

**The Impact of Socio-economic Status on Métis health: A Brief Introduction  
for Community**

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## **Abstract**

The lack of research on the relationship between socio-economic status and health has hampered efforts to lobby, and seek funding from, municipal, provincial, and federal governments for programs that address socio-economic and health disparities. This paper is a synopsis of research which explores these issues by analyzing the *Aboriginal Peoples Survey*, the *2001 Census*, and the *2001 Canadian Community Health Survey*. Results indicate that Métis suffer a lower socio-economic status (lower incomes, wages, employment, and levels of education attainment). This is in spite of similar levels of involvement of Métis and non-Aboriginal Canadians in the workforce. Even among individuals with similar education, Métis earn lower incomes compared to non-Aboriginal Canadians. Clearly, class and race issues combine to affect the socio-economic status of Métis. The lower socio-economic status among Métis appears to affect their health. Specifically, Métis with low income and education report lower self-rated health compared to non-aboriginal Canadians with low income and education. While these issues need to be further examined and better quality data are required, preliminary results emphasize the need for programs to address socio-economic disparities, and race and class issues, in order to attain optimal health and well-being for the Métis in Canada.

## **Disclaimers**

This paper is a synopsis of Dr. Carrie Bourassa's Ph.D. dissertation.

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## Prologue

Although Métis communities are aware of the health and socio-economic problems in their communities, there is a lack of Métis-specific socio-economic and health data available to Métis people, communities, and organizations. This lack of data on socio-economic status (SES)<sup>1</sup> and health, and the relationship between the two, hampers efforts to lobby and seek funding from municipal, provincial, and federal government sources. These funding sources often require Métis communities and their representatives to provide proof of the need for programs to address disparities in health and socio-economic status. This is a frustrating experience for Métis who are aware of the reality in their communities, but lack the data. As a Métis woman in academia, I feel a responsibility to my community to advocate for Métis health programs and services. As part of my doctoral research, I examined the relationship between Métis health and socio-economic factors such as income, employment, and education. My research analysed relevant raw data from the *2001 Census*, *2001 Aboriginal Peoples Survey (APS)* and the *Canadian Community Health Survey (CCHS) "Nutrition – General Health Component."* This paper is an executive summary of that research.

### The study addressed the following questions:

- Do the Métis enjoy the same health and socio-economic status (SES) as other Canadians?
- What is the relationship between Métis health and SES?
- How does this relationship compare to that of the general Canadian population?
- How do class and race affect Métis health?
- Has the experience of colonization affected the health of Métis, and does it continue to affect the health of Métis?

### This study is important for the following reasons:

- It addresses the gap in knowledge of the health and well-being of Métis.
- The data will provide Métis communities and organizations evidence of the need for programs addressing health disparities, as well as the reasons for those disparities.

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<sup>1</sup> Socio-economic status or "SES" is a measure of an individual or group's position in a hierarchical structure based on education, employment, and income (Raphael, 2004, p.269). It is considered to be a reliable predictor of health status because it illuminates material advantages or disadvantages that accumulate over a person's lifespan and their effects on health (Raphael, 2004, p.13). Class, or social class, refers to distinct social groupings. Different social classes can be distinguished by inequalities in power, authority, wealth, working and living conditions, lifestyles, lifespan, education, religion, and culture (Naiman, 2004, p.80).

- It is a starting point highlighting the need for future research in Métis health.
- It draws attention to the need for more quality data and a more complete Métis health database.

## **Background**

According to the 2001 APS, there are approximately 295,000 Métis people in Canada, representing 40 per cent of the total Aboriginal population. The Métis population increased by an incredible 43 per cent between 1996 and 2001,<sup>2</sup> and is estimated to have increased by 91 per cent between 1991 and 2001. Sadly, there are few existing health data available on Métis in Canada (Canadian Institute for Health Information, 2004, p. 78; Lamouche, 2002, p. 6; Romanow, 2002, p.218; Smylie, 2001, p.56).

## **The primary sources of data are:**

- Aboriginal Peoples Surveys (APS) conducted in 1991 and 2001.
- Census data available from 1991, 1996, and 2001 (Lamouche, 2002, p.6; Smylie, 2001, p. 56).
- Limited data collected at local, regional, and provincial levels, varying from province to province. For example:
  - The province of Manitoba tracked Métis health utilization rates through a pilot study in 2002.
  - The Métis Nation of Ontario recently developed a survey to understand what health issues face Métis people in Ontario.
  - The Métis Nation of British Columbia completed a survey of their members.
  - The Métis Settlements General Council in Alberta completed a census of their population.

Nonetheless, Métis health-specific data remain insufficient.

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<sup>2</sup> According to Statistics Canada, the growth of the Métis population is due to both demographic factors, such as high fertility rates relative to the non-Aboriginal population, and non-demographic factors, such as an increasing tendency for people to identify themselves as Métis (Statistics Canada, 2006, p. 30).

## What the existing data say about:

### A. Métis socio-economic status:

Although few health-specific data exist specifically in relation to Métis, socio-economic data are often examined in order to understand the impact of such factors on health.

- The Aboriginal Peoples' Survey (APS) (1991) portrayed a gloomy picture of Métis economic circumstances. Overall, Métis were slightly better off than either First Nations or Inuit people, but much worse off than most non-Aboriginal Canadians.<sup>3</sup>
- Métis unemployment was 21.8 per cent while unemployment for First Nations people was 30.8 per cent. However, Métis unemployment was still more than double the Canadian average in 1991 (RCAP, 1996, Vol. 4, Chapter 5, on-line version).
- While Métis have slightly more formal education on average than either Inuit or First Nations people living on-reserve, their educational attainment is lower than that of First Nations people living off-reserve, and markedly below that of Canadians in general:
  - In 2001, 19.1 per cent of the Métis population had fewer than eight years of schooling, compared to 11.8 per cent of Canadians generally.

