Placing Individual Health in Context:

Report of the 2008/10 RHS Community Survey

Prepared by the First Nations Information Governance Centre

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EXECUTIVE SUMMARY

This report presents findings from the 2008/2010 First Nations Regional Health Survey's (RHS) Community Survey. Results provide much needed information on the state of First Nations communities with respect to various indicators of community well-being. Communities who participated in the First Nations Regional Health Survey (RHS) were invited to participate in the Community Survey; knowledgeable persons from each community completed questions about specific areas of their community's health. In total, a snapshot of community health indicators within 236 First Nations communities are presented, including information on the external environment; housing and infrastructure; food and nutrition; employment and economic development; education; justice, safety and security; health services; social services; identity; and governance. Although not presented in this report, the ultimate purpose of the RHS Community Survey will be to link data on community health indicators to individual-level health data; this will provide a more complete picture of the interplay between individual and community health.

External environment

Most communities (78.4%) indicated having a water treatment facility; however, 19% of these communities reported that the treatment plant does not meet relevant standards. Only 34.5% of communities indicated having bylaws in place to protect the quality of the water. More than half of communities (57.3%) reported having had a boil-water advisory in the past five years. In many cases, advisories in the past 12 months lasted only a few days (53.7%); however, 19.5% reported having been under a boil-water advisory for a few months or more.

With respect to environmental pollutants, 10.1% of communities indicated being within 100 kilometres of an oil refinery and 10.9% reported being within 100 kilometres of a chemical factory.

More than one-in-three communities indicated experiencing an environmental hazard in the past 5 years, including flooding (39.8%) and forest fires (33.3%).

Housing and infrastructure

Almost all communities surveyed reported a shortage of housing units; 94.1% of communities have a waiting list for housing. More than 80% of communities report that the average wait time for housing was at least 2 years. At least one-third of communities report that not all community homes have electricity or indoor plumbing.

Food and nutrition

Nutrition and healthy eating programs were available in almost all communities ï many of which focused on creating healthy meals while on a budget. Despite these community efforts, access to healthy food is problematic for many communities; 22.3% of communities reported that they did not have a store within 20 kilometres where fresh food could be purchased. For many communities, traditional foods are accessible; for example, the majority of communities (98%) reported they have access to wild meats.

Employment and economic development

Most communities reported that they have a gas station, convenience store, grocery store and restaurant. For approximately half of communities, the majority of jobs (80%) involve working for the First Nations band. Only a small proportion of communities indicated that it is common for community members to work outside of the community. Many community members who graduated from college or university in the last 5 years do not return to work in the community; for the majority of communities, less than 40% of graduates returned.

Education

The majority of communities reported having access to an early childhood program (e.g., Head Start) and child care (e.g., daycare, either at home or in a community centre) within the community.

The majority of communities had at least one school (76.3%). Many community schools are controlled and managed by the First Nation (82.9%). Of the communities that had at least one school, 17.4% offered education up to junior high level (grades 7-8) and 37.4% offered education up to grade 12. Among communities with a school, 91.4% offered First Nations language training and First Nations culture and traditions in the curriculum. A substantial percentage of school age children (primary and secondary school) are not enrolled in the community school; in only 44.5% of communities at least 80% of children attended the community school.

Justice, safety, and security

In the majority of communities, the RCMP provided the local policing service. The remaining communities tended to be served by a First Nation police force, originating at the tribal council or Provincial or Territorial Organization (PTO) level. Half of all communities reported having at least one process in place to promote harmony between police and the community.

Approximately sixty-percent of responding communities reported that they had their own fire department with trained staff stationed in the community (59.3%). The majority of the remaining communities indicated having arrangements with neighbouring communities (in which case the response time tended to be longer).

Local ambulance services were less common than fire departments: approximately one-quarter of communities (23.7%) having ambulance services stationed in the community.

Health services

The majority of communities offered health services oriented toward prevention, such as diabetes prevention (92.6%), pre/post-natal care (90.0%), fetal alcohol syndrome prevention and awareness (78.7%), HIV/AIDS prevention and awareness (76.7%), and suicide prevention (75.9%).

The majority of communities reported that they did not have a hospital (2.5%). Of those that do not have a hospital, over half of communities (56.2%) reported that an external hospital was within 50 kilometres; while over a quarter (27.3%) reported that the nearest hospital was more than 100 kilometres away.

Approximately three out of four communities (71.2%) indicated that the First Nations managed and controlled its own local health care centre, nursing station, health station, or health office. Of the various health professionals, nurses were the most consistently available within First Nations communities; doctors and dentists were far less available.

Social services

The majority of communities (85.9%) administered their own income support programs (social assistance, welfare, disability support, etc.); however, only one-in-three communities have developed their own policies related to income support (34.3%). At least half of communities (50.6%) reported that the average length of income support was for 4 or more years.

More than half of First Nations communities have services and programs targeted for youth. The most common youth services alcohol and drug awareness programs, events such as monthly dances, an employment program, and suicide awareness and prevention programs.

Approximately one in five communities (21.4%) indicated having a safe care area, such as a shelter or transition home for victims of violence.

Cultural Identity

Many communities have avenues for community members to improve, learn or re-learn their First Nations language. Most commonly language training and immersion took place in schools (68.6%); however, approximately one-third (38.6%) of communities indicated offering First Nations language classes for adults. Cultural activities were more common than language classes; 90.7% of communities reported that they arrange traditional cultural activities such as powwows, feasts, or potlatches.

Governance

Only 26.7% of communities indicated having at least one self-governance agreement. Of those communities with an agreement, the majority indicated agreements for self-governance of government, education and land claims. A higher percent of communities indicated that they are currently negotiating at least one self-government agreements (48.0%). More than half of responding communities indicated that they have delegated its government authority to another body within the First Nations. The majority of communities (81.7%) indicated that the First Nation Council/government provides members with regular updates on Chief and Council activity (e.g., activities). A minority of First Nations Council/government councillors/members and Chiefs were female: 88.7% of communities had 3 or fewer female/government members and 15.4% of communities had a female chief (leader of the community).

INTRODUCTION

The present report provides a descriptive overview of the national-level results of the 2008/2010 First Nation Regional Health Surveyôs (RHS) Community Survey.

The questionnaire covers ten themes:

1. External environment (drinking water, environmental hazards, contaminants)
2. Shelter and infrastructure (housing, heating, and roads)
3. Food and nutrition (nutrition programs, food costs and availability)
4. Employment and economic development (businesses in the community; work and commuting patterns of residents)
5. Education (schools and education programs)
6. Justice, safety, and security (police, ambulance, and fire services)
7. Health services (health personnel, types of programs offered, fitness facilities)
8. Social services (income support, services for youth)
9. Identity (First Nation membership, language, and cultural activities)
10. Governance (community control of various sectors; internal governance)

This RHS Community Survey is the second in a series; the first was an ecological survey completed in 2005 (FNIGC, 2005). Although the RHS Community Survey pilot project had low response rates in some regions, the process provided the opportunity for identifying key issues of importance to communities and improving upon the RHS Community Survey questionnaire design ï all incorporated into the 2008/10 version of the survey. Thus, the 2008/10 revised version of the RHS Community Survey is similar, but not identical to, its predecessor. Response rates in the 2008/10 RHS Community Survey were greatly improved over the pilot survey.

Besides the opportunity to assess community level data (as outlined in the present paper), the RHS Community Survey may also be linked with the individual-level data from the Regional Health Survey 2008/10 ï providing much needed context to individual-level findings as outlined in the RHS Cultural Framework (FNIGC, 2011). Future research will explore these associations.

Please note that the data presented herein are un-weighted and thus cannot be generalized to all First Nations communities in Canada. All estimates represent only those communities who completed the RHS Community Survey.

