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Cancer-Related Risk Factor Prevalence and Screening Participation in Ontario Off-Reserve First Nations and Métis Adults.

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INTRODUCTION: Increasing evidence surrounding the rising burden of cancer among Canadian Aboriginal subpopulations suggests the important need for current data on cancer risk factor prevalence and screening uptake in this population. Several population-based surveys have included Aboriginal respondents over the years, however their use for studying Aboriginal health specifically, has proved challenging. Despite the small sample of Aboriginal respondents in national population-based surveys, the extensive array of health-related indicators within the Canadian Community Health Survey (CCHS) provides the most comprehensive look at cancer-related risk factors and screening behaviour among Aboriginal subpopulations.

METHODS: CCHS surveys from 2007 to 2011 were combined to increase the sample of Ontario's off-reserve First Nations and Métis respondents, in order to estimate the prevalence of smoking, obesity, alcohol consumption, physical activity, diet, and colorectal, breast, and cervical screening uptake. Odds ratios adjusted for socioeconomic factors (SES) were obtained, and non-Aboriginal Ontarians were analyzed for comparison.

RESULTS: Significantly higher rates of smoking and obesity were found in both the First Nations and Métis population compared to non-Aboriginal Ontarians. Significantly heavier alcohol consumption was reported among First Nations and Métis males, while inadequate fruit and vegetable consumption was more reported among First Nations. Accounting for SES however, resulted in a no longer significant difference in alcohol consumption and fruit and vegetable intake among Métis males and First Nations males, respectively, compared to non-Aboriginal males. First Nations women were more likely to report having had a colorectal cancer screening test in the past two years than non-Aboriginal women.

CONCLUSIONS: Understanding how the prevalence of these risk factors varies in subgroups is essential to informing cancer prevention and control programs tailored to the specific needs of these groups, and to monitor equity. Analyses such as these should be

repeated over time to monitor trends and track progress toward targets for improvement.