



BACKGROUND JULY 2015

Cancer in the Métis People of Ontario: Risk Factors and Screening Behaviours

Cancer Care Ontario and the Métis Nation of Ontario worked collaboratively to develop [Cancer in the Métis People of Ontario: Risk Factors and Screening Behaviours](#). Almost one third of all Aboriginal people in Canada are Métis. However, Métis people are often under-identified or under-represented in Indigenous health research and statistics.

One of the strategic priorities in Cancer Care Ontario's Aboriginal Cancer Strategy II ([ACS II](#)) is research and surveillance. The development of this report is also in line with the Métis Nation of Ontario's commitment to increasing our understanding of key health risk factors and reasons for health disparities in Métis populations.

Key Findings: Risk Factors

Tobacco use: Métis people in Ontario have higher exposure to tobacco smoke than their non-Aboriginal counterparts, although their rate of smoking has declined over time.

- *A greater proportion of adults smoke:* Forty per cent of Ontario Métis adult males and 34 per cent of Métis adult females smoke cigarettes daily or occasionally, compared to 26 per cent of non-Aboriginal men and 18 per cent of non-Aboriginal women.
- *More exposure to second-hand smoke:* Non-smoking Métis — adults and teens — are more likely than their non-Aboriginal peers to be exposed regularly to second-hand smoke in the home, car or public places.
- *More teens and young adults smoke:* Seventeen per cent of Métis teens (aged 12–19 years) compared to 8 per cent of non-Aboriginal teens smoke cigarettes daily or occasionally. Nearly half (47 per cent) of Métis aged 20–29 years smoke, compared to 27 per cent of non-Aboriginal Ontarians of the same age.

Alcohol: More Métis adults exceed cancer prevention guidelines for drinking alcohol (fewer than two drinks each day for males and less than one per day for females), especially Métis males, and a higher percentage both smoke and drink.

- Fifteen per cent of Métis men drink more than recommended amounts for cancer prevention, compared to 10 per cent of non-Aboriginal men in Ontario, and the majority of them also smoke.
- Seven per cent of Métis adults both smoke and drink, compared to less than four per cent of their non-Aboriginal peers.

Overweight and obesity: Métis adults are more likely to be obese than their non-Aboriginal peers and obesity is becoming more common.

- More than one-quarter of Métis adults are obese (27 per cent of males and 27 per cent of females), significantly exceeding obesity rates in non-Aboriginal Ontarians (19 per cent of males and 16 per cent of females).



Moderate to vigorous physical activity: A sedentary lifestyle seems to increase cancer risk, independent of lack of physical activity.

Many Métis adults get too little physical activity and spend too much time in front of a screen.

- Nearly three-quarters of Métis adults spend more than 14 hours per week in front of a screen (during leisure time), compared to 62 per cent of non-Aboriginal Ontarians.

Key Findings: Cancer Screening

Métis Ontarians are less likely to be up-to-date with cancer screening tests compared to non-Aboriginal Ontarians.

- Métis aged 50–54 are particularly under-screened with over 60 per cent in need of a test.
- Only 49 per cent of Métis women aged 50–74 have had a recent mammogram for breast cancer, compared to over 60 per cent of non-Aboriginal women.
- Most Métis women (81 per cent) have had a recent Pap test to screen for cervical cancer, similar to non-Aboriginal women (80 per cent).

Conclusions and Implications

The data in this report and other evidence demonstrates the Métis community would benefit from interventions that educate and help raise awareness of the broader risk factors for cancer, especially smoking, and from culture-based programming that supports and encourages healthy behaviour and lifestyle changes to reduce cancer risk. A systemic approach to risk reduction — one which includes culture-based strategies to increase rates of cancer screening in the Métis population — is likely to be the most effective in reducing cancer risk and incidence.

Because of the known relationships between cancer risk factors and a host of other chronic conditions, the information contained in this report will be invaluable in informing not only cancer prevention and treatment strategies for Métis people, but also our ongoing efforts to reduce the unacceptably high rates of a wide range of other chronic diseases that are disproportionately affecting Métis families.

Most importantly, reports like this one will help us target valuable health resources to where they will be most effective in bringing about measurable improvements in the health and well-being of the Métis people of Ontario.

For more information about this report, please visit <http://www.metisnation.org/programs/health--wellness/metis-risk-factors-report>

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