METHODS

The survey process

To complete the survey, RHS Regional Coordinators contacted the most knowledgeable person(s) in each community to complete the relevant section of the RHS Community Survey. Since the survey incorporated many different thematic areas, various community members were asked to complete different sections of the survey depending on their area of expertise. For example, the section on housing may have been completed by a member of the housing department, while the education section may have been completed by a member of the education department.

Response rates

Communities that were randomly selected to participate in the Regional Health Survey were also asked to participate in the community survey. In addition, Regional Coordinators could also ask other communities within their respective region - that were not included in the RHS ï to complete the RHS Community Survey. The RHS Community Survey achieved responses from more communities than only those sampled for the individual-level survey, leading the response ratio of over 100% (see Table 1). However, given that the data are not adjusted to account for disproportionality in community participation across regions, the estimates are technically biased; that is, a region with more communities who participated, regardless of region size, will have more impact on overall percentages.

Table 1: Community Survey response rate (in comparison to that of the 2008/10 Regional Health Survey)

Region	No. of communities included in the RHS Community Survey	No. of communities in original RHS sample	Responses as % of communities included in original RHS sample
Newfoundland	1	1	100%
PEI	2	1	200%
Nova Scotia	13	13	100%
New Brunswick	2	7	29%
Quebec	23	22	105%
Ontario	17	24	71%
Manitoba	34	30	113%
Saskatchewan	64	35	183%
Alberta	20	16	125%
British Columbia	32	36	89%
Yukon	11	15	73%
Northwest Territories	17	16	106%
Total	236	216	109%

Overall, the response rate to items in the RHS Community Survey was approximately 80%; however, variation in response rates by section was observed. Items with non-response rates from 50% of communities or higher were excluded from analyses. Items with non-response rate from communities of 35%-49% are flagged within the text. In cases where cross-tabulations are examined, cell sizes of 5 communities or less have been suppressed.

EXTERNAL ENVIRONMENT

The Community Survey examined environmental factors commonly thought to have an impact on health, such as water quality, housing, and the presence of potential threat (such as forest fires or chemical factories) in the community area.

Access to potable water

The RHS Community Survey revealed that most communities (78.4%) indicated having a water treatment facility. Of those communities that do not currently have a water treatment facility (21.6%), approximately one-third (36.4%) reported that their community is lobbying to make this a reality.

Precautions taken to ensure potable water

Nearly ninety percent of communities indicated that the drinking water had been tested for contaminants in the past year (86.9%). However, only 34.5% of communities indicated having bylaws in place to protect the quality of the water.

Of the communities that have their own treatment facilities (78.4% of communities), 81.3% perceived their water treatment facility as meeting federal/provincial/territorial standards. The majority of communities with a water treatment facility indicated having lobbied for upgrades to the current water treatment facility (65.9%).

When asked in the 2008/10 Regional Health Survey (FNIGC, 2012), more than one-third (35.8%) of First Nation adults did not perceive their main water supply in their home to be safe for drinking year round. No improvement was observed since the previous 2002/03 Regional Health Survey (FNIGC, 2005).

One indicator of water quality is the number and duration of boil-water advisories that have been issued (Fewtrell *et al*. ,2005). More than half of communities (57.3%) reported having had a boil-water advisory in the past five years. In many cases, advisories in the past 12 months lasted only a few days (53.7%); however, 19.5% reported having been under a boil-water advisory for a few months or more (see Table 2).

Table 2 : Percent of communities by duration of boil-water advisory in the past 12 months (among communities with an advisory in the past 5 years)

Duration of boil-water advisory	% of communities (n = 82)
A few days	53.7
A few weeks	15.9
More than 1 month	11.0
A few months	11.0
Most of the time	8.5
Total	100.0

Environmental pollutants

The majority of communities (83.0%) reported being within 100 kilometres of at least one pollution source, such as a large-scale farming operation, hydroelectric power plant, oil and gas pipeline, mine/quarry, grain elevator, a pulp and paper mill, or an oil or gas well. More specifically, more than one-third of communities reported that being located within 100 kilometres of large-scale farming operations (43.2%), hydroelectric power plants (40.2%), oil and gas pipelines (37.3%), or mines/quarry (37.0%); and one-quarter of communities reported being within 100 kilometres of a grain elevator (25.8%), a pulp and paper mill (24.7%), or an oil or gas well (23.8%). Approximately 10% of communities indicated being within 100 kilometres of an oil refinery (10.1%) and/or a chemical factory (10.9%). Fewer than 5% of communities indicated being in proximity of a nuclear power plant (3.2%)

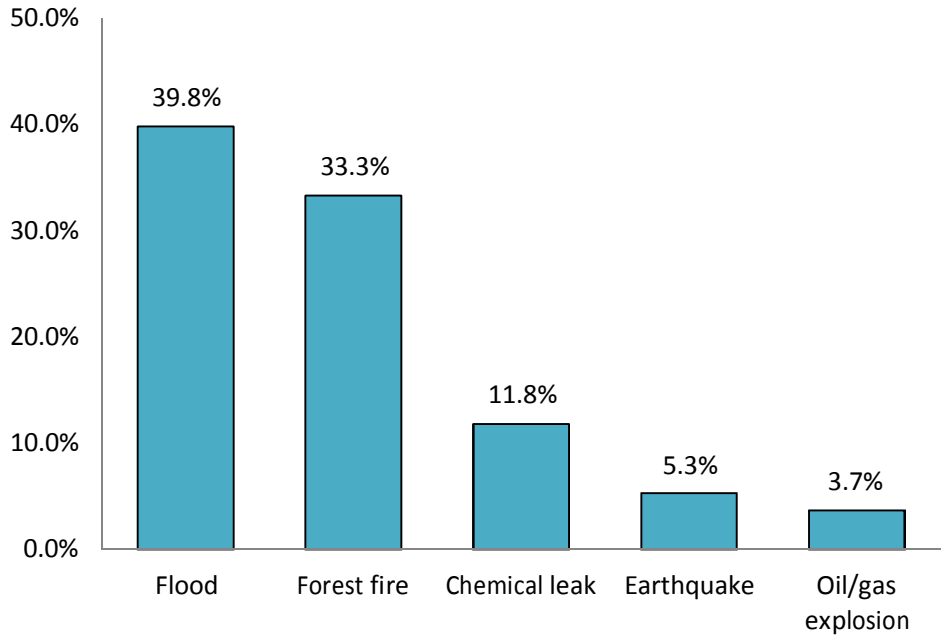
Environmental hazards

Many communities reported experiencing an environmental hazard(s) in the past 5 years, including flooding, forest fires, and chemical leaks (Figure 1).

Soil testing

Approximately one-third (36.0%) of communities indicated having had their soil tested for contaminants in the past year and 20.1% indicated the presence of bylaws to protect the quality of their soil. Figure 1: Percent of communities which experienced an environmental hazard in the past 5 years (***n*** = 187 to 196)

Figure 1: Percent of communities which experienced an environmental hazard in the past 5 years (n = 187 to 196)



SHELTER AND INFRASTRUCTURE

Roads and road maintenance

The majority (90.0%) of communities have year-round road access. The remaining communities have either winter-road access only (7.2%) or fly-in access (not accessible by road, 2.4%). Three-quarters (73.4%) of all communities report that their community roads are regularly maintained according to formal written standards (i.e., federal, provincial, municipal, or First Nation standards).

Housing amenities and heating

According to the 2008/10 Regional Health Survey (FNIGC, 2012), sizeable minority of First Nations adults struggled financially (i.e., missing payments or having to borrow money) to pay for utilities (9.2%).

The majority of First Nations communities surveyed reported that all of homes within the community have hydroelectricity (60.9%) and indoor plumbing (66.8%). To look at this another way, at least one-third of communities report that not all homes in the community have electricity or indoor plumbing (Table 3).

