

Together, with provincial and federal partners, our Mi'kmaw communities in Nova Scotia created the

Nova Scotia First Nations Client Linkage Registry

This is an update to the communities about our health information, produced by the **Strength in Numbers Project (2018)**.

** At this time, our Registry does not include Acadia and Sipekne'katik First Nations' population numbers.*

Live Longer

Population-level health information gives us quality data to support community education and planning.

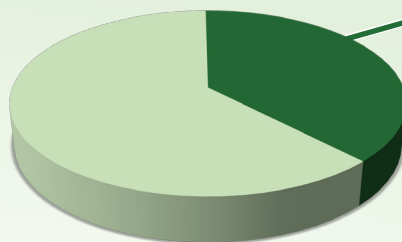
Between 2004 – 2013

80% of all **deaths** in our communities were **premature**, compared to **38%** in NS overall.

First Nations



Nova Scotia

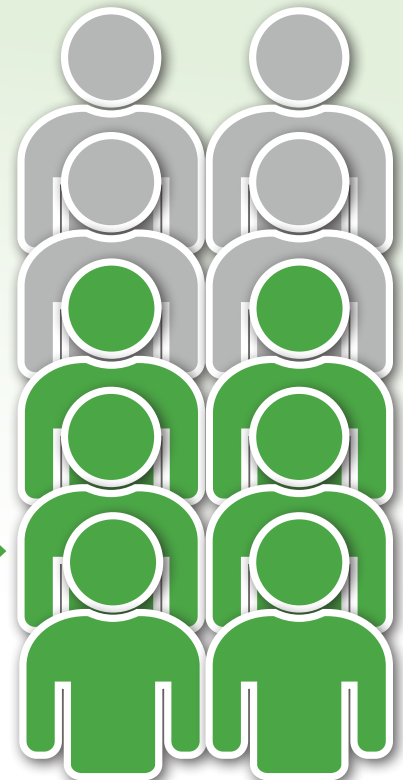


■ Premature Deaths
■ Non-Premature Deaths

(Premature deaths are deaths that occur before the age of 75).

6 out of every **10** deaths in our communities could potentially have been **avoided with prevention or treatment.**

Let's take a look at our leading causes of death to see what we can do to help people in our communities live longer.



**We know what to do.
We have the information to back it up.**

Data for this bulletin were obtained from:

- Cardiovascular Health Nova Scotia
- NS Trauma Program
- NSDHW, Investment and Decision Support

OUR TOP 3 CAUSES OF DEATH ARE **CANCER**, DISEASES OF THE **HEART**, & **INJURY**.



Our cancer data tells us that the most common cancer deaths are lung, breast and colorectal. **Life expectancy could be longer if we find and treat the cancer sooner.**



Heart failure usually develops gradually.

It is a chronic condition where the pumping action of your heart is not strong enough to move blood around.



Most heart attacks happen suddenly

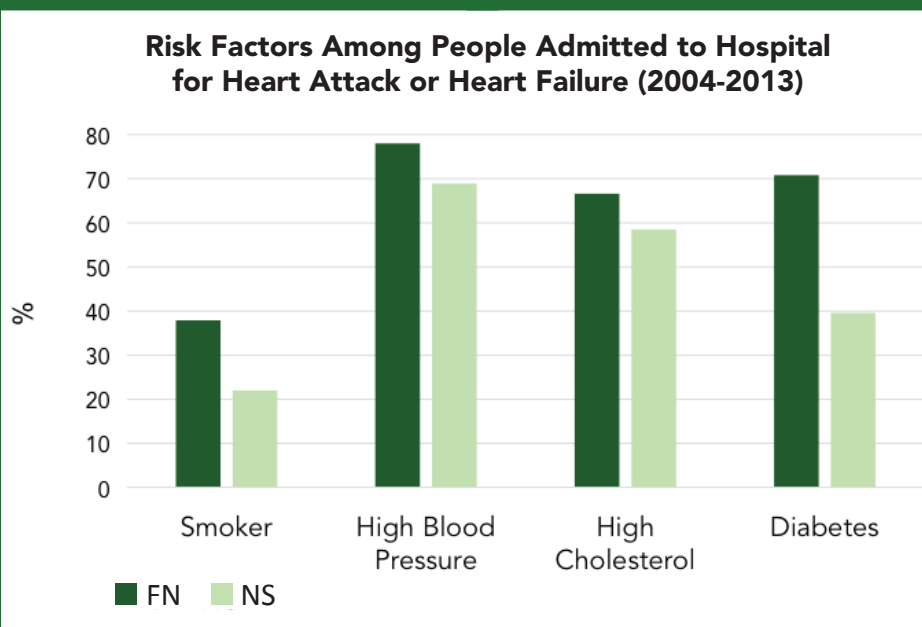
when one of the arteries leading to the heart becomes blocked and cuts off the blood flow.

