



First Nations
Regional Health
Survey

Enquête Régionale
sur la Santé des
Premières Nations

RHS Phase 2 (2008/10) Preliminary Results



Adult • Youth • Child

Revised Edition

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Regional Health Survey History and Background

The Regional Health Survey (RHS) is the foremost national First Nations survey that has produced important innovations in data sharing, research ethics, computer-assisted interviewing, sampling, field methods and training, and culturally appropriate questionnaire content. Most significantly, the RHS process has invested in individual and institutional First Nations capacity at the community, regional and national levels. The RHS is a unique collaborative initiative of First Nations regional organizations across Canada.

Governance for the RHS is provided by The First Nations Information Governance Centre (FNIGC) Board of Directors, who represents ten First Nations regions. The RHS is the first national survey implemented explicitly in keeping with the First Nations principles of OCAP - Ownership, Control, Access and Possession. As the only national research initiative under complete First Nations control, the RHS has given new meaning to First Nations self-determination in research and provided the research community with a demonstration on how the principles of OCAP can be successfully executed.

In 1996, the Assembly of First Nations Chiefs Committee on Health mandated that a First Nations health survey be implemented every four years across Canada. This mandate came as a result of the activities that began in 1994, when three major national longitudinal surveys were launched by the federal government that specifically excluded First Nations living on-reserve.

The first RHS took place in 1997 (RHS 1997) and involved First Nations and Inuit from across Canada. The survey was implemented to address First Nations and Inuit health and well-being issues while acknowledging the need for First Nations and Inuit to control their own health information. RHS 1997 is commonly referred to as the pilot survey.

The survey design phase sought to balance First Nations content with comparable Canadian surveys while remaining culturally and scientifically valid. The RHS also incorporated sensitive issues such as HIV/AIDS, suicide and mental health. The adult and youth questionnaires included these topics as well as questions on residential school, alcohol and drug use and sexual activity. In addition, the survey design allowed for a region-specific survey module.

The RHS Phase 1 was implemented in 2002-03 with the addition of two new regions, the Yukon and Northwest Territories while, at the same time, the Inuit withdrew from the RHS process. Data collection for RHS Phase 1 began in the fall of 2002 and was completed in the mid-2003. In total, 80% of the target sample was achieved and 22,602 surveys were collected from 238 First Nations

communities. The RHS Phase 2 was initiated in 2008 and completed in the fall of 2010. The target sample for Phase 2 was 30,000 First Nation individuals in 250 First Nations communities in the 10 participating regions across Canada. The sampling approach for this Phase has been improved (from that of Phase 1). In RHS Phase 2, 72.5% of the target was achieved and in total, 21,757 surveys were collected in 216 First Nations communities.

For RHS Phase 2 (2008/10), the questionnaire content underwent extensive reviews and revisions, assessed comparability, non-response, redundancies; and new themes have been added to the core components based on extensive feedback. The adult survey includes questions about migration, food security, violence, care giving, depression, the health utilities index and gambling. The youth survey includes questions on community wellness and the children's survey has added questions on immunization.

Community participation in all aspects of design collection and analysis continues to ensure that the data are relevant and the governance and accountability mechanisms are appropriate.

An independent review was completed by Harvard University's Project on American Indian Economic Development in 2006. The Harvard Review Team found that the RHS Phase 1 (2002/03) iteration of the survey was technically rigorous, included numerous improvements over the RHS 1997 pilot survey and had many advantages relative to other surveys internationally.

"Compared to ... surveys of Indigenous people from around the world, ... RHS was unique in First Nations ownership of the research process, its explicit incorporation of First Nations values into the research design and in the intensive collaborative engagement of First Nations people ... at each stage of the research process."

The First Nations Information Governance Centre will continue to seek funding to pursue RHS Phase 3. RHS continues to be the only First Nations on-reserve and northern First Nations community ongoing cross-sectional survey ever conducted in Canada. As indicated earlier, it is the only national research initiative under complete First Nations control that has given new meaning to First Nations self-determination in research and provided the research community with a demonstration on how the principles of OCAP can be successfully executed.

This RHS Phase 2 (2008/10) Preliminary Report contains basic descriptive statistics on First Nations on-reserve and northern First Nations communities. The RHS Phase 2 (2008/10) Report on Adult, Youth and Children will be made available at The First Nations Information Governance Centre in the coming months. Please refer to The First Nations Information Governance Centre website for details: www.fnigc.ca.