Table 3: Percent of communities by the proportion of homes with amenities

Percent of homes with amenity	Hydroelectricity (*n* = 207)	Indoor plumbing (*n* = 208)
< 80% of homes in community	17.9	6.6
80-99% of homes in community	21.3	26.4
100% of homes in community	60.9	66.8
Total	100.0	100.0

With respect to household heating, 32% of communities indicated that the most common method of heating community dwellings was gas, 30% indicated electricity (electric baseboard heating), 20.5% indicated oil, and 17.5% indicated wood, propane, or other fuels. For the majority of communities, costs of household heating ranged from $1,000 to $2,999 per year (Table 4).

Table 4: Percent of communities by average annual cost of household heating

Average yearly cost	% of communities (*n* = 200)
Under $1,000	10.5
$1,000 to $1,999	39.5
$2,000 to $2,999	21.0
$3,000 to $3,999	13.5
More than $4,000	15.5
Total	100.0

It appears that efforts are underway to make homes more energy-efficient: 42.9% of communities take part in Aboriginal Affairs Canadaôs *Innovative Housing* program, and 21.1% take part in Natural Resources Canadaôs *Energuide for New Houses* program.

Availability of housing

The 2008/10 Regional Health Survey (FNIGC) revealed that two-thirds (65.7% [±2.7]) of First Nations adults lived in band-owned housing; no change was observed in the proportion of adults living in band-owned housing since the 2002/03 Regional Health Survey (FNIGC, 2005). In addition, approximately one-quarter of First Nations adults lived in over-crowded housing (23.4%). This represents a substantial increase in over-crowding since the previous RHS (17.2% [±0.8]). In the general Canadian population, 7% of adults live in over-crowded housing (CMHC, 2011b).

The RHS Community Survey revealed that almost all communities reported a shortage of housing units (i.e., house, apartment); 94.1% of communities have a waiting list for housing. More than one-third of these communities (34.5%) reported that at least half of their adult population are on a waiting list for housing (Table 5).

Table 5: Percent of communities by the proportion of adult community members on a housing waiting list (among communities those with a housing waiting list)

Percent of adult population waiting for housing	% of communities (*n* = 184)
< 10% of adults	10.9
10-29% of adults	34.7
30-49% of adults	19.5
> 50% of adults	34.8
Total	100.0

More than 80% of communities report that the average wait time for housing was at least 2 years; a substantial percentage of communities indicated that the average wait time for housing was 10 or more years (22.1%) (Table 6).

Table 6: Percent of communities by average wait time on housing list (among communities those with a housing waiting list)

Average wait time for housing	% of communities (*n* = 181)
< 2 years	17.7
2 to 3 years	22.1
4 to 6 years	30.4
7 to 9 years	7.7
10 or more years	22.1
Total	100.0

Repairs to Housing

The 2008/10 Regional Health Survey (FNIGC) revealed that the majority of First Nations adults reported that their home was in need of some repair [major repairs (37.3%), minor repairs (33.5%). Fewer than one-third of adults (29.2%) perceived the need for only regular maintenance/no maintenance to their home. In addition, half of First Nations adults reported living in homes with mould or mildew (50.9%). A higher proportion of First Nations adults living in band-owned homes indicated that their home was in need of major repair (41.8%), compared to adults who lived in non-band-owned homes (29.5%).

The RHS Community Survey revealed that most communities have a community-based housing plan (76.5%) and currently have funding for construction of new homes (65.1%). Among those communities with current funding, 52.3% of communities report funding was provided by the band/First Nations community, 20.7% reported the funding was provided by banks/lending institutions, and 27.0% of communities report funding provided by grants. More than half of communities (62.3%) indicated having housing-construction crews or workers, access to technical expertise, and suitable parcels of land for building (Table 7). With respect to repairs to already existing housing, the majority of responding communities indicated having funds for maintenance and repairs of community housing (76.0%).

Table 7: Percent of communities indicating presence of elements required for housing development (*n* = 186 to 205)

Building Element	% of communities
Suitable sites for building	89.9
Access to technical expertise	88.6
Construction crews/workers	83.9
All three of above elements	62.3

Finally, the majority of communities have funds or programs to support housing upgrades for local persons with disabilities (e.g., grab bars, ramps, widen doorways; 71.7%).

FOOD AND NUTRITION

Prevalence of diabetes and other illnesses related to obesity and diet have gradually increased among First Nations, suggesting possible obstacles to a nutritious diet within these communities. The RHS Community Survey included questions on this topic, more specifically the survey included questions on food prices, food availability, and knowledge about the creation of a healthy diet.

Food prices

Many First Nations communities are located in rural or remote areas where food costs are generally higher. Table 8 presents the average price of various basic foods within First Nations communities.

Table 8: Local cost of various food items within First Nation communities (*n* = 143 to 168) (responses provided by Community Survey fieldworkers)

Food item	Mean cost	Median cost
A loaf of bread	$2.68	$2.49
400 g. of cheddar cheese	$6.62	$6.00
A dozen eggs	$3.13	$2.98
10 kg. bag of flour	$13.02	$12.00
4 liters of milk (3 bags)	$6.24	$5.99
1 kg. jar of peanut butter	$5.72	$5.20
10 lbs. of potatoes	$7.46	$5.99
16ï 19 fl.oz. can of soup	$2.39	$2.00
6 oz. can of tuna	$2.22	$1.99
5 lbs of sugar	$5.50	$5.00
5 lbs of apples	$6.01	$5.00

One way that First Nations communities cope with high food prices is to rely on traditional, locally-available foods (when in season) such as wild game or berries (see Table 9). For example, the majority (97.5%) of communities reported that at least one type of wild meat was locally available. However, 17.9% of communities indicated that there had been public health warning(s) against the consumption of traditional foods.

The 2008/10 Regional Health Survey (FNIGC) revealed that approximately one-fifth (22.1%) of all First Nations adults reported hunting or trapping in the 12 months prior to the survey, with more than one-quarter (28.3%]) reporting berry picking or other food gathering. In addition, the majority (85.5%) of First Nations adults reported having had someone ñoftenò or ñsometimesò share traditional food with their household in the 12 months prior to the survey.

Table 9: Percent of communities indicating availability of various traditional foods (when in season) (*n* = 175 to 200)

Type of Traditional Food	% of communities
Berries	93.9
Fish	90.3
Moose	81.1
Geese	74.3
Deer	67.0
Caribou	31.8
Wild rice	14.8

Programs to increase access to foods

Results from the 2008/10 Regional Health Survey (FNIGC) found that approximately one-in-six (16.5%) of all First Nations adults reported often struggling (i.e., borrowing money) each month or more often to pay for food in the 12 months prior to the survey. In addition, one in five First Nations adults (19.8%) reported cutting the size of their meals or skipping meals because there was not enough money for food, with 36.5% having done so almost every month in the year prior to the survey.

To cope with this need, the RHS Community Survey revealed that many First Nations communities provide programs or classes to help community members cope with high food prices, including classes on budget shopping (43.0%), presence of a community garden (38.3%), meals on wheels (or services providing meals to the needy (27.0%), food bank (20.2%), arrangements for bulk purchasing of foods (besides the food mail program; 10.9%), and presence of a community greenhouse (8.0%).

Programs to promote healthy eating

The 2008/10 Regional Health Survey (FNIGC) revealed that fewer than one-third (30.6%) of First Nations adults reported ñalways or almost alwaysò eating a nutritious balanced diet, and the majority (51.8%) reported they ñsometimesò did.

The majority of communities reported having at least one nutritional education program (see Table 8); the most common of which being presence of a community health nurse/community health representative, use of the Canada Prenatal Nutrition Program, and/or administration of diabetes education programs on nutrition and diet (Table 10).