2004-2013 data show us that people in our communities are having **heart attacks and suffering from heart failure at a younger age** than the rest of NS.

The median age of **FN people** who suffered from **HEART FAILURE** was **67 yrs compared to 78 yrs** for NS overall.

The median age of **FN people** who had a **HEART ATTACK** was **56 yrs compared to 69 yrs** for NS overall.

25% of hospital admissions for **heart failure** in our communities happened in people who are **under 57 years old.**



25% of hospital admissions for **heart attacks** in our communities happened in people who are **under 48 years old.**

Rates of smoking, high blood pressure, high cholesterol & diabetes were higher among our community members who had a heart attack or heart failure.

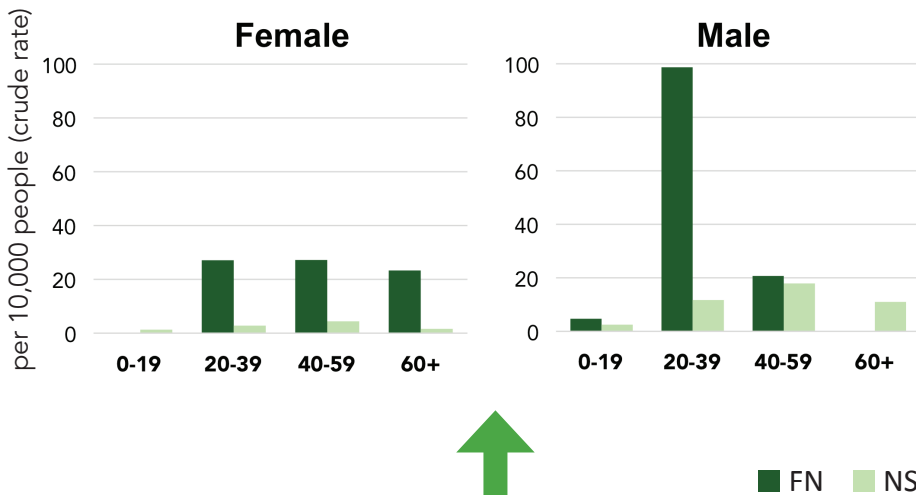
Our data is telling us that we can live longer by tackling these risks head on. That includes better screening for and management of health problems such as high blood pressure and diabetes.

INJURY IS THE #2 CAUSE OF DEATH FOR MEN & #3 FOR WOMEN IN OUR COMMUNITIES.

Our **RATES OF INTENDED INJURY** tell us that:

- we need a **community-based approach to mental health and addictions** services
- we need to make sure that people in our communities **get the help they need**, especially men between the ages of 20-39.

Suicide Rates 2004-2013



Between 2004-2013 suicide was the cause of death for about 800 people among the NS population as a whole, and less than 30 within our communities.

Even so, this equals a **rate of suicide that is much higher for First Nations** compared to Nova Scotia – particularly for **males aged 20-39**, where the rate in our communities is **9x higher**.

Many intentional and unintentional injuries resulted in deaths that could have been prevented.

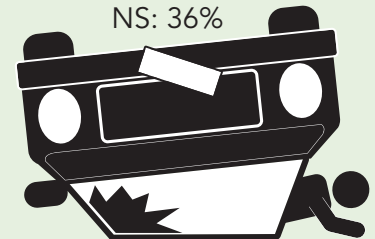
Here are a few causes of major trauma injuries (2004-2014), some of which resulted in death:

ASSAULT:
FNs: 36%
NS: 8.5%



MOTOR VEHICLES CRASHES:

FNs: 23%
NS: 36%



FALLS:

FNs: 20%
NS: 31%



Let's talk about how to make our First Nations safer, including how mental health & addictions is affecting our communities.

Overall ...

Our data shows that 69% of avoidable deaths in our communities were preventable and 31% were treatable. That's good news, because it means that there are ways to change things for the better.

This raises some questions. What are the barriers to the services we have? Do we need different services altogether? Is part of the problem a lack of cultural safety in the provincial health care system?



There are **3** things to take away from our health data about how we can improve the odds of living longer.

1 We need to do more to **PREVENT** the things that are causing our people to die young.

We know all the risk factors. We also know that a healthy outside starts from the inside.

2 We can be doing better at **DETECTING AND MANAGING** illness before it takes a major toll.

Screening is an important way to beat the conditions that are harming us.

3 We need the right **TREATMENT** at the right time in the right place.

Having access to culturally safe programs and services is key to living longer.

Talk to your **Community Health Nurse** about living longer.