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Aboriginal Health in Urban Areas



Aboriginal Health in Montreal: Lessons learned from TB research

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Outline

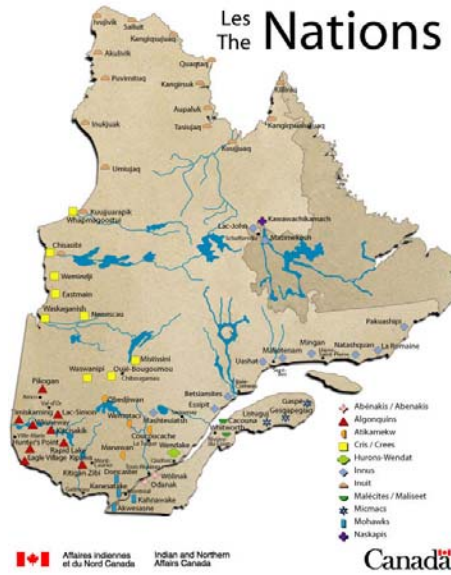
1. Aboriginal population and communities in Montreal
2. TB research in Montreal with lessons learned
3. Issues for consideration

How many Aboriginal people in Montreal?

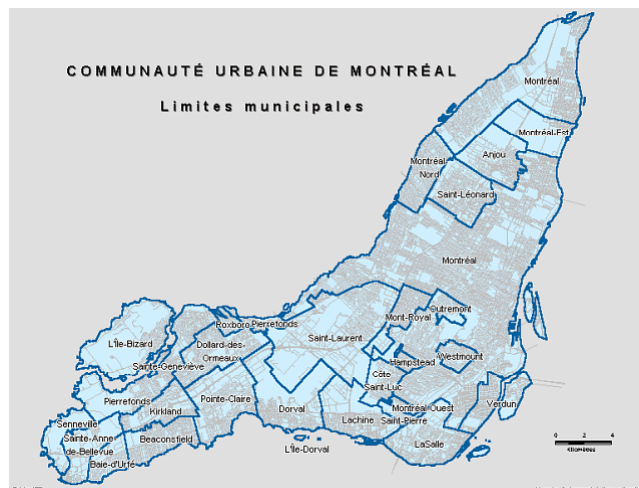
108,425
Aboriginal
people

~1.5% of QC
population

StatsCan2008



Population, Montreal?



<http://montreal-quebec.net/images/islandmontreal.gif>

Population, Montreal?

Table 2: Aboriginal People in Major Metropolitan Centres, 1951 - 2006

	1951	1961	1971	1981	1991	2001	2006	Percent of Total CMA Population, 2006
Montreal	296	507	3,215	14,450	6,775	11,275	17,865	0.5
Ottawa-Hull	--	--	--	4,370	6,915	13,695	20,590	1.8
Toronto	805	1,196	2,990	13,495	14,205	20,595	26,575	0.5
Winnipeg	210	1,082	4,940	16,570	35,150	55,970	68,385	10.0
Regina	160	539	2,860	6,575	11,020	15,790	17,110	8.9
Saskatoon	48	207	1,070	4,350	11,920	20,455	21,535	9.3
Calgary	62	335	2,265	7,310	14,075	22,110	26,570	2.5
Edmonton	616	995	4,260	13,750	29,235	41,295	52,100	5.1
Vancouver	239	530	3,000	16,080	25,030	37,265	40,310	1.9

ATLAS OF URBAN ABORIGINAL PEOPLES
http://gismap.usask.ca/website/Web_atlas/AOUAP/index.htm

Issue #1: What are the implications for the provision of services when there is such a discrepancy in numbers?

25,000-30,000 (Levesque et al 2001)
 45,000 (APS 1991)

Native Friendship Centre of Montreal



Issue #2: There is not ONE urban Aboriginal community; there are MANY different Aboriginal communities within Montreal

<http://www.nfcm.org>

<http://www.nafc.ca>

Tuberculosis (TB)

- Bacteria; infects the lungs; airborne
- Latent TB infection (LTBI) vs. Active TB disease

Incidence of TB in Canada (PHAC, 2006)

- Aboriginal = 26.8 per 100,000
- non-Aboriginal = 5.0 per 100,000
- Foreign-born = 14.8 for individuals.