Table 10: Percent of communities with nutritional education/awareness program (*n* = 188 to 202)

Type of Nutritional Education Program	% of communities
Community Health Nurse/Community Health Representative	95.5
Canadian Prenatal Nutrition Program	90.9
Diabetes educator programs on nutrition and diet	80.1
Dietician or nutritionist programs and services	69.4
Aboriginal Health Start On Reserve	67.0
Community kitchen	47.6
Breastfeeding support groups	59.0

FOOD AVAILABILITY

Regardless of level income and oneôs knowledge of proper nutrition, a healthy diet is also dependent on the accessibly of healthy foods. Less than half (43.8%) of communities indicated presence of a grocery store within their community. A slightly higher percent indicated that they were able to assess fresh food at a local community store (53.9%), suggesting other sources of fresh food besides a grocery store. Finally, 77.7% of all communities indicated that fresh food may be purchased within 20 kilometres of the community.

For a small percentage of communities (more than 5%), fresh food is much less available ï the nearest source being more than a 100 kilometres away or only available by air/boat (not accessible by road) (see Table 11).

Almost half of communities indicate that fresh fruit, vegetables and meat are available only weekly or monthly (see Table 12).

Table 11: Percent of communities by distance from fresh food store (*n* = 193)

Distance to store with fresh food	% of communities
Within community	53.9
Less than 20 kilometres	23.8
21-100 kilometres	16.1
More than 100 kilometres	5.7
Accessible only by air or boat	F
Total	100.0%

F=percent supressed to due low sample size (n < 5).

Table 12: Percent of communities by availability of fresh food

Fresh food availability	% of communities with fresh fruit (n = 193)	% of communities with fresh vegetable (n = 192)	% of communities with fresh meat (n = 185)
Daily	56.0	55.2	57.8
Weekly	36.8	38.0	35.7
Monthly	7.3	6.8	6.5
Total	100.0%	100.0%	100.0%

EMPLOYMENT AND ECONOMIC DEVELOPMENT

Most communities have a gas station and a convenience store. A lower percentage of communities have services such as an employment centre, a grocery store, and a restaurant. Fewer still have facilities such as banks or hotels (Table 13).

Table 13: Percent of communities with various services (*n* = 179 to 193)

Service	% of communities
Gas station	77.2
Convenience store	74.5
Employment centre/services	56.3
Hiking/walking trails	47.3
Grocery store	43.8
Restaurant or café	42.4
Community radio station	36.4
Craft store	34.0
Campground facility	32.4
Seniorsôresidence	29.3
Hotel or motel	23.7
Video lottery terminal (VLT) slots	22.7
Other lodging (e.g. cabins)	21.6
Museum	16.1
Bank	14.2
Eco-tourism facility	12.3
Community TV station	10.6
Marina	7.4
Casino	6.4

Jobs within the community

Satisfactory employment and income are important elements in achieving individual well-being; similarly, a healthy economy plays an important part in achieving a strong and healthy community. Unfortunately, these elements are often lacking within First Nations on reserve or in northern First Nation communities. The 2008/10 Regional Health Survey revealed that the unemployment rate (i.e., percent of unemployed persons within the total labor force) among First Nations adults (31.2%) remains well above the Canadian average.

The RHS Community Survey revealed that for approximately half of communities, the majority of jobs (80%) involve working for the First Nations band (i.e., working in the band office, the health centre). The remaining half of communities appears to have other sources for employment besides those related to band employment (Table 14).

Table 14: Percent of communities by proportion of community members employed by the First Nations band

Proportion of jobs	% of communities (*n* = 189)
Under 40% of jobs	22.8
40-59% of jobs	10.6
60-79% of jobs	20.1
80% + of jobs	46.6
Total	100.0

When communities were asked about ownership of local business, answers were fairly polarized. For approximately half of communities, the majority of business (80% or more) were owned by the First Nations or community members; for the other half of communities, very few of the businesses (less than 20%) are owned by the First Nation or community members (Table 15).

Table 15: Percent of communities by proportion of business that are owned by community members or the First Nation

Proportion of First Nation or community-owned businesses	% of communities (*n* = 175)
< 20%	39.4
20-79%	13.6
> 80%	46.8
Total	100.0

Irrespective of First Nations business ownership, the majority of communities indicated that the majority of their jobs were occupied by First Nations individuals (61.1%; Table 16)

Table 16 : Percent of communities by proportion of First Nations filled jobs

Proportion of jobs	% of communities (*n* = 189)
Under 40% of jobs	8.4
40-79% of jobs	30.5
80% + of jobs	61.1
Total	100.0

Jobs outside of the community

Only a minority of communities indicated that it is common for community members to work outside of the community. In only one-in-five communities (21.9%) more than 40% of community members worked outside of the community (Table 17). This is consistent with findings from the Regional Health Survey in which the majority of employed First Nations adults reported being employed within their own communities (82.4%). Approximately one-in-ten employed adults 10.8% worked in non-First Nations communities.

Many communities (55.9%) indicated that the average one-way commute distance for those who work outside of the community was less than 50 kilometres. However, approximately one-quarter of communities indicated a one-way average commute distance of 90 or more kilometres (Table 18).

Table 17: Percent of communities by proportion of community members who work outside of the community (*n* = 187)

Proportion of members who work outside of the community	% of communities (*n* = 187)
0-19% work outside	53.5
20-39% work outside	24.6
40-59% work outside	11.8
60-79% work outside	6.4
80-99% work outside	3.2
100% work outside	0.5
Total	100.0

Table 18: Percent of communities by average one-way commute time for employment outside of community

Average one-way commute distance	% of communities (*n* = 183)
Under 10 kilometres	17.0
10-29 kilometres	21.4
30-49 kilometres	17.5
50-69 kilometres	12.0
70-89 kilometres	7.1
90 kilometres +	25.1
Total	100.0

Returning Graduates

It appears that many community members who graduated from college or university in the last 5 years do not return to work in the community; for the majority of communities (80.7%), less than 40% of graduates returned (Table 19).

Table 19: Percentage of communities by proportion of graduates returning to work in the community

Proportion of university graduates who return to community	% of communities (*n* = 181)
0-19% returned	56.9
20-39% returned	23.8
> 40% returned	19.3
Total	100.0

EDUCATION

Early childhood education and day care

The majority of communities reported having access to an early childhood program (e.g., Head Start) and child care (e.g., daycare, either at home or in a community centre) within the community. In addition to resources within the community, approximately half of communities reported having access to care and programming outside of the community (Table 20).

Table 20: Percent of community with child care and preschool programs (*n* = 185 to 203)

Program	% of communities
Care within the Community	
Community daycare centre(s)	79.8
Home daycare	29.2
Aboriginal Head Start	76.5
Preschool drop-in centre	33.0
Care outside of the Community	
Local external daycare	46.0
Local external preschool program	41.7

According to the Regional Health Survey 2008/10, a little over one-third (36.4%) of all First Nations children had attended an Aboriginal Head Start program. With respect to day care, approximately half as many First Nations children are currently receiving child care compared to those in the general Canadian population (28.8% vs. 53.8%). Most children in child care were cared for in home settings; however, the use of more formal day care settings, including daycare centres, nursery school or preschool, and before and after school programs, increased by almost 10% in the period between RHS 2002/03 and RHS 2008/10.

Schools

Schools within the community

The majority of communities had at least one school (76.3%). Of those communities with a school, 38.2% had more than one school. Many community schools are controlled and managed by the First Nation (82.9%). For instance, 81.3% of communities with a school indicated that the First Nations manages its own post-secondary program. The majority of schools were equipped to care for children with disabilities or special needs (79.9%).

Of the communities that had at least one school, 17.4% offered education up to junior high level (grades 7-8) and 37.4% offered education up to grade 12. Relatively few communities offered schooling above the high school level (college/CEGEP; 5.8%).

The Regional Health Survey 2008/10 revealed that virtually all (99.2%) First Nations children aged 6 to 11 years living in First Nations communities were attending elementary school; this was only slightly lower among First Nations teens (12-17 years, 87.7%) However, the RHS Community Survey found that that a substantial percentage of school age children (primary and secondary school) are not enrolled in a school *within the community* (Table 21). Fewer than half of communities (44.8%) indicated that the majority of their school age children attend school within the community.