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<sup>3</sup> Note that the term “non-Aboriginal” does not necessarily mean “white.” Other ethnicities are included in this category because the methodology, as noted in Chapter Four, used Aboriginal identity (ABSRP) to select the Métis responses in that category. It is reasonable to categorize in this way because this dissertation argues that Métis people have lower SES compared to non-Aboriginal Canadians, at least in part, because most other non-Aboriginal Canadians did not experience the lingering effects of colonization. The experience of colonization in Canada is unique to Aboriginal people. This study used “self-identification” instead of “ancestry” to determine Aboriginal identity. The 2001 Census identifies Aboriginal people in several ways including self-identification as an Aboriginal person (North American Indian, Métis, or Inuit) OR Aboriginal ancestry (persons who reported at least one Aboriginal origin in the census question on ethnic origin). Self-identification is now used more often to define affiliation with an Aboriginal group (Statistics Canada, 2007, p.19).

Furthermore, literature suggests that most people, regardless of ethnicity, “climb up the SES ladder,” so to speak. The Royal Commission on Bilingualism and Biculturalism devoted an entire volume to the examination of ethnicity and the labour force entitled *The Work World*. The most significant findings were that, although French-speaking Canadians had a lower SES compared to English-speaking Canadians, ethnic origin did not prove to be a significant factor in SES (Dunton, Laurndaeau, Morris, 1972, p.343; Adamson, Findlay, Oliver, Solberg, 1974, p.714). Likewise, although immigrants are forced into a particular social class structure, many appear capable of improving their SES. John Porter (1965) refers to this as “entrance status,” which “implies lower level occupational roles and subjection to processes of assimilation laid down and judged by the charter group. Over time the position of entrance status may be improved, or it may be permanent caste like status ...most minority groups have at some time had this entrance status. Some, but not all, have moved out of it” (pp. 63-64).

- While 12.2 per cent of Canadians held university degrees, only 3.3 per cent of Métis did.
- In all certificate or degree categories, from high school to university, and in university attendance, Métis were significantly less well-represented than First Nations people living off-reserve (RCAP, 1996, Vol. 4, Chapter 5, on-line version).
- Data from both the 1996 and 2001 census revealed small improvements in socio-economic status for Métis, but gaps between Aboriginal and non-Aboriginal Canadians remained high (Statistics Canada, 2001, on-line version). For example, in the 1996 census, 52 per cent of off-reserve Aboriginal people aged 20 to 24 had less than secondary schooling listed as their highest level of education attained. By 2001, this number had decreased to 48 per cent. However, the comparable figure for non-Aboriginal Canadians was 26 per cent (Statistics Canada, 2001, on-line version). These trends are also reflected in the CIHI report.

#### **B. Health:**

- Métis self-rated health was higher than First Nations, only slightly higher than Inuit, and slightly lower than non-Aboriginal Canadians.
  - Fifty-eight per cent of Métis respondents rated their health as “excellent/very good,” compared to 40 per cent of First Nations, 56 per cent of Inuit, and 61 per cent of non-Aboriginal Canadians.
  - Twenty-five per cent of Métis respondents rated their health as “good,” compared to 33 per cent of First Nations, 32 per cent of Inuit, and 27 per cent of non-Aboriginal Canadians.
  - Seventeen per cent of Métis respondents rated their health as “fair/poor,” compared to 27 per cent of First Nations, 12 per cent of Inuit, and 12 per cent of non-Aboriginal Canadians (CIHI, 2004, p. 81).
- CIHI (2004, p.83) compared rates of chronic and infectious diseases between Aboriginal and non-Aboriginal Canadians. Of note:

- Twenty three percent of Métis, 24 per cent of First Nations, 22 percent of Inuit, and 14 per cent of non-Aboriginal Canadians were obese.
- Six per cent of Métis, 14 per cent of First Nations, two per cent of Inuit, and four per cent of non-Aboriginal Canadians had diabetes.
- Twenty per cent of Métis, 21.5 per cent of First Nations, nine per cent of Inuit, and 16 per cent of non-Aboriginal Canadians had arthritis or rheumatism.
- Seven per cent of Métis, 12 per cent of First Nations, five per cent of Inuit, and four per cent of non-Aboriginal Canadians had heart problems.
- Thirteen per cent of Métis, 24 per cent of First Nations, eight per cent of Inuit, and 9.5 per cent of non-Aboriginal Canadians had high blood pressure.
- Over four times more Métis had tuberculosis compared to non-Aboriginal Canadians.
- Thirty seven per cent of Métis, 38 per cent of First Nations, 61 per cent of Inuit, and 22 per cent of non-Aboriginal Canadians smoked.

The report concluded that “the poorer conditions faced by Aboriginal Peoples could be contributing to their lower health status relative to non-Aboriginal people in Canada” (CIHI, 2004, p. 84). Key SES factors (education, employment, and income) were part of the complex explanation for lower health status.

#### **Problems with existing data sources:**

There are several problems with the current data sources.

- It is difficult to obtain comparisons between non-Aboriginal and Aboriginal people from the *2001 Census* alone. Statistics Canada has not released a comprehensive analysis of comparable national SES data (including Aboriginal and non-Aboriginal comparisons) as they did in 1996.
- The APS provides useful information, but since no non-Aboriginal respondents are included, comparisons cannot be made.
- The *2001 Census*, where both Aboriginal and non-Aboriginal responses are recorded, did not include questions on health.
- For health topics not reported by Statistics Canada, custom information can be acquired on a cost-recovery basis. However, it can range from hundreds to thousands of dollars depending on the complexity of the request.

## Why was this study conducted?

Although data available to date is helpful, a more detailed analysis may allow us to examine whether or not SES influences Métis self-reported health status in the same way that it does for non-Aboriginal Canadians. Fundamentally, do class and race issues combine to influence the self-reported health status of Métis? The analyses presented in this paper attempt to answer this question.

