

**SERIES:**

HEALTH AND HOUSING REALITIES FOR INUIT

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# If Not Now... When?

*ADDRESSING  
THE ONGOING  
INUIT HOUSING  
CRISIS IN CANADA*

**KEY FINDINGS**



AAAS IICIANE  
Inuit Iuttarvingat



Cathleen Knotsch & Dianne Kinnon



## KEY FINDINGS

**Housing, rather than being the safe haven and source of security that it is** for the majority of Canadians, is clearly one of the biggest barriers to health and well-being for Inuit, as well as a significant challenge to economic development in the Inuit homelands (Inuit Nunangat). The latest statistics show not only Inuit Nunangat enduring the most crowded housing conditions in Canada, but also the resulting toll on Inuit children. The continuous shortage of housing in combination with a rapidly growing population has Inuit leaders and government officials struggling for a better way to describe a situation that is dangerously deteriorating. Until recently, they have referred to it as a ‘housing crisis.’ Now, they call it a ‘critical public health issue,’ underlining the role played by housing in the health of the Canadian Inuit population, particularly children.

What follows is a summary of key findings from the paper entitled *If Not Now... When? Addressing the Ongoing Inuit Housing Crisis in Canada*, part of the publication series “Health and Housing Realities for Inuit” produced by Inuit Tuttarvingat of the National Aboriginal Health Organization (NAHO).<sup>1</sup> The paper is based on a literature review designed to highlight the critical relationships between housing and health for Inuit. The paper’s ‘determinants of health’ (i.e., the underlying conditions that foster or hinder health) perspective helps identify specific links between housing conditions and health outcomes in the Inuit regions. Interactions between housing and other health determinants, such as poverty and education, and their effects on a wide range of physical, emotional, social, and mental aspects of health are also discussed.

Research can provide the evidence that will help Inuit improve their health status. But in order to do so, the research conducted must be based on defined needs (e.g., reduce respiratory infections). In addition, research results must be clear and accessible to policy-makers to assist them in the design and implementation of measures that will address the causes of poor housing and improve health outcomes.

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<sup>1</sup> All documents developed for the “Health and Housing Realities for Inuit” series are available at: [www.naho.ca/inuit](http://www.naho.ca/inuit)

# THE BURDEN

**Housing affects every aspect of life, including work, school, family, and social relationships, which in turn impact an individual's mental, spiritual, and physical health and well-being.**

Inuit in Canada are burdened with the highest hospitalization rates of children with severe lower respiratory tract infections in the world; suffer from an infant mortality rate three times that of the rest of Canada; and live with the highest levels of residential overcrowding<sup>1</sup> in the country.

**Inadequate housing and related health problems have been a reality for Inuit since moving into permanent settlements in the 1950s–1960s.**

Today's housing shortage began when Inuit living in the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Québec), and Nunatsiavut (Labrador) were moved to today's 53 communities in Inuit Nunangat. Attempts to solve the housing crisis have remained unsuccessful due to persistent barriers that include limited local economic opportunity, a virtually non-existent private housing market, insufficient public resources, high building and heating costs due to cold climate, costly shipping and transportation of materials, and geographic remoteness.

**The majority of Inuit are under the age of 25, which means that program and service needs are greatest in the areas of child health, education, and youth. Overcrowded housing must be addressed to ensure the well-being of future generations.**

Canada's Inuit population is the youngest in the country; the median age is 22, contrasted to 40 years of age for non-Aboriginal Canadians. The population grew by 26 per cent between 1996 and 2006, compared with an eight per cent increase among the non-Aboriginal population (Statistics Canada, 2008b). The well-being of children and youth is a major aspect of the housing crisis. In Nunavik alone, with a median age of just 22.2 years, one-half (49 per cent) of the population is living in overcrowded conditions defined as exceeding one person per room (Statistics Canada, 2008b).

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<sup>1</sup> Overcrowding is defined by Statistics Canada as more than one person per room, not including bathrooms, halls, vestibules and rooms used solely for business purposes.