Please note that subject to further verification, estimates provided within this report may change to better reflect First Nations communities represented in this survey.

Where reference is made to significantly different values, these differences are statistically significant at the .05 level. Differences were assessed using confidence intervals.

<u>1997:</u> RHS Pilot 9 regions✓	<u>2002/03:</u> RHS Phase 1 completed✓	<u>2008/10:</u> RHS Phase 2 completed✓	<u>2012:</u> RHS Phase 3	<u>2016:</u> RHS Phase 4
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Selected Preliminary Adult Results



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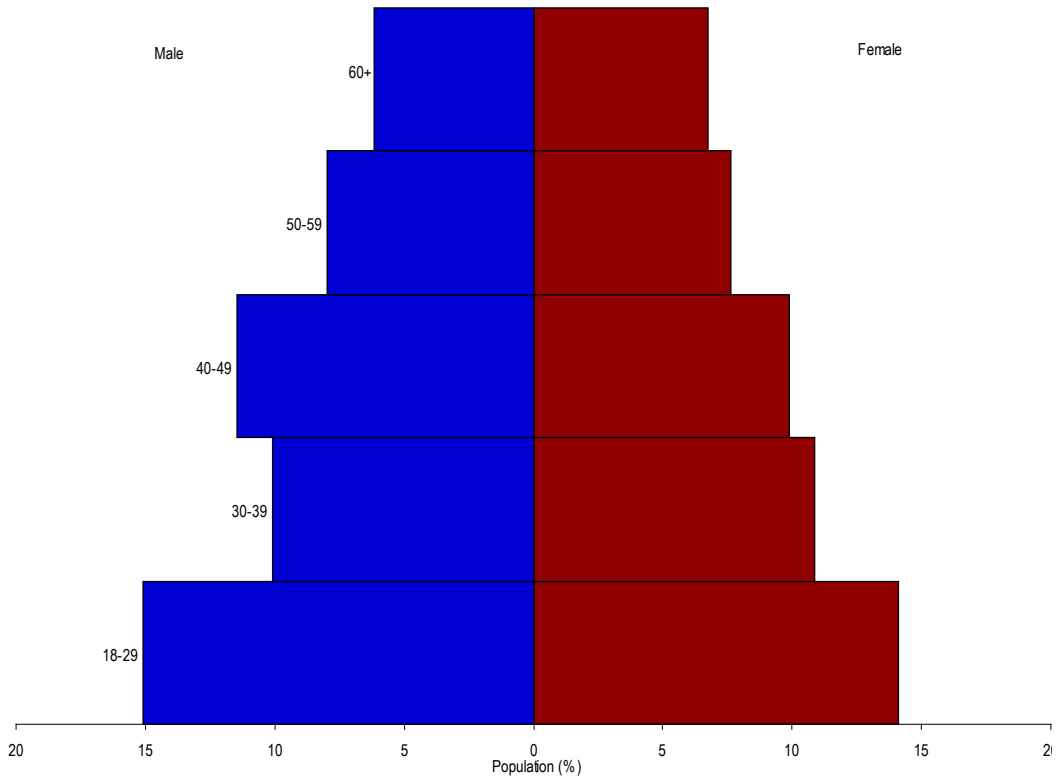
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Selected Preliminary Adult Results

DEMOGRAPHICS

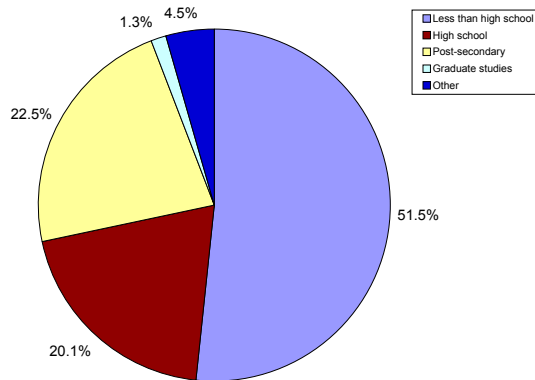
Figure 1: Age pyramid of First Nations adults living on-reserve and in northern First Nations communities



Population data from the RHS 2008/10 depict that the adult First Nations population (aged 18 years and older) is young. Approximately 30% of the adult population is less than 30 years of age while 13% are 60 years of age and older (Figure 1).