## How was the study conducted?

This study used quantitative methods<sup>4</sup> to analyse the SES and health status of Métis. Specific factors based on a population health approach were used in the analysis, including race and class<sup>5</sup>. Critical race theory<sup>6</sup> was used as a framework to interpret the empirical (statistical) results.

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<sup>4</sup> Quantitative analysis is required to understand what existing data say about Métis SES and health status. As noted, select determinants were used, including education, employment, income, and self-rated health status. Raw data from the *2001 Census*, *2001 Aboriginal Peoples Survey (APS)*, and the *2004 Canadian Community Health Survey (CCHS) (cycle 2.2)* were accessed through the Data Liberation Initiative (DLI) at the University of Regina. As a preliminary study, the following tests were used:

- 1) **One-way ANOVA:** This test examines whether two or more groups differ on a particular characteristic. This test is used when there are multiple levels, categories, or groups of one independent variable, and only one continuous or numerical dependent variable. A one-way ANOVA analyses the variance to test for statistically significant differences between the groups (Gravetter and Wallnau, 2002, p.342).
- 2) **Independent t-test (difference of means and difference of proportions):** This test evaluates the mean difference or the difference in proportions between two levels, categories, or groups (populations) (Gravetter and Wallnau, 2002, p.224). This test seeks to answer whether two groups in one variable differ in some statistically significant way.
- 3) **Two-way contingency table analysis:** This evaluates whether a statistically significant relationship exists between two variables (Green and Salkind, 2004, p.366).
- 4) **Pearson  $\chi^2$ :** This is a statistic used to test the hypothesis that the variables in the row and column of a two-way contingency table are independent. This procedure takes into account the expected number of cases in each category based on the total number of cases, and then looks at the observed number of cases, for example, the portion of respondents in each group. If the p value is significant (less than .01), it is likely that the two variables are not independent and do have some statistically significant relationship with each other (Norusis, 2006, p.367).

<sup>5</sup> Class, or social class, refers to distinct social groupings. Different social classes can be distinguished by inequalities in power, authority, wealth, working and living conditions, lifestyles, lifespan, education, religion, and culture (Naiman, 2004, p.80).

<sup>6</sup> According to critical race theory, race is a social construction, not a biological characteristic. Race is an idea, a discourse, and a system that ensures some people in society have an advantage over others. Race is a social construction that has profound consequences for material well-being in daily life. Critical race theory makes race visible and empowers those who have been oppressed through the process of “othering” by recognizing that social



There is no single data set that can be used to examine the SES and health status of both Métis and non-Aboriginal people. The best source was the *Canadian Community Health Survey* (CCHS), however, there were not enough Métis responses and the data were suppressed. As a result, the *Aboriginal Peoples Survey* (APS) 2001, *Census 2001*, and CCHS, were all examined using statistical analyses. Note that only statistically significant differences are indicated in this study<sup>7</sup>.

## Is History Repeating Itself? What the Study Revealed (Main findings)

### i. Socio-economic Status (SES) of Métis and Non-Aboriginal People

Métis have been historically marginalized and exploited, particularly during the fur trade, as cheap wage labour. The data reveal that this marginalization and exploitation continue in contemporary Canadian society, resulting in poorer SES and self-rated health status among Métis people.

#### *SES of Métis and Non-Aboriginal Respondents*

With regards to SES, three of the most important findings were:

- There are overall differences in income between Métis and non-Aboriginal people. Métis wage and salary earnings and average yearly incomes are lower than non-Aboriginal respondents.
- There are differences between Métis and non-Aboriginal total income by level of schooling. Métis tend to have lower incomes in three of the five education categories.
- Métis are more involved than non-Aboriginal people in the workforce yet, at the same time, a higher proportion of working-age Métis are unemployed. This means that Métis are being exploited as cheap wage labour in the contemporary Canadian economy.

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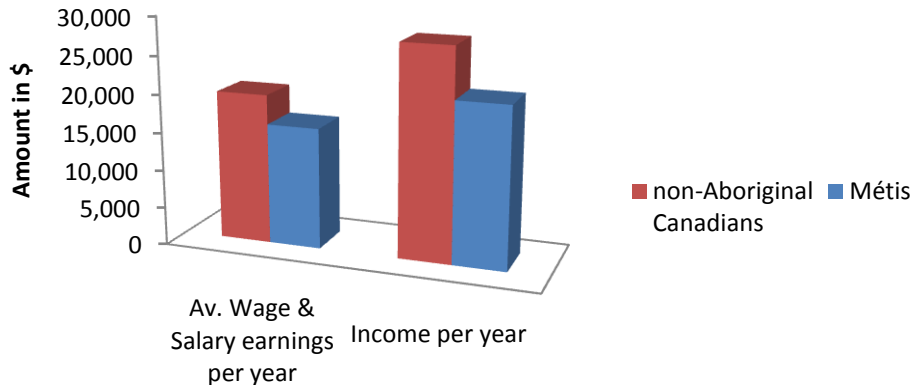
norms have been constructed to serve the interests of the privileged. The goal of critical race theory is to eliminate racial oppression. It achieves this, in part, by acknowledging that racism exists and grounding that acknowledgement in history (Cherland and Harper, 2007, pp. 108-110). That is, there is a contextual, historical treatment of race and equity and, furthermore, racism continues to be endemic in today's society (Valdes, McCristal, Culp, Harris, 2002, p. 4). Racism came to permeate our social institutions and the dominant culture's attitudes through historical events, but racism continues to exist today because it still serves to preserve White privilege. Race and racism serve the interests of the most advantaged groups (Cherland and Harper, 2007, pp. 109 and 117). History, capitalism, and White self-interest are all reasons that racism continues to exist today (Valdes, McCristal, Culp, Harris, 2002, pp. 4-5). This dissertation argues that one of the consequences of this reality for Métis people in contemporary Canada is a poorer self-rated health status compared to non-Aboriginal Canadians.

<sup>7</sup> Note that researchers use different significance levels such as one per cent, five per cent, or 10 per cent. This dissertation uses one per cent, which is the most stringent of the significance levels.