**Levels of crowding and numbers of buildings in need of major repair are much higher for Inuit, particularly those living in Inuit Nunangat, than for the general population of Canada.**

According to the 2006 Census, one in three (31 per cent) Inuit in Canada live in crowded conditions, contrasted with only three per cent of Canada's total population (Statistics Canada, 2008b). Statistics Canada recently reported that for example, roughly one-half (49 per cent) of Nunavut's current housing stock is below the housing standards as measured by need for major repair and/or overcrowding (Statistics Canada, 2010).

**Residential overcrowding has been part of the living conditions in the Inuit regions for decades, and contributes to ill health, including an extraordinarily high rate of respiratory diseases in this population.**

According to the 2006 Census, four out of 10 (40 per cent) of Inuit children under the age of 15 live in crowded homes (Statistics Canada, 2008b). Significant evidence demonstrates the linkages between crowding and reduced ventilation in Inuit housing, with resulting high rates of lower respiratory tract infections (pneumonia or bronchiolitis) and hospitalizations of Inuit infants and children (Banerji et al., 2001, & 2009; Canada Mortgage and Housing Corporation, 2005; Karron, Singleton, & Bulkow, 1999; Koch et al., 2003; Kovesi et al., 2006, 2007, & 2009). Studies concluded that a strong association exists between the indoor carbon dioxide (CO<sup>2</sup>) levels and the risk of lower respiratory tract infections among Inuit infants and children, with high CO<sup>2</sup> levels being a proxy for crowding and reduced ventilation. Inuit infants were found to have high rates of permanent chronic lung disease after lower respiratory tract infections (Kovesi et al., 2007).

**Regional housing authorities have indicated the acute need for financial assistance to meet the needs of the population.**

For example, Nunavut has stated that it cannot keep up with long-term housing pressures. The Nunavut Ten-Year Inuit Housing Action Plan projects that by 2016 overcrowding among Inuit will have increased by 30 per cent to reach almost 70 per cent. In addition by that time, the housing units over 20 years old will amount to 91.9 per cent of the stock, and those over 40 years old will rise to 31 per cent. Moreover, Nunavut Housing Corporation estimated in the early 1990s that construction costs in Nunavut averaged \$330 per square foot compared to \$104 per square foot in Southern Canadian communities (Nunavut Housing Corporation & Nunavut Tunngavik Inc., 2004). Kativik Municipal Housing Corporation in Nunavik (Québec) estimated in 2010 that \$350 million would be necessary to bring the housing stock to provincial standards (Moorhouse, 2008).

## **High levels of invisible (i.e., overcrowded homes) and visible homelessness reflect the chronic housing shortage.**

We do not know the real picture of homelessness among Inuit because very little data are available. We know that homelessness is the result of a trans-generational housing crisis (Beavis, Klos, Carter, & Douchant, 1997) and that Aboriginal Peoples are overrepresented in the Canada-wide homeless population (Laird, 2007; Beavis et al., 1997). In addition, crowded living conditions force Inuit to migrate to larger centres. The housing crisis in Nunavik, for example, is a contributor to the high proportion of Inuit among Montréal's homeless population. Many Inuit in Nunavik move to escape the severe housing shortage at home only to end up struggling for access to provincial services delivered in languages other than their own (Kishigami, 2006). Women and children who need alternative housing arrangements because of family violence face further harm as a result of lack of alternate housing.

## **THE RESEARCH GAPS**

### **No framework yet exists for analyzing housing as a social determinant for Inuit health.**

A distinct set of social/health indicators developed by Inuit is needed in order to document the trends in Inuit health outcomes.

### **Epidemiological research has produced very little literature concerning Inuit health indicators despite the huge differences in health status between Inuit and the general population of Canada.**

There is an acute shortage of Inuit-specific research, including longitudinal studies, and data with respect to the long-term effects of housing conditions on health. With the exception of the 2007/2008 Inuit Health Survey carried out in three of the four Inuit regions, health studies are discrete local or regional research projects rather than large population-based surveys or ongoing surveillance.

### **There is nearly a complete lack of contextual and historical perspectives on Inuit housing and social housing in the research literature.**

This makes it very difficult to place epidemiological and other research into a meaningful context, a process that is necessary to achieve academic rigor, validate results, and replicate the research process.

