## RESPIRATORY DISEASE

#### **RESEARCH CONDUCTED BY**

The Métis Nation of Ontario AND
The Institute for Clinical Evaluative Sciences

#### WHAT IS RESPIRATORY DISEASE?

Respiratory disease is a group of diseases affecting the lungs. It includes asthma, chronic obstructive pulmonary disease (COPD) and lung cancer. This research focused on asthma, COPD and lung cancer. Asthma is a chronic or long-term disease where airways become inflamed and full of mucus making it difficult to breathe. COPD includes chronic bronchitis and emphysema: many people have both. In COPD, airways become swollen and blocked by mucus, lungs become damaged over time and breathing is increasingly difficult. Lung cancer is the leading cause of cancer death in Ontario. Non-small cell lung cancer (NSCLC) is relatively slow growing and is more common than small cell cancer. Small cell lung cancer (SCLC) grows quickly and often spreads to other parts of the body. Each type is treated differently.

## WHY STUDY RESPIRATORY DISEASE AMONG THE MÉTIS OF ONTARIO?

 Little is currently known about respiratory disease in the Métis population or how Métis people with respiratory disease access and receive care in Ontario. This lack of critical health information makes it challenging to target resources and programs where they will be most effective in improving Métis health status and outcomes.

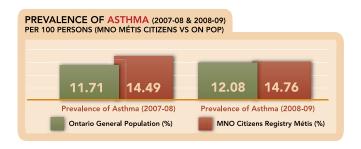
#### WHO WERE INCLUDED IN THE STUDY?

 Health related data from four provincial databases were linked to the Métis Nation of Ontario Citizenship Registry data to provide information on rates of asthma, COPD and lung cancer in approximately 14,000 Métis citizens in Ontario. These data were then compared to the general population of Ontario.

# PREVALENCE OF CHRONIC LUNG DISEASE PER 100 PERSONS (MNO MÉTIS CITIZENS VS ON POP) 9.45 16.13 Prevalence of COPD (years 2007-08) Ontario General Population (%) MNO Citizens Registry Métis (%)

## HOW WIDESPREAD IS RESPIRATORY DISEASE AMONG THE REGISTERED MÉTIS POPULATION?

- The number of registered Métis living with asthma in Ontario (prevalence rate) was 1.2 times higher than in the general Ontario population in fiscal years 2007/08 and 2008/09.
- The gap in asthma prevalence was greatest among Métis aged 18 to 24 years.
- The prevalence of COPD was 1.7 times higher in the Métis population in 2007/08 and 1.6 times higher in 2008/09.
- The gap in the prevalence of COPD in the Métis relative to the general population increased among people aged 45 years and older.
- There were no significant differences between the Métis and the general population in the number of new cases of asthma diagnosed during the study period (incidence rate).
- The incidence of newly diagnosed cases of COPD was 40% to 50% higher among the Métis.
- Overall emergency department visits among those diagnosed with asthma or COPD were 40% and 30% higher among the Métis compared to the general population.





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# HOW WIDESPREAD IS RESPIRATORY DISEASE AMONG THE REGISTERED MÉTIS POPULATION (continued)?

- Total hospitalizations among those diagnosed with asthma or COPD were 10% higher in the Métis compared to the general population.
- There were no significant differences in the number of new cases of lung cancer diagnosed in the registered Métis population compared to other Ontarians between 2005 and 2007.

## HOW SHOULD WE INTERPRET THESE RESULTS?

- This landmark research represents the first populationbased study of respiratory disease among the Métis of Ontario.
- These initial findings suggest that registered Métis are suffering from unacceptably high rates of two key respiratory diseases – asthma and COPD – and this is of major concern.
- High smoking rates among the Métis population of Canada (37% compared to 22% for the general population) are likely contributing to the higher rates of respiratory disease among the registered Métis population.
- The reasons for these differences are complex. Social determinants of health such as housing, education levels and lower socioeconomic status are likely impacting rates of respiratory and other chronic conditions among the Métis, as well as engagement in risk behaviours.

- A higher proportion of Métis people live in remote and rural areas in Northern Ontario where access to health care and supports are more limited. This lack of access may be affecting rates of respiratory disease and other chronic conditions, as well as Métis health outcomes more generally.
- Results suggest that urgent action is needed to address the disproportionately high rates of respiratory and other chronic conditions among the Métis of Ontario.
- Métis communities would benefit from programs that increase knowledge and awareness about risk factors for respiratory disease and which improve access to public health outreach programs, and primary and specialist care.
- Because respiratory diseases develop over longer periods of time, it is essential that we continue to monitor rates among the Métis of Ontario and begin to identify the reasons for these higher rates. The MNO will use this information to target programs and resources to where they will be most effective and have the greatest impact on Métis health status and outcomes.
- Collecting more data over longer periods of time will increase the extent to which we can generalize the results of this kind of research to the entire Métis population in Ontario, which in the 2006 census numbered around 73,000 people.



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www.metisnation.org

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