## Income, Wages and Employment

- In 2001, the average wage and salary earnings per year for non-Aboriginal Canadians was \$19,726.97, while the average wage and salary earnings for Métis people was \$15,910.43 per year.

**Comparison of Average Wage, Salary and Income for Métis and non-Aboriginal Canadians**



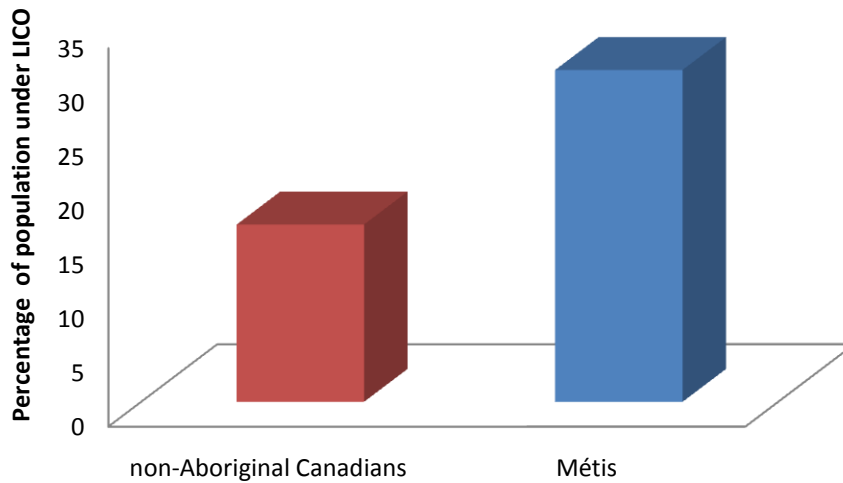
- Non-Aboriginal people had an average income<sup>8</sup> of \$27,647.84 per year, while the average income of Métis was \$20,986.76 per year.
- With regard to income status, there are a higher number of Métis respondents who fall below the Low Income Cut-Off (LICO)<sup>9</sup>, 30.7 per cent compared to 16.4 per cent of non-Aboriginal people.

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<sup>8</sup>Average income refers to total income, which includes *all* sources of income, not only income derived from wages and salaries. Wages and salaries refer to income drawn exclusively from a person's earnings through paid work.

<sup>9</sup> Statistics Canada defines the Low Income Cut-off (LICO) "on the basis of the total income of an economic family or an unattached individual, the size of the family and the size of the area of residence, and the income status of each unattached individual and economic family. These cut-offs are based on national family expenditure data and are updated annually according to changes in the consumer price index. The concept of an economic family is broader than that of a census family in that an economic family consists of all persons living together and related by blood, marriage, common-law, or adoption. Unattached individuals are people living alone or living in a household where they are not related to another person. Where an economic family consists of more than a census family, all individuals that make up the economic family carry the income status. The incidence of low income is the percentage of economic families or unattached individuals in a given category below the applicable low income cut-off" (Statistics Canada, 2001, p.166).

## Metis and non-Aboriginal Canadians in Poverty



- In terms of government transfer payments, Métis collect, on average, more in Canada Child Tax Benefits than non-Aboriginal people (\$570.58 compared to \$306.60), less in Canada or Quebec Pension Plan benefits (\$455.34 compared to \$931.29), and more Employment Insurance benefits (\$567.45 compared to \$372.52).

### Total income by occupation categories

Total income by occupation differed between Métis and non-Aboriginal people. Firstly, total income by occupation was compared between Métis and non-Aboriginal across five occupation categories:<sup>10</sup>

- For two of the categories, “senior management” and “professional occupations in business and finance,” differences could not be calculated because there were not enough Métis respondents.
- No differences were found in the “social science/government services/religious services,” or the “transport and equipment operators” categories.
- Differences were found between Métis and non-Aboriginal people working as “labourers in processing, manufacturing, and utilities.” In this category, Métis earned

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<sup>10</sup> The groups were selected on the basis of senior, middle and lower job classification categories. Senior management, professional occupations in business/finance, social science/government services/religious services, transport and equipment operators, and labourers were selected. Differences were found in only one category.

an average of \$20,893.14 per year, while non-Aboriginal people earned an average of \$23,405.80 per year.

Secondly, total income was examined by grouping the 25 National Occupation Categories (NOC) into seven categories<sup>11</sup>:

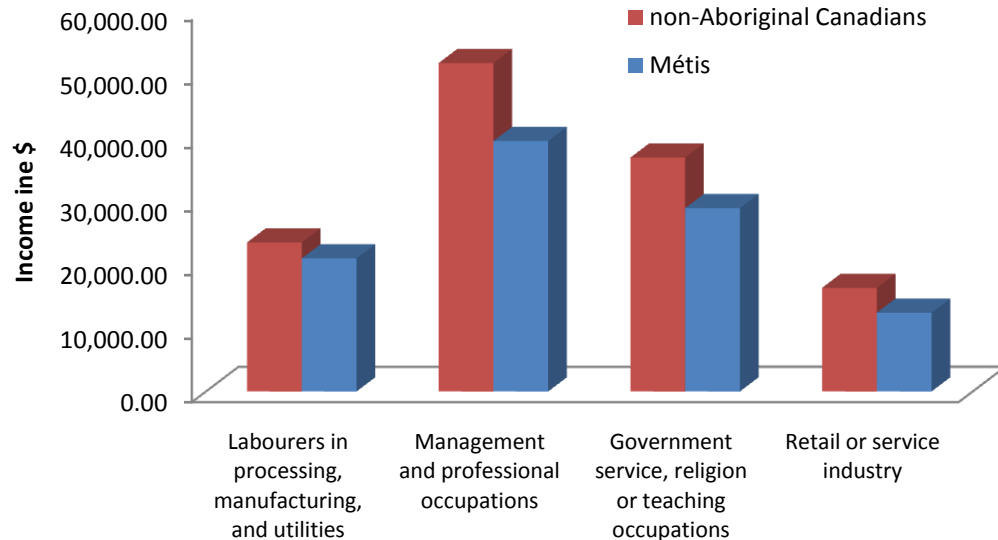
- Differences were found in three of the groupings: “management and professional occupations,” “government service, religion, or teaching occupations,” and “retail service industries.”
- Métis working in “management and professional occupations” earned an average of \$39,329.69, while non-Aboriginal people earned an average of \$51,587.40.
- Within the “government service, religion, or teaching occupations,” Métis earned an average of \$28,789.37, while non-Aboriginal people earned an average of \$36,733.51.