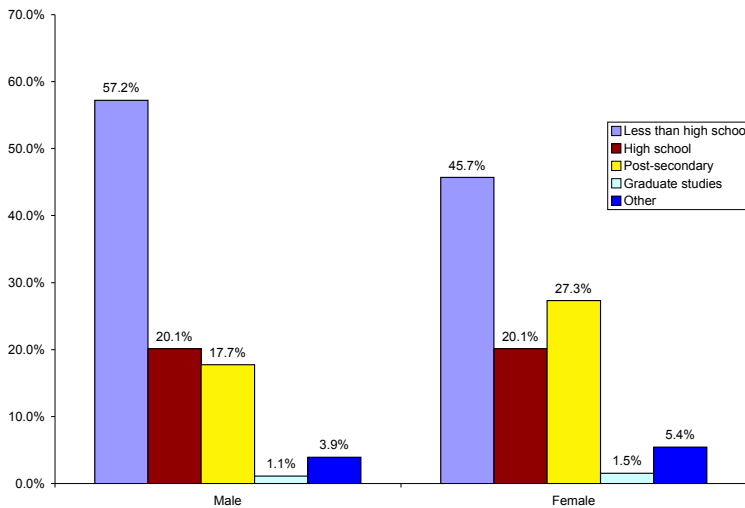
EDUCATION AND LANGUAGE

Figure 2: Highest level of education¹ of adults in First Nations communities



The percentage of First Nations adults with less than a high school education has not changed substantively since RHS 2002/03 (51.5% vs. 52.4%).

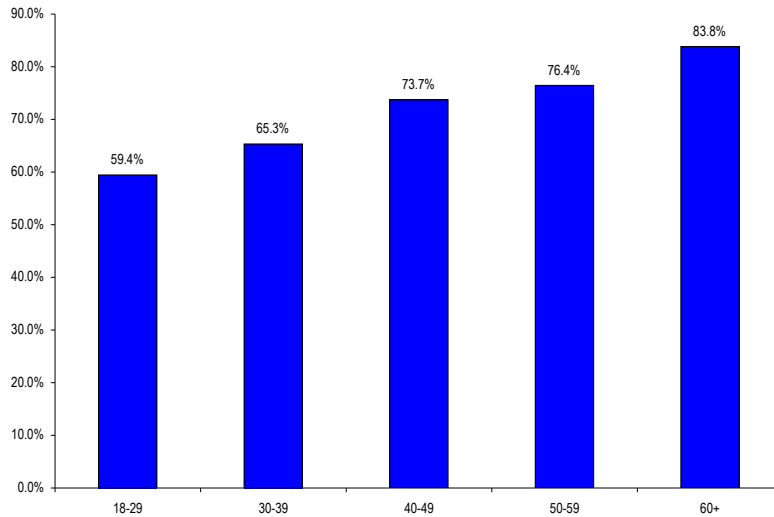
Figure 3: Highest level of education by gender



¹ Graduate studies include Master's, Doctorate and Professional degrees. The 'some' college/university/diploma categories were not included in the analysis – only completed studies.

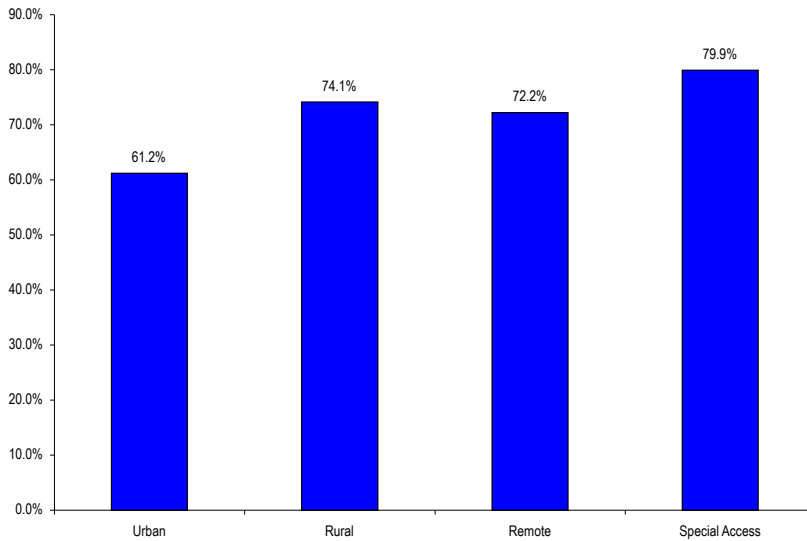
Figure 3 shows a significantly higher proportion of adult males with less than a high school education compared to females (57.2% vs. 45.7%). Except for the completion of high school, adult females tend to have a higher level of educational attainment across the board – especially at the post-secondary level (27.3% vs. 17.7%).