## **Documentation of the precise linkages for specific conditions (as has been achieved for respiratory diseases) and outcomes is still missing with respect to poor or inadequate housing and health.**

Mainstream research offers proven linkages, for example, between crowding as a factor in increased infection rates (Clark, Riben, & Nowgesic, 2002; Orr, 2007; Young & Mollins, 1996), or the connections between improvements in the home environment and enhanced health status (Saegert, Klitzman, Freudenberg, Cooperman-Mroczek, & Nassar, 2003; Barton, Basham, Foy, Buckingham, & Somerville, 2007), however, only a few studies (such as Kovesi et al., 2007) have been carried out in Inuit communities where the housing crisis has reached epic proportions.

## **Too few studies and analyses take into consideration the demographic profile and household composition of Canada's Inuit population.**

With over half of today's Inuit population under 25 years, over one third of all household members living in crowded conditions, and a third of all dwellings requiring major repairs, research should examine the associations between crowding and a wide array of child development indicators.

## **Housing plays a direct role in economic and social development.**

Well-designed studies need to show the link not only between social conditions (e.g., housing and health), but also provide evidence that documents the relationship between housing, health, education attainment, and economic prosperity. Housing conditions need to be considered in policies and plans concerning education and the economy.

## **Inuit housing has been the subject of extensive news reporting, offering personal accounts and evidence where formal research is wanting.**

A large number of articles and extensive broadcast coverage of the housing crisis and homelessness in Inuit Nunangat have appeared through Canada's media for decades. In general, the media refer to the situation as a 'crisis,' and note that affected citizens have little faith that change is possible in the near future (VanderKlippe, 2004; Canadian Press, 2006; Bell, 2008; Gruda, 2008; Nunatsiaq News, 2010). Media has given a voice to those affected by the crisis and provided anecdotal evidence that the housing shortage is contributing to or causing many socio-economic problems for Inuit (Campbell, 2008; Gruda, 2008). This causes us to ask, not why and how the press is reporting on this subject, but rather why has this well-documented crisis continued unresolved over many decades?





## THE WAY FORWARD

**There is a considerable risk that this long-standing housing crisis will have serious negative consequences for generations to come.**

The most striking finding of this study, which bears repeating, is that the availability of adequate and appropriate housing for Inuit communities has been a persistent concern since the creation of permanent communities in the Canadian Arctic sixty years ago. The number of Inuit affected – especially considering the high proportion of today’s child and youth population – and the significant health and social effects of poor housing make this issue a critical one to solve. The challenges presented by inadequate housing for today’s youngest Inuit generation, if not remedied, is likely to have long-term effects on their ability to participate fully in the future of Inuit Nunangat and Canada.

**Researchers need to explicitly formulate the pathways through which housing impacts Inuit health, and establish associations between diverse sectors (e.g., health and education) and individual indicators.**

A forward-looking analysis of Inuit housing from a health perspective is entirely missing, which then fails to provide policy-makers with needed information on the generational consequences of today’s housing crisis. To date, policy researchers have mostly investigated housing issues as they relate to general public housing programs and First Nations populations governed by the *Indian Act*. This approach does not adequately serve the needs of Inuit (Obied, 2002). The approach needed includes three elements, 1) consideration of demographics; 2) awareness of historical contexts; and 3) an Inuit-defined, determinants of health approach to the housing crisis. That said, researchers working in the determinants of health field must further ensure that their research results are clear and informative in order to support concrete action that will eliminate this long-term health problem. They should explicitly formulate the pathways through which housing impacts Inuit health, and establish associations between diverse sectors (e.g., health and education) and individual indicators.

## REFERENCES

Available in the full report *“If Not Now ... When? Addressing the Ongoing Inuit Housing Crisis in Canada”* at:  
[www.naho.ca/inuit/health-determinants-2/housing/](http://www.naho.ca/inuit/health-determinants-2/housing/).



We need to  
consider that the  
challenges presented by  
inadequate housing are  
likely to have long-term  
effects on today's youngest  
generation, which may  
deprive them of their  
ability to participate fully  
in the future of their Inuit  
homelands  
and Canada.

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Organisation nationale de la santé autochtone (ONSA)  
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For queries or copyright requests, please contact:

Inuit Tuttarvingat, National Aboriginal Health Organization E-mail: [inuit@naho.ca](mailto:inuit@naho.ca) Web site: [www.naho.ca/inuit](http://www.naho.ca/inuit)