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<sup>11</sup>The NOC categories were grouped as follows: “management and professional occupations,” “clerical or secretarial positions,” “government, service, religion, or teaching occupations,” “technical or insurance occupations,” “retail or the service industry,” “contractors, trades supervisors, skilled trades people, or skilled manufacturing,” and “entry-level positions as labourers or primary industry.”

- In the “retail or service industry,” Métis earned an average of \$12,365.28, while non-Aboriginal people earned an average of \$16,276.68.

**Comparison of Income among Métis and non-Aboriginal Canadians by Occupation Categories**



With regards to full or part-time employment, no differences were found when comparing Métis and non-Aboriginal data, meaning that both groups are roughly equally represented in the “mainly full-time” and “mainly part-time” categories. This also indicates that Métis are as active as non-Aboriginal people in the workforce. However, this does not translate into higher incomes, considering the differences in both total average income and total wages and salaries when compared to non-Aboriginal people. It is likely that Métis are employed mainly full-time in low paying jobs.

### Occupation distribution

The occupation distribution suggests that Métis are active in the labour force.

- Métis are comparably represented in many of the occupation categories.
- There are some notable exceptions including: Senior Management; Other Management; Professional Occupations in Business and Finance; Occupations in Natural and Applied Sciences; Financial, Secretarial and Administrative Occupations;

Professional Occupations in Health, Registered Nurses; and Wholesale, Technical, Insurance, Real Estate Sales Specialists.

- In some occupation categories, Métis are represented in higher proportion than non-Aboriginal people, most notably in the “helping professions,” including: Occupations in Protective Services; Childcare and Home Support Workers; and Technical, Assisting and Related Occupations in Health.
- Métis are more highly represented in the trades including: Construction Trades, Contractors and Supervisors in Trades and Transportation; Other Trades Occupations; and Transport and Equipment Operators.
- Métis are over-represented in many of the lower-paying occupations including: Labourers in Processing, Manufacturing and Utilities; Occupations Unique to Primary Industries; and Trades Helpers, Construction, and Transportation Labourers (See Table 3).

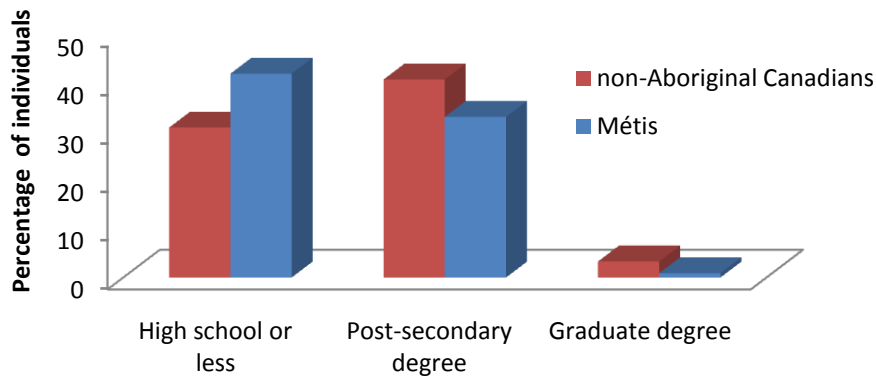
## Education

In spite of evidence suggesting that Métis are active in the labour force, there appear to be barriers preventing them from earning equitable salaries, wages, and total income. The role of education is crucial in determining lifetime earnings. With regards to education, analysis revealed differences between Métis and non-Aboriginal respondents regarding the highest level of schooling attained.

- A higher percentage of Métis reported “high school or less” compared to non-Aboriginal respondents (42 per cent compared to 30.9 per cent, respectively).
- In the “post-secondary degree” category, 33.1 per cent of Métis hold a degree from a post-secondary institution compared to 40.8 per cent of the non-Aboriginal respondents.

- Only 0.9 per cent of Métis have a graduate degree compared to 3.3 per cent of non-Aboriginal respondents.

**Comparison of Education Attainment among Métis and non-Aboriginal Individuals**



In addition to the highest level of schooling attained, total years of university completed were compared between the two groups. Differences were found between Métis and non-Aboriginal people in each category.

- Non-Aboriginal respondents have a higher number of years of university completed, on average, than Métis people.
- Higher levels of education increase the likelihood of better paying jobs and, as a result, higher incomes. Differences were revealed, both in terms of the highest level of schooling completed, as well as income by the highest level of schooling completed. The fact that Métis people have lower educational levels may help to explain their lower incomes, despite comparable activity in the labour force compared to non-Aboriginal people.