Table 21: Percent of communities by proportion of students enrolled in a school in the community (among communities with at least one school)

Proportion of children attending community school	% of communities (*n* = 116)
< 40%	19.0
40-79%	36.3
80% or more	44.8
Total	100.0

Culture in the classroom

First Nations children's and teens' current knowledge of First Nations languages was reported in the 2008/10 Regional Health Survey. Results indicated that approximately half of First Nations children (49.7%) and teens (56.3%) could speak or understand a First Nations language.

The RHS Community Survey revealed that among communities with a school, 91.4% offered First Nations language training and First Nations culture and traditions in the curriculum.

Healthy living

Almost all community schools promoted healthy living by including this topic in the curriculum (96.0%). With respect to nutrition in school, the majority of schools offered a meal program: 67.8% had breakfast programs and 64.7% had lunch programs (44.6% offered both programs). Less than two-thirds of community schools indicated the presence of a nutrition policy (60.3%). With respect to physical activity in school, only two-thirds of community schools indicated having a policy on physical activity (66.2%).

Adult education and distance learning

Some communities offered areas for continued learning, including an adult education program (63.5%), a distance education program (50.8%), and a training resource centre (46.4%).

Learning resources

Slightly more than half of First Nations communities offered an internet access site (including an internet café; 61.5%) and a library (56.1%).

JUSTICE, SAFETY, AND SECURITY

Policing

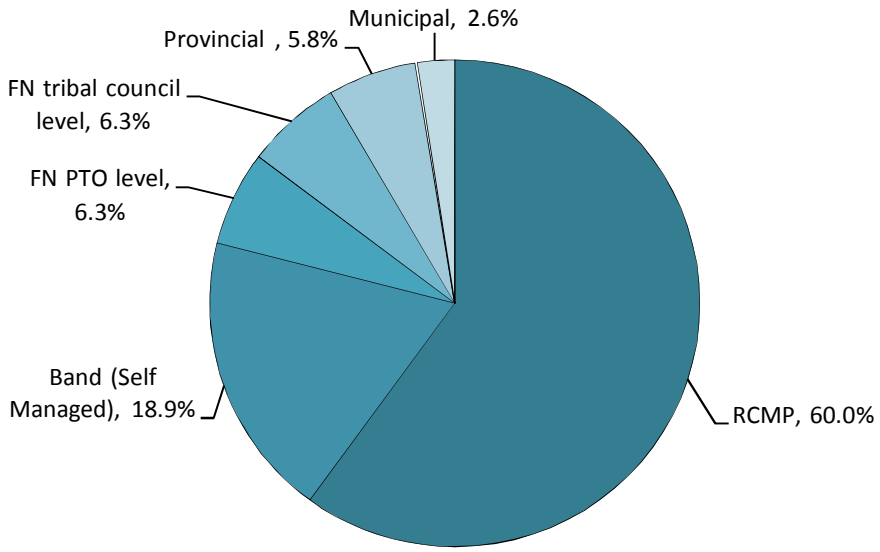
Source of Police Service

Communities were asked to indicate which police forces serve their communities (communities could indicate more than one), and were asked which police force provides the majority of services in the community. The results demonstrated the federal police force (RCMP) was present in the majority of communities, 75.8%, and that it also provides the majority of policing services for 60% of communities. In communities where the RCMP does not provide the majority of the police services, the usual alternative was a First Nations Band operated force (18.9%), followed by a First Nations policing force (either at the tribal council or PTO level; 12.6%). See Table 22 and Figure 2.

Table 22: Type of policing service available in community (*n* = 157 to 188)

Policing service	% of communities
Federal police force (RCMP)	75.8
An independent, self-managed policing authority for the individual First Nation (e.g. band constable)	34.1
Municipal police force	17.5
Provincial or territorial police force	16.0
First Nations collective police authority: Provincial Territorial Organization PTO level	11.4
First Nations collective police authority: Tribal council level	10.8
Total	100.0

Figure 2: Main policing source (*n* = 190)



Police service response time

As might be expected, communities with a local force, as opposed to an external force, indicated having a shorter response time. Approximately 80% of communities reported that their local force responded within 30 minutes; while only 46% of the communities utilizing outside police forces had a similar response time (Table 23).

Table 23: Percent of communities by police response time and location

	% of communities	
Response time	Forces inside the community (*n* = 140)	Forces outside the community (*n* = 176)
Less than 10 minutes	37.1	10.8
10-29 minutes	42.1	34.7
30-59 minutes	14.3	25.6
1 hour or more	3.6	23.9
More than 1 day	2.9	5.1
Total	100.0	100.0

Community relationship and communication with police force

Half of all communities reported having at least one process in place to promote harmony between police and the community. For instance, 53.0% indicated having community meetings or events to encourage a good relationship between police and community, 46.6% indicated having a community policing advisory board or committee to give direction to the policing services used by the First Nations, and 45.0% indicated having an appeal process or mechanism to deal with community membersô complaints regarding policy activity. A slightly lower percentage of communities (37.6%) indicated having a sentencing circle.

Crime within the community

The 2008/10 Regional Health Survey revealed that a high prevalence of First Nations adults observed challenges within their community. The most commonly identified challenge was alcohol and drug abuse (82.6%). Gang activity was also mentioned as a community challenge by 33.2% of adults.

In the RHS Community Survey, communities were asked if the occurrence of certain types of crimes (such as break-ins, youth arrests, youth detentions for substance abuse, and impaired-driving charges) had changed (i.e., fewer incidences, more incidences, no change) within the past five years. For the most part, approximately one-third of communities viewed crime as decreasing, one-third viewed crime as increasing, and one-third viewed crime as staying approximately the same over the past 5 years. These results suggest that one-in-three communities are struggling with increases in at least one type of crime (see Table 24).

Table 24: Proportions of communities by perceived change in incidences of crime (*n* = 172 to 180)

Perceived change in crime	% of communities			
	Break-ins	Youth Arrests	Children or Youth Detained for Substance Use	Impaired Driving Charges
Fewer incidences of crime	34.4	30.7	25.6	30.3
More incidences of crime	28.3	37.4	38.4	28.6
No change in incidences of crime	37.2	31.8	36.0	41.1
Total	100.0	100.0	100.0	100.0

Emergency response

An emergency response team refers to a group of volunteer emergency workers who have received basic training in disaster preparedness, fire suppression, basic medical operations and light search and rescue. The emergency response team is put in place to back up existing emergency responders. Three-quarters (76.0%) of responding communities reported having an emergency plan, while approximately two-thirds (64.1%) had an emergency coordinator. Just under half (49.4%) had an emergency response team.

Fire department

Approximately sixty-percent of responding communities reported that they had their own fire department with trained staff stationed in the community (59.3%). Among the communities that did *not* have a fire department, 88.4% were able to access local external fire-fighting services within 50 kilometres. In 28.3% of these communities, it took on average, 30 minutes or longer for the external fire department to arrive.

Table 25: Percent of communities by average external fire department response time (among communities without an internal fire department)

Response time	% of communities (*n* = 68)
< 6 minutes	16.7
6-14 minutes	25.0
15-29 minutes	30.0
30 minutes or more	28.3
Total	100.0

Ambulance services

In comparison to presence of fire departments, fewer communities indicated having ambulance services stationed in the community (i.e., a vehicle and operator, whether by automobile or air ambulance) (23.7%). Of those communities without local ambulance service, 81.0% could access an external ambulance within 50 kilometres. With respect to response time, 40.3% of communities without a local service reported an average response time of more than 30 minutes.

Table 26: Proportion of communities by average response time for ambulance service (among those who do not have an external service but do have access to an external service within 50 kilometres)

Response time for ambulance service	% of communities (*n* = 134)
< 10 minutes	11.2
10-30 minutes	49.5
31-59 minutes	24.6
1-3 hours	13.4
1 day or more	F
Total	100.0

F=percent supressed to due low sample size (n < 5).

