Pinsonneault                   | RCAAQ   |
| Adrienne Campbell                     | Projets Autochtones du Québec   |
| Julie Grenier                         | CCSMTL  |
| Florente Démosthène                   | CCSMTL  |
| Pierre Desmarais                      | Agence de la santé publique du Canada                                   |
| Mathilde Roy                          | Ministère de la santé et des services sociaux du Québec                 |
| François Ouellet Castro               | Secrétariat aux affaires autochtones                                    |
| Ghislain Picard                       | Assemblée des Premières Nations du Québec et du Labrador                |
| Sylvain Francoeur                     | Ministère du Travail, de l'Emploi et de la Solidarité sociale           |
| Nakuset                               | Native women's shelter of Montreal                                      |
| Orenda Konwawennotion Boucher-Curotte | Aboriginal Student Resource Centre de Concordia                         |
| Dana-Marie Williams                   | First People's House McGill   |
| Abraham Jolly                         | Cree School Board   |
| Isabelle Mathers                      | Ministère du Travail, de l'Emploi et de la Solidarité sociale           |
| Dominique Dufour                      | CCOMTL  |
| Najja Hachimi-Idrissi                 | CCOMTL  |
| Vicky Kaseka                          | CEMTL   |
| Marie-Pierre Bousquet                 | Université de Montréal  |
| Carole Lévesque                       | INRS Urbanisation, Culture et Société                                   |
| Hélène Denoncourt                     | Institut Universitaire en santé mentale Douglas                         |



*Centre intégré  
universitaire de santé  
et de services sociaux  
du Centre-Sud-de-  
l'Île-de-Montréal*

Québec 