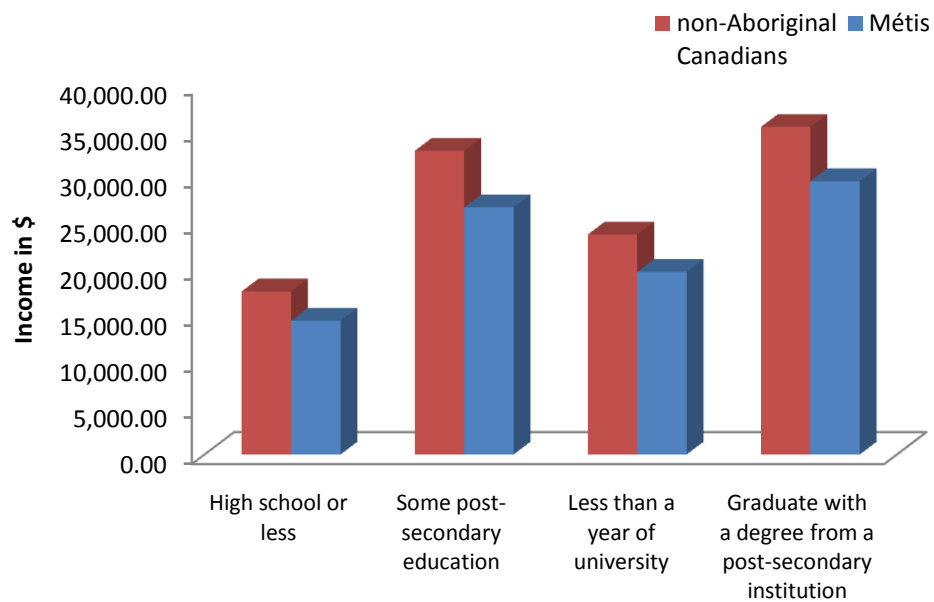
### **Relationship between income and education**

The discrepancies in income, perhaps primarily due to wages and salaries, can be attributed to education levels. There are two key differences in income between Métis and non-Aboriginal people in several levels of education. For example:

- For those respondents reporting “high school or less,” non-Aboriginal people’s income averaged \$17,648.83 per year, compared to Métis at \$14,486.31 per year.
- Of those respondents who have “some post-secondary education,” non-Aboriginal people earned an average of \$32,877.19, while Métis earned an average of \$26,745.73.
- For Métis who graduated with a degree from a post-secondary institution, their annual average income was \$29,582.39, while non-Aboriginal respondents in the same category earned an average of \$35,455.36.
- The only categories where differences were not found was in the “high school diploma” and “graduate degree” categories, but here again, the pattern of lower Métis incomes held.
- Although differences were found with regard to income and the highest level of schooling attained, when examining the total income of individuals with different years of university education completed, difference was found in only one category. Métis with less than a year of university earned less (\$19,762.28 on average) compared to non-Aboriginal respondents in the same category (\$23,812.76 on average) (see Figure 1).



### Comparison of Incomes by Education Attainment among Métis and non-Aboriginal Canadians



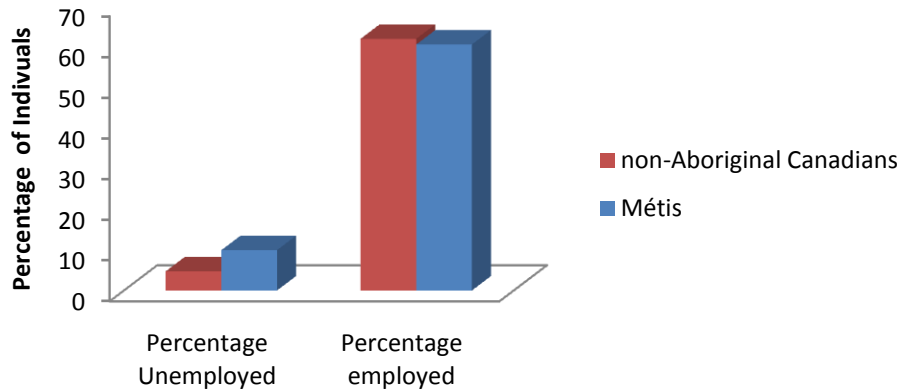
#### Class issues

These key findings, regarding income in particular, suggest that Métis have a lower SES than non-Aboriginal people. Extrapolating from the other tests, class issues appear to contribute to their lower SES. These other results are also important because education and employment reveal class differences. Although there are income disparities between Métis and non-Aboriginal people, these tests also reveal some important differences in terms of education levels and labour force activity:

- Métis are more likely to be unemployed than non-Aboriginal people. The unemployment rate for Métis of working age (15 to 64 years old) was more than twice that of the non-Aboriginal respondents (9.9 per cent compared to 4.7 per cent).
- It is of interest that no difference was observed between Métis and non-Aboriginal respondents in terms of total percentage employed. Approximately 60.4 per cent of Métis reported that they were employed compared to 61.8 per cent of non-Aboriginal respondents.

- In addition, no difference was found between Métis and non-Aboriginal people in terms of those not in the labour force. Thus, it can be concluded that Métis are very active in the labour force, yet face higher unemployment rates compared to non-Aboriginal people

**Métis and non-Aboriginal Canadians Employed and Unemployed**



## ii. Self-rated Health and SES of Métis and Non-Aboriginal Respondents

Three important findings emerging from the statistical tests include:

- There is a relationship between income, education, and self-rated health for both Métis and non-Aboriginal respondents. Generally, the higher the income or education, the higher the level of self-rated health.
- When Métis work for pay or are self-employed, it results in higher self-rated health, similar to non-Aboriginal people.
- The self-rated health of Métis compared to non-Aboriginal people is significantly lower in the lower income categories. This is not the case, however, in the higher income categories.

### Self-rated health:

On a self-reported health<sup>12</sup> scale of 0 to 4, with 0 being poor and 4 being excellent, a higher percentage of Métis indicated they were in poor or fair health compared to non-Aboriginal respondents.

For example:

- More Métis self-rated their health as “poor” (5.1 per cent) than non-Aboriginal people (2.5 per cent).
- More Métis people rated their health in the “poor” and “fair” categories combined (16 per cent) compared to non-Aboriginal people (11.2 per cent).
- A lower percentage of Métis rated themselves in the “good” and “very good” categories (60.4 per cent) compared to non-Aboriginal respondents (66.4 per cent). Slightly more Métis rated their health as “excellent” (23.6 per cent) compared to non-Aboriginal respondents (22.4 per cent).