HEALTH SERVICES

Prevention and health promotion services

The majority of communities offered health services oriented toward prevention, such as diabetes prevention (92.6%), pre/post-natal care (90.0%), fetal alcohol syndrome prevention and awareness (78.7%), HIV/AIDS prevention and awareness (76.7%), and suicide prevention (75.9%;Table 27).

The 2008/10 Regional Health Survey found that almost two-thirds of those who drink engage in heavy consumption (i.e., 5 or more drinks in one sitting at least once a month for the past 12 months). First Nations males were more likely than females to engage in heavy drinking. In addition, frequent cannabis use was also common; more than one-in-ten First Nation adults report using cannabis almost daily or daily. Besides cannabis use, cocaine/crack was the next most commonly used illicit drug; 7.8% of adults used this drug in the past year. The RHS Community Survey revealed that alcohol and drug counselling services were common in First Nation communities; 90.6% indicated having this service. It is plausible, however, that ñalcohol/drug counsellingò within communities refer mainly to prevention and awareness programs as the proportion of communities that offer *treatment* for these problems was appreciably lower (38.8%; Figure 3).

The 2008/10 Regional Health Survey found that almost a third (30.3%) of First Nations adults who were smokers made a quit attempt in the 12 months prior to survey. The most common motivations to quit were the pursuit of a healthier lifestyle, greater awareness about the ill effects of smoking, the presence of a health condition, and out of respect for loved ones. Pregnancy was also an important motivation for First Nations females. The most common cessation method, used by three out of four adults, was abrupt cessationð going cold turkey or using will power. A minority of adults tried other methods, such as using spirituality, assistance of family, and nicotine replacement therapy. The RHS Community Survey found that fewer than half of communities reported having a smoking cessation program in place (44.3%). Despite these efforts, more smoking cessation programs are likely needed as the 2008/10 Regional Health Survey revealed that approximately 57% of First Nations adults in First Nations communities were current smokers.

The 2008/10 Regional Health Survey approximately half (50.7%) of all First Nations adults reported either moderate or high levels of psychological distress, compared to only one-in-three adults (33.5%) in the general Canadian population. When asked about diagnoses for particular conditions, 3.3% of adults reported a psychological or nervous disorder and 1.2% of adults reported a cognitive or mental disability. In addition, almost one-quarter (22.0%) of all First Nations adults reported having had thoughts of suicide at some point in their life, lower than the proportion in the Regional Health Survey 2002/03 report (30.9%). Rates of lifetime suicide attempts remained about the same, as 13.1% of all First Nations adults reported that they attempted suicide at some point in their life, compared to 15.8% in RHS 2002/03. With respect to mental health resources available in communities, the RHS Community Survey revealed that access to counselling for mental health concerns was available in three-quarters of communities (77.3%); however, mental health treatment programs (24.0%) and mental health treatment facilities (7.4%) were less common ï suggesting that for those with mental health concerns, assistance (other than counselling) must be sought outside of the community.

Table 27: Precent of communities offering prevention and health promotion services (*n* = 197 to 202)

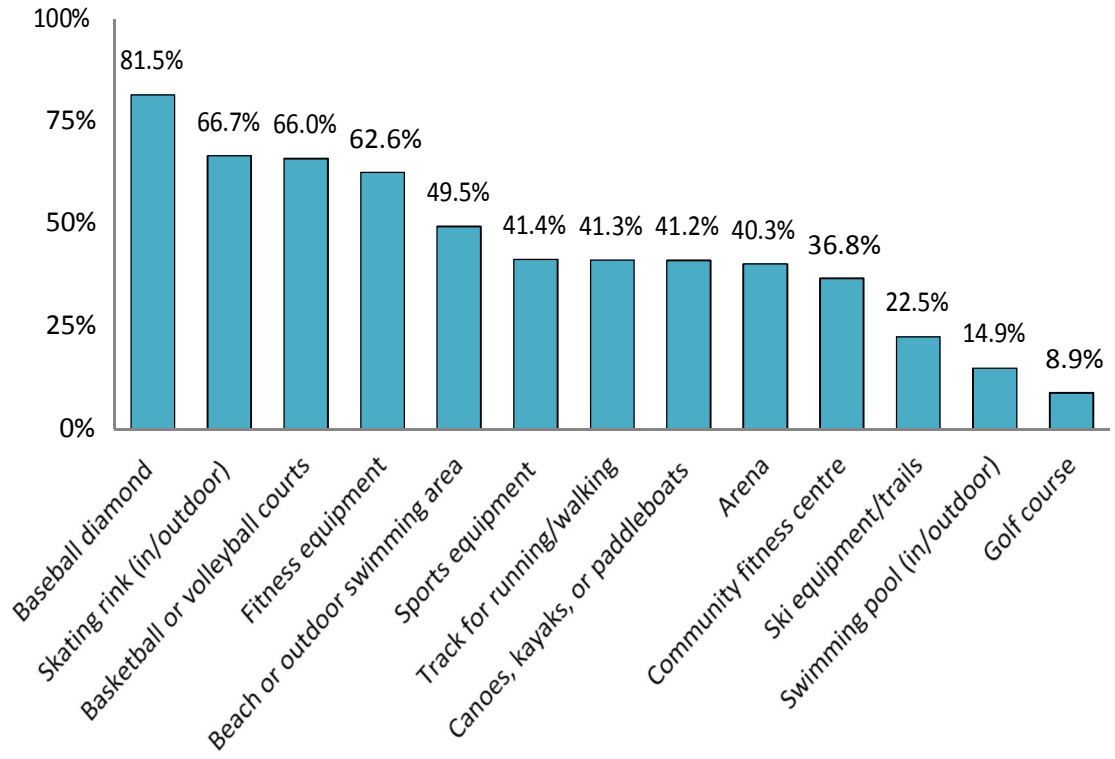
Service area	Specific Program	% of communities
Diabetes	Diabetes prevention	92.6
	Diabetes management	80.8
Nutrition	Dietician or nutritionist services	68.5
Care-giving	Home and community care	95.6
Natal care	Pre- and post-natal care	90.0
Fetal Alcohol Syndrome Disorder (FASD)	FASD prevention and awareness	78.7
	FASD assessment and diagnoses	32.4
Sexual Health	HIV/AIDS prevention and awareness	76.7
Substance Use	Alcohol and drug counselling	90.6
	Alcohol and drug treatment program	38.8
	Alcohol and drug residential treatment facility	39.0
	Smoking cessation program	44.3
Mental Health & Suicide	Mental health counselling	77.3
	Mental health treatment program	24.0
	Mental health treatment facility	7.4
	Suicide prevention	75.9
Speech and language	Speech needs diagnosis and treatment	24.2
	Speech pathologist	24.1

Exercise facilities

Findings from the 2008/10 Regional Health Survey illustrate that a high proportion of First Nations adults living on-reserve and in northern communities are overweight (34.2%) or obese (40.2%). In addition, approximately one-quarter (25.2%) of First Nations adults were physically inactive.

The RHS Community Survey assessed access to various exercise facilities. Baseball diamonds were the most common exercise facility (81.5%). Other than baseball, the various other exercise facilities were less common. Only two out of three communities indicated having indoor courts or fitness equipment (e.g., treadmill, weights; Figure 3). Communities that have sports equipment, an arena, or track area for running/walking were much less common.

Figure 3: Percent of communities with various exercise facilities (*n* = 193 to 204)



Access to health facilities

The findings of the First Nations Regional Health Survey 2008/10 reveal that 38.6% of First Nations adults felt they had less access to health services than did the general Canadian population, a slight increase from 35.6% in RHS 2002/03. Just over a third (34.8%) of First Nations adults reported difficulties accessing NIHB health services. Of these adults, medication (12.9%), dental care (12.4%), and vision care (e.g., glasses) (8.6%) were reported to be the most difficult services to access.