Incidence of TB in Montreal (ASSSM 2006)

- General population = 7.1 per 100,000

TB: History



<http://www.imdb.com/title/tt1280501/>

**Ce qu'il faut pour vivre
(The Necessities of Life)
by Benoît Pilon**

TB in Montreal: Research Project

Tuberculosis among Urban Aboriginals in Montreal

P Brassard, ME Macdonald, R Menzies, K Schwartzman

Partnered with the NFCM

CIHR 2005-2008



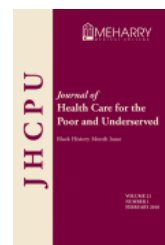
++Steering committee++

TB: Prevalence

Challenges to tuberculin screening and follow-up in an urban Aboriginal sample in Montreal, Canada.

Journal of Health Care for the Poor and Underserved

2008, 19(2): 369-379



TB: Prevalence

164 had a skin test; 141 had it read

- Prevalence: 25 of the 141 (17.7%) (compared to 4.3% for general Montreal population)
- Predictors: age; Inuit ancestry

Adherence to medical evaluation / treatment:

- Of the 25 who reacted to the skin test:
 - 10 did not have medicare → all lost to followup
 - 15 had medicare cards → 11 lost to follow-up

Of the 4 who went to the follow-up appt

- 2 discharged
- 1 refused treatment for LTBI
- 1 given treatment for LTBI → lost to follow up

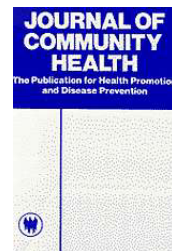
Issue #3: Lack of medicare card is ONE barrier to treatment success

TB: Knowledge

Knowledge and Perceptions of Tuberculosis
Among a Sample of Urban Aboriginal People.

Journal of Community Health

2008, 33(4): 192-198



TB: Knowledge

- N = 164
- 1/3 of participants knew very little about TB + many misconceptions
- ~ 50% said they were not concerned about contacting TB
- Health care barriers: lack of medicare card/ID
- The majority stated that TB was not discussed in their homes or communities
 - Reasons: fear, stigma, ignorance, and the idea that TB was a disease of the past.
- **Majority said that they would seek medical care if they had a positive Skin Test.**

Issue #4: What people SAY they will do is not necessarily what they WILL do.

TB: Experiences

Tuberculosis in Montreal, Quebec:
Aboriginal Experiences and
Community Health Lessons.

Qualitative Health Research

Online (Feb 8 2010)

<http://qhr.sagepub.com>



TB: Experiences

Results (25 interviews)

- 19 (of 25) participants had TB in the past
 - “pulmonary”, “dormant”, “drug-resistant pulmonary”,
 - 17 had been treated for their TB
 - 8 hospitalized with medication
 - 7 medication only
 - 1 medication + lung biopsy

- 18 (of 25) participants also knew someone close to them who had been ill with active TB.
 - immediate family member
 - extended family
 - multiple family members
 - friends
 - prison inmate

TB: Experiences

a) General knowledge about TB

“bad medicine”; “heavy-duty flu” ; “a virus”; “hereditary disease”

❖ Transmission

Contagious and “jumps around” ; caused by “sharing”

❖ Symptoms

Confused with other diseases and problems

❖ Etiology

“not through sexuality”; curses; a “gift from the Creator”

❖ Treatment

“I just did whatever the doctors said”

❖ Resources

NFCM

TB: Experiences

b) The genealogy of the disease

- ❖ **Xrays in the 1950s.**
- ❖ **Sanatoria**
loss of language; Isolation and loneliness;
- ❖ **Collective history**
“blankets”; “white person’s disease”
- ❖ **Silence**
“not relevant”; “keep things light” ; “there where things that they just never talk about”
- ❖ **Transmission of knowledge**
interactions with the HCPs and contact tracing

TB: Experiences

c) Challenges to diagnosis and treatment

- ❖ **Burden of adherence**
pills; injections; hospitalization; isolation; side effects;
- ❖ **Barriers**
iatrogenic illness; isolation; medicare cards; fear of detention; fear of addiction withdrawal
- ❖ **Stigma and Community Reaction**
“like a cold”; secrecy → isolation

Issue #5:Health knowledge can be articulated in important local, culturally-based ways that may not correspond with biomedical ways of knowing.

Issues for future research

Issue #1: What are the implications for the provision of services when there is such a discrepancy in numbers?

Issue #2: There is not ONE urban Aboriginal community; there are MANY different Aboriginal communities within Montreal

Issue #3: Lack of medicare card is ONE barrier to treatment success

Issue #4: What people SAY they will do is not necessarily what they WILL do.

Issue #5: Health knowledge can be articulated in important local, culturally-based ways that may not correspond with biomedical ways of knowing.

Merci!

Comments or questions?
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