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<sup>12</sup> The scales for self-rated health in the Aboriginal Peoples Survey (APS) and the Canadian Community Health Survey (CCHS) are the same, except in the APS one is “excellent” and five is “poor,” while in the CCHS, zero is “poor” and four is “excellent.” The scale is re-coded for this study so that self-rated health is on a five-point scale ranging as follows: zero is “poor,” one is “fair,” two is “good,” three is “very good,” and four is “excellent.” Source: Statistics Canada. (2005) *Canadian Community Health Survey (CCHS) Cycle 2.2 Nutrition*.

The majority of Métis respondents rated their health as very good (34.9 per cent) or excellent (23.6 per cent) (See Figure 10). About a quarter (25.5 per cent) rated their health as good, while 10.9 per cent rated their health as fair, and 5.1 per cent rated their health as poor. Source: Statistics Canada. (2006). *Aboriginal Peoples' Survey (APS), 2001: Public Use Microdata File (Adults Off-Reserve)*.

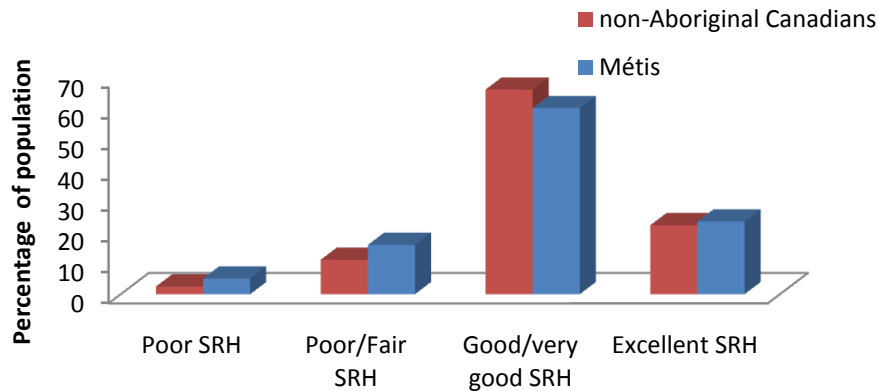
Most non-Aboriginal respondents rated their health as very good (37.3 per cent) or excellent (22.4 per cent). About a third (29.1 per cent) rated their health as good, while 8.7 per cent rated their health as fair. A minority (2.5 per cent) rated their health as poor. Source: Statistics Canada. (2005). *Canadian Community Health Survey (CCHS) Cycle 2.2 Nutrition*.

Note that other recent studies have compared self-rated health in the same manner presented in this paper:

Mulvaney-Day, N., Alegria, M. & Sribney, W. (2006). Social cohesion, social support and health among Latinos in the United States. *Social Science & Medicine*, 64, 477-495.

Humphries, K., & van Doorslaer, E. (2000). Income-related health inequality in Canada. *Social Science & Medicine*, 50, 663-671.

### Comparison of Self-rated Health (SRH) in Métis and non-Aboriginal Canadians



#### SES and self-rated health

Regarding the self-rated health status and SES of Métis and non-Aboriginal respondents, several important conclusions can be reached. When the highest level of schooling achieved and the self-rated health status of Métis and non-Aboriginal people are compared, important differences are revealed:

- More Métis than non-Aboriginal people report having both “less than secondary education” and “poor” health status.
- Of those who are “post-secondary graduate(s),” more Métis self-rate their health as “poor” or “fair” compared to non-Aboriginal people.
- Of those who are “post-secondary graduate(s),” more Métis self-rate their health as “fair” compared to non-Aboriginal people.

While these results demonstrate that educational level affects the health status of Métis people in the same way that it affects non-Aboriginal people, these results also show that by being Métis, self-rated health status is, in certain instances, worse than that of non-Aboriginal people. In terms of the relationship between income and self-rated health status, again, income affects the self-rated health status of Métis respondents in the same way as it does for non-Aboriginal people. If a person has a reasonably high income, is part of the middle or upper classes for example, they tend to have a “good” to “excellent” self-rated health status, regardless of whether they are Métis or non-Aboriginal. More importantly for the purposes of this study,

however, if a person is poor and Métis, then their self-rated health status is worse than non-Aboriginal people who are also poor.

## Discussion

Health disparities between Métis and the non-Aboriginal population exist because of a variety of economic, social and political inequalities. Socio-economic determinants such as infrastructure, employment, housing, education, and the environment need to be addressed if substantial improvements in health status are to be realized. It is important to note that many of these inequalities are deep-rooted in the history of the relationship between the Métis people and various levels of government (MNC, 2005, p. 7). The Métis National Council (MNC) stated in their sectoral sessions policy paper in 2005 that Métis health disparities not only exist, but exist *because of poor SES*.

Furthermore, these inequalities are entrenched in the colonial history of the Métis. Research conducted by the Royal Commission on Aboriginal People (RCAP) revealed that Métis have suffered, and continue to suffer, the effects of colonization, including lower socio-economic and health status: “overall, Métis are a little better off than Aboriginal people generally but much worse off than most non-Aboriginal Canadians. Their health, safety, longevity, and cultural stability are all threatened by their economic situation” (RCAP, 1996, Volume 4, Chapter 5, on-line version).

Overall, the data demonstrate that Métis have a lower SES than non-Aboriginal people in Canada. Despite nearly equal activity in the labour force, Métis continue to have a lower overall total income average, lower wages, and salaries. The highest level of schooling completed is a key element contributing to this inequality. Data suggest that even where Métis do achieve higher levels of education, their incomes are low. For example, differences were found between the average total income of Métis and non-Aboriginal respondents working in “management and professional occupations,” as well as those working in “government service, religion, or teaching occupations.” Both of these occupation categories require a greater amount of educational achievement, which leads one to question why income inequality persists.

In contemporary society, an individual with more formal education will have a better occupation and, ultimately, a higher income. For the purpose of this analysis, if Métis have

comparable education to non-Aboriginal people, their incomes (wages/salaries) should also be comparable. Class issues can often be detected by analysing SES and, in addition, SES is a common predictor of health status (Williams and Collins, 1995, p.350).