A majority of communities (88.2%) reported that they have a community health centre. Much fewer communities reported having a seniorsôresidence/seniorsôcentre (33.5%).

Only 2.5% of communities reported that they have a hospital (2.5%) or a transition home (between home and hospital; 16%) within their community.

Access to a hospital is a concern in many First Nations communities. Of those that do not have a hospital, over half of communities (56.2%) reported that an external hospital was within 50 kilometres; while over a quarter (27.3%) reported that the nearest hospital was more than 100 kilometres away.

Table 28: Percent of communities by distance to external hospital (among those who do not have a hospital) (*n* = 194)

Distance to nearest external hospital	% of communities
0-24 kilometres	37.6
25-49 kilometres	18.6
50-74 kilometres	12.9
75-99 kilometres	3.6
100 + kilometres	27.3
Total	100.0

The majority of communities without a hospital reported that they had year round-road access to an external hospital (87.0%); the remaining had road access only part of the year (4.7%) or relied solely on air transportation (7.8%); water-only transportation statistic supressed due to low *n*.

Table 29: Percent of communities by distance to hospital (among those without a hospital in the community) (*n* = 194)

Distance to hospital	% of communities
0-24 kilometres	37.6
25-49 kilometres	18.6
50-74 kilometres	12.9
75-99 kilometres	3.6
100+ kilometres	27.3
Total	100.0

Health personnel and programs

Although hospitals were not easily accessible for many First Nations communities, health care personnel were still tended to be available. Nurses were the most common presence in First Nations communities; 71.8% indicated that a nurse(s) was stationed within the community every day. Of those communities without a daily nurse presence, 75.4% indicted that a nurse visits at least weekly (see Table 30). On the other hand, only 11% of communities indicated having a physician stationed in the community every day. Of those communities without a daily physician, only 38.1% indicated that a physician visits the community weekly. Dentists were slightly more available compared to physicians. Other, more specialized, health care personnel were rarely available, such as a speech-language pathologist and a physiotherapist.

Presence of traditional healers was much more common than that of physician and dentists, with 38.3% of communities indicating that a traditional healer was stationed in the community every day.

Table 30: Percent of communities by frequency of visits from health care personnel (*n* = 176 to 203)

Type of health care personnel	Frequency of visits to community	% of communities
Nurses	Stationed in the community daily	71.8
	Visit at least weekly (among those without daily presence)	75.4
Traditional healers	Stationed in the community daily	38.3
	Visiting at least 2X/year (among those without daily presence)	44.9
Dentists	Stationed in the community daily	19.5
	Visiting at least 2X/year (among those without daily presence)	41.9
Physicians	Visit daily	11.0
	Visit at least weekly (among those without daily presence)	38.1
Speech-language pathologist	Visiting at least every 3 months	26.2
Physiotherapist	Visiting at least every 3 months	21.0

First Nation health care personnel

The majority of physicians, dentists, and nurses within these communities are not First Nations persons (86%, 83%, and 42% respectively). In contrast, 78.3% percent of communities reported that at least one of their mental health workers was a First Nations person (Table 31).

Table 31: Percent of communities by proportion of health care personnel who are First Nation (*n* = 171 to 192)

	% of communities			
Proportion of health care personnel who are First Nations workers that are FN	Physicians	Dentists	Nurses	Mental health workers
None	86.5	83.4	42.1	21.6
1-49%	8.3	7.3	34.5	38.6
50-100%	5.2	9.4	23.4	39.7
Total	100.0	100.0	100.0	100.0

First Nation control of health services

Approximately three out of four communities (71.2%) indicated that the First Nations managed and controlled its own local health care centre, nursing station, health station, or health office. The majority of agreements in place for health care within First Nations were either an Integrated Agreement or a Single-community Transfer Agreement (62.7%; Table 32).

Table 32: Percent of communities by type of health care agreement

Type of agreement	% of communities (*n* = 142)
Integrated agreement	31.7
Single-community transfer	31.0
Other agreement	17.6
Multi-community transfer	12.0
Self-Government agreement	7.7
Total	100.0

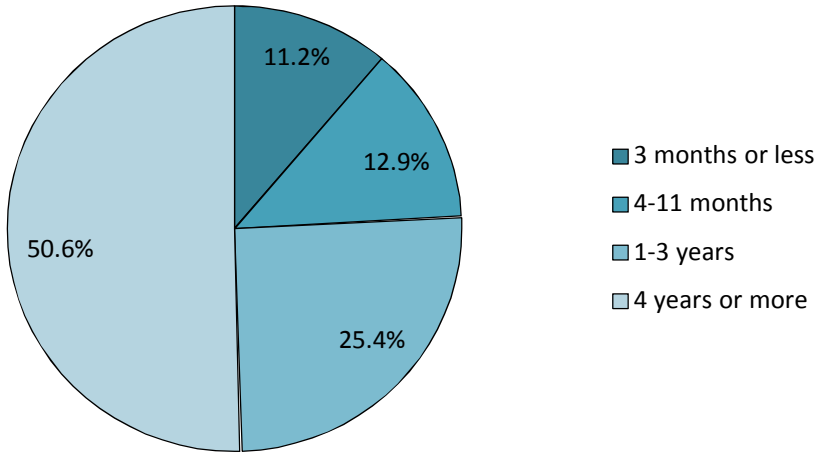
SOCIAL SERVICES

Income support

The 2008/10 Regional Health Survey revealed that approximately 58% of First Nations adults reported a total annual income of less than $20,000. The most common sources of income were paid employment (54.4%), social assistance (33.9%), and child tax benefits (32.6%).

The RHS Community Survey found that the majority of communities (85.9%) administered their own income support programs (social assistance, welfare, disability support, etc.); however, only one-in-three communities have developed their own policies related to income support (34.3%). At least half of communities (50.6%) reported that the average length of income support was for 4 or more years; only 24.1% of communities indicated that income support tended to last less than one year (Figure 4).

Figure 4: Percent of communities by average time beneficiaries spend on income support (*n* = 162)



Youth services

More than half of First Nations communities have services and programs targeted for youth. The most common youth services are alcohol and drug awareness programs, followed by youth events such as monthly dances, an employment program, and suicide awareness and prevention programs. Fewer than half of communities offered youth mentoring programs (Table 33

Table 33: Percent of communities with youth programs/services (n = 179 to 191)

Type of program/service	% of communities
Alcohol/drug awareness programs for youth	61.6
Youth events (e.g. monthly dances)	60.4
Youth employment program	59.5
Youth suicide awareness and prevention programs	55.9
Youth centre	44.5
Youth committee	39.2
Youth mentoring program	27.9

Safe care area

Approximately one in five communities (21.4%) indicated having a safe care area, such as a shelter or transition home for victims of violence. Of those communities without an internal safe care area, 55.5% indicated that a safe care area was located within 50 kilometres of the community.

IDENTITY

Membership

A majority, (83.0%) of the communities manages their own band membership list; a somewhat lower proportion (62.4%) had developed their own membership code. In the majority of communities, fewer than 80% of children (15 years and under) are designated as 6(2) under the Indian Act (Table 34).

Almost half of communities (47.9%) were involved in an initiative to ñrepatriateò children who were previously adopted out or removed by Child and Family Services.

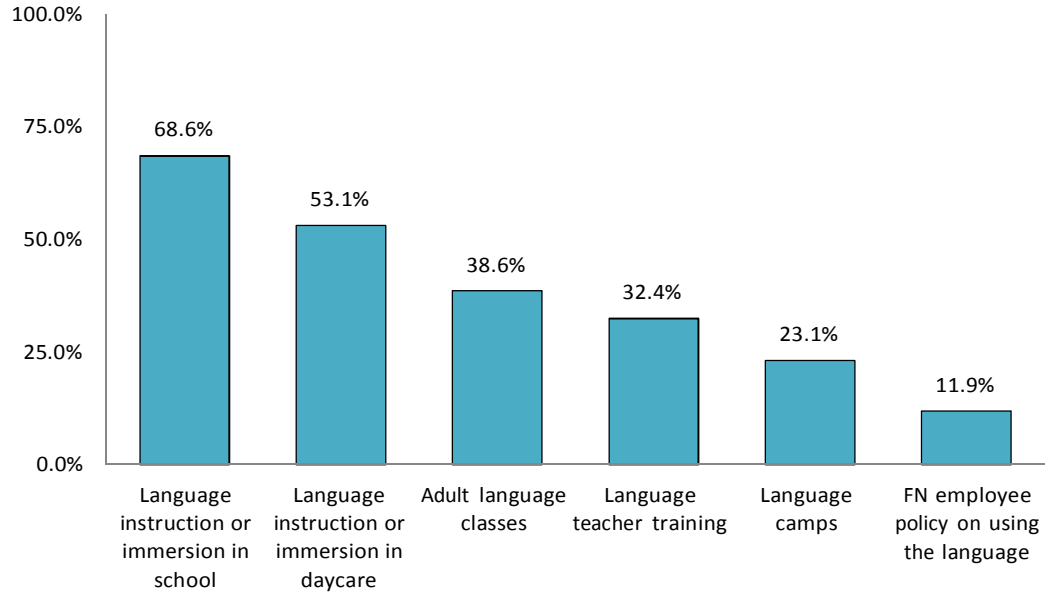
Table 34: Percent of communities by proportion of children (15 years or less) designed as 6(2) under the Indian Act

Proportion of 6(2) children	% of communities (n = 127)
0-19% of children	44.9
20-39% of children	22.8
40-59% of children	17.3
60-79% of children	7.1
80%+ of children	7.9
Total	100.0

Language and tradition

The RHS Regional Health Survey found that more than two-thirds of all First Nations adults (69.6%) are able to understand or speak a First Nations language, and more than one-third of adults (36.2%) use a First Nations language daily. Many communities have avenues for community members to improve, learn or re-learn their First Nations language. Language instruction most commonly occurred within school or daycare (instruction or immersion); however, 38.6% of communities indicated presence of language classes for adults (Figure 5).

Figure 5: Percent of communities with First Nations language instruction (n = 177 to 186)



Cultural events

In the 2008/10 Regional Health Survey, fewer than half of First Nation adults (42.3%) identified ócultureô as being a current community challenge. However, of those who identified culture as a challenge, the majority (82.3%) felt that culture within their community remained the same or improved in the last 12 months. The majority of First Nations adults participated in some aspect of traditional culture, including community cultural events, hunting or trapping, or eating and sharing traditional foods. Engaging in traditional spirituality, using a First Nations language, and using traditional medicine were also valued by many First Nations adults.

The RHS Community Survey revealed that cultural activities and events were more common within communities compared to language instruction; the majority of communities offered cultural activities such as feasts, ceremonies, and other events in which cultural teachings are shared.

Table 35: Percent of communities with events/activities related to First Nations culture and traditions (*n* = 166 to 194)

Cultural event/activity	% of communities
Cultural activities (e.g., powwows, feasts, potlatches)	90.7
Cultural teachings shared with community members and others	83.2
Ceremonial events reflecting community spiritual beliefs	78.5
Cultural workshops on community history, culture, customs	64.5
Cultural centre or facility specifically designed for cultural use	38.5
Art cooperative	19.3

FIRST NATION GOVERNANCE

Self-government agreements

Only 26.7% of communities indicated having at least one self-governance agreement. Of those communities with an agreement, the majority indicated agreements for self-governance of government, education and land claims.

A higher percent of communities indicated that they are currently negotiating at least one self-government agreements (48.0%). Of those negotiating, it appears that a higher proportion of communities are negotiating for self-governance in government and education and a lower proportion are negotiating for self-governance in policing and social services.

Agreement sector		
	% of communities with agreement (*n* = 43)	% of communities negotiating an agreement (*n* = 72)
Governance	80.6	76.9
Education	80.0	69.2
Land claim agreement	62.5	74.5
Justice	56.7	69.6
Policing	46.9	62.5
Social services	62.9	62.9

Internal governance

The First Nations Council/government of each community may delegate its government authority to another body within the First Nations. More than half of responding communities indicated that they have delegated authority to daycare centres, economic development corporations, and to child and family service agencies. Fewer communities designed governing authority to land claim board of trustees and leading institution (Table 36).

Table 36: Percent of communities who have designated authority to various bodies (n = 152 to 167)

Designated authorities	% of communities
Daycare centre	60.5
Economic development corporation	56.9
Child and family service agency	55.2
First Nation education authority	54.0
Land claim board of trustees	29.4
Lending institution (e.g. bank)	20.4

First Nations governing input

The majority of communities (81.7%) indicated that the First Nation Council/government provides members with regular updates on Chief and Council activity (e.g., activities). Of communities who receive updates, the majority receive updates monthly (44.5%) or less often (31.1%).

In nearly three-quarters of communities, the First Nations Council/government receives input from an Eldersôcouncil, committee or group (73.0%). Only half of communities receive input from a youth council, committee or group (50.0%) and one-third receive input from a womanôs council, committee or group (31.8%).

First Nations Council Members

A minority of First Nations Council/government councillors/members were female (see Table 37). In addition, 15.4% of communities indicated having female Chiefs.

Table 37: Percent of communities by number of male and female councillors/government members

Number of councillors/government members	% of communities with female councillors/members (*n* = 176)	% of communities with male councillors/ members (*n* = 180)
0 members	16.5	F
1-3 members	72.2	35.5
4-5 members	7.4	31.7
6+	4.0	31.7
Total	100.0	100.0

F=percent supressed to due low sample size (n < 5).

DISCUSSION

This report provides a descriptive overview of the national-level results of the 2008/2010 First Nations RHS Community Survey, providing a more complete picture of the health of First Nations communities. It is a snapshot of 236 First Nations communities on 10 major themes: external environment; housing and infrastructure; food and nutrition; employment and economic development; education; justice, safety and security; health services; social services; identity; and governance.

Results suggest First Nation communities in Canada face unique challenges, including access to healthy foods; living close to environmental pollutants; community housing shortages and long wait times for housing; homes not having electricity or indoor plumbing; community members graduating from college or university that do not return to work in the community; school age children not enrolled in the community school; and communities not having a hospital.

It should be noted that many First Nation communities are offering a number of avenues for bringing about positive change to the health of First Nations. Many communities offer nutrition and healthy eating programs focused on creating healthy meals while on a budget. Most communities have community-based housing plans and funding for construction of new homes. The majority of communities offered health services oriented toward prevention (i.e., diabetes prevention and fetal alcohol syndrome prevention and awareness). Most community schools offered First Nations language training and First Nations culture and traditions in the curriculum. The majority of schools offered a meal program. Most communities indicated that they are currently negotiating at least one self-governance agreement

In addition to the descriptive data provided by the RHS Community Survey, data from this survey may also be linked to information to individual health outcomes that is collected in the Regional Health Survey. Most sources of health information in Canada either relate solely to the individual, with no information about that personôs family or community, or they describe the environment but provide no way to link the information to individual health outcomes. In this respect, the RHS Community Survey is ground-breaking. The resulting combined individual and community-level information offers endless possibilities for analysis. For instance, the information on nutrition education, food prices, and recreational facilities in the community could be paired with information on the prevalence of diabetes. Similarly, the data collected on programs for youth may contribute to explanations of youth well-being. Other examples could look at the self-governance questions and youth outcomes; availability of community development programs and employment; environmental pollutants and asthma; housing shortages and mental health. Future research will explore these linkages.

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