The data reveal that class issues *are* affecting Métis following the arguments described above. When comparing SES using different factors as outlined above, Métis incomes are consistently lower than those of their non-Aboriginal counterparts. While we can conclude that class issues are affecting Métis SES, class and race issues combine to affect the SES of Métis. The historical racism and classism experience by Métis, with roots dating to the era of the fur trade, is expressed in current society through SES (Smedley and Smedley, 2005, p.19; Memmi, 1967, p.71; Frank, 1967, p.128).

From my research, it appears from the NOC distribution that Métis are not as well represented in the higher-paying occupations, and over represented in the lower-paying occupations, similar to the historical experience of Métis during the fur trade. As noted earlier, Métis were active in the labour force of the fur trade industry, but were also exploited as cheap labour. It appears that Métis are experiencing a similar reality in contemporary Canadian society. Data revealed a difference in the proportion of Métis receiving government transfers, normally wage supplements, compared to non-Aboriginal people. This, combined with lower educational attainments, lower overall average incomes, and higher distribution in lower-paying occupations, suggests that Métis are, once again, being exploited as cheap wage labour in today's Canadian economy.

Although an important question has been answered, that is, that Métis have a lower SES compared to non-Aboriginal Canadians, it is important to note other factors apart from class and race that could be affecting SES, such as gender, age, and geographical location (Hull, 2006, p.1; Statistics Canada, 2005: on-line resource; PHAC, 2004, pp.2-3; Dion, Stout, Kipling, and Stout, 2001, p.12; Statistics Canada, 1999, p.217; Janzen, 1998, p.23). Gender and age are not factors that are unique to Métis. What is unique to Métis, however, is their particular experience of colonization (NAHO, 2001, p.14; RCAP, 1996, p.55), and imbedded in that experience are issues of racism and classism. It should further be noted that class issues are not unique to Métis (all people in a capitalist society experience class issues), however, the interaction between *race and class* throughout the process of colonization, and today, in the Métis context, is unique. The data

reveal that Métis are not only experiencing class issues, but that race, that is *being Métis*, is also affecting their SES.

Métis historically experienced low wages as a result of marginalization as a cheap labour source. Although a direct correlation cannot be drawn between the fur trade era and the contemporary reality, an interesting trend has been uncovered, not only through current income comparison, but also through the findings of the SES data in the 2001 Census. Métis are equally active compared to their non-Aboriginal counterparts in the labour force, yet they experience higher levels of unemployment. In addition, a higher percentage of Métis tend to work in lower-paying jobs, which is reflected in their average total income, wages, and salaries. This issue merits further study and consideration.

Class and race issues are rooted in the colonial experience of Métis and contribute to some of the issues discussed in this paper. For example, as income and educational attainment increase, so too does self-rated health status (PHAC, 2004, p.3; Raphael, 2004, p.3; Shah, 2004, p.269; D'Arcy, 1998, p.74). This was true for both Métis and non-Aboriginal respondents. However, a higher proportion of Métis respondents with lower income and educational attainment self-rated their health as "poor" compared to non-Aboriginal respondents in the same category.

Furthermore, Métis are, at once, more involved in the workforce and experience higher unemployment rates, supporting the argument that Métis are affected by both class and race. Métis, like their First Nations and Inuit relatives respectively, experienced colonization in a unique way (NAHO, 2001, p.14; RCAP, 1996, Vol. 3, Chapter 3, p. 55). Métis were exploited as cheap wage labour during the fur trade era, and data suggest that a similar trend exists today.

## Epilogue

It must be acknowledged that other determinants not examined here could also be influencing SES and the self-rated health status of Métis. This includes geographical location, gender, age, social support networks, social environments, physical environments, personal health practices, healthy child development, health services, and biology and genetic endowment. Although it was not possible in this dissertation, it would be worthwhile to explore

whether race interacts with other determinants to produce poorer health outcomes. The results outlined in this paper point to the need for further exploration of this matter.

As a result of this study, I intend to continue examining the relationship between SES and Métis health. I will expand upon this study to undertake a more detailed analysis of the SES factors examined here, as well as expand those factors to include other social determinants of health such as gender and geographical location. I have already begun to build a team that includes experts in statistical analysis, knowledge translation, and public health. More importantly, the Métis Nation – Saskatchewan (MN-S) understands the need for such further study and, as such, has committed to working with me on expanding and building upon the results of this dissertation. This research needs to be done and ownership of this research rightfully belongs to the Métis community. As Métis people, we must struggle to prove our needs, and we should not have to rely on academics or government officials to access our own data. Although I am an academic, I see myself merely as a conduit between my community and the benefits that academia offers.

I believe that the future of Métis health lies in the hands of the Métis. As Métis, we must understand the needs of our people and have the information to empower ourselves. We need to ensure that all stakeholders, from the federal government to the local town council, realize that our population is young and that it is growing. In fact, Métis people are the fastest growing Aboriginal demographic; the Métis population in Canada increased by 91 per cent between 1996 and 2006 (Statistics Canada, 2008, on-line version). We need to work together to address the inequalities Métis face. If we do not act soon, the disparities in both socio-economic circumstances and health status between Métis and non-Aboriginal people will continue to grow. As the research presented here demonstrates, Métis are experiencing poorer health status outcomes compared to non-Aboriginal people. We will only be able to address the problems of low SES and health disparities through knowledge that can empower Métis communities.

In addition to conducting more Métis-specific research, we need to work with Statistics Canada to ensure that there are adequate Métis responses to surveys for the purpose of analysis. For example, the Canadian Community Health Survey (CCHS) is potentially an excellent source of data, but the small number of Métis responses included in the survey resulted in the data being suppressed. I used three large data sets in my doctoral work and it took immense effort to extract



the data in order to undertake statistical analyses. The data that I worked with would be unattainable to the community agencies that are in need of information to access funding for Métis services and programs. It is my hope that I can bring attention to Métis data needs through research and advocacy.

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