Figure 4: Proportion of adults who understand or speak a First Nations language by age group



First Nations language comprehension tends to be lower among the younger age groups. The reported ability to understand or speak a First Nations language is lowest within the 18 to 29 year age group (59.4%) and highest within the 60 years and older age group (83.8%). This increase in comprehension with age mirrors findings from RHS 2002/03.

Figure 5: Proportion of adults who understand or speak a First Nations language by geography

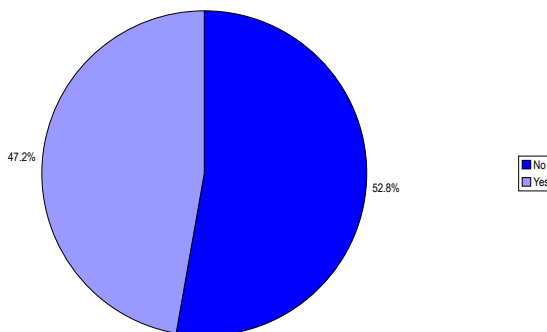


Again, consistent with findings from RHS 2002/03, reported First Nations language comprehension tends to be higher in communities that are isolated than in those that are not (79.9% special access vs. 61.2% urban).

Similar to RHS 2002/03, those who attended residential school were more likely to understand or speak a First Nations language (83.7% vs. 66%).

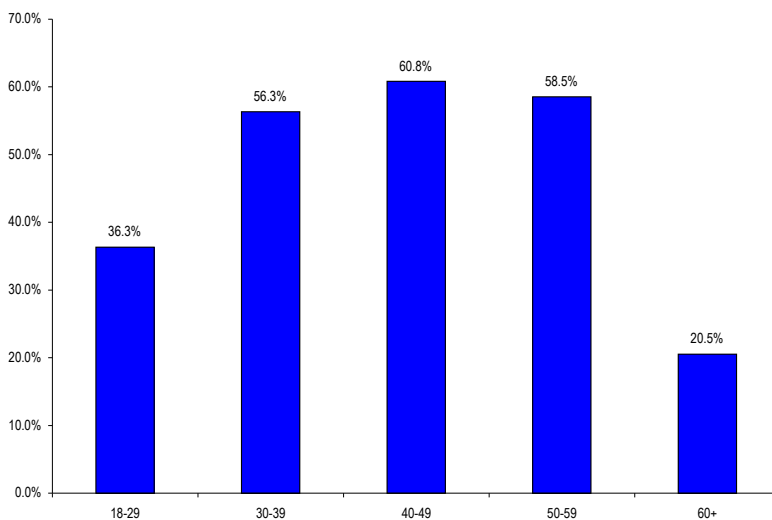
INCOME AND EMPLOYMENT

Figure 6: Working for pay at the time of the survey



Just under half (47.2%) of the adult population living on-reserve and in northern First Nations communities reported working for pay² at the time of the survey in 2008/10. There has been little change in this dimension since RHS 2002/03 (48.8%).

Figure 7: Working for pay at the time of the survey by age group



² 'Working for pay' includes working for wages, a salary, or being self-employed.

The proportion of First Nations adults who were employed at the time of the survey is low for those in the 18 to 29 year age group at 36.3%. However, the percentage rises to 60.8% for those in the middle age group before declining to just over 20% for those 60 years of age and over.

In RHS 2002/03, the figures were quite similar – the percentage of employment among those 18 to 29 years was 39.8%, 59.2% in the 30 to 59 year age group, and 22% among those 60 years of age and older.

Figure 8: Top 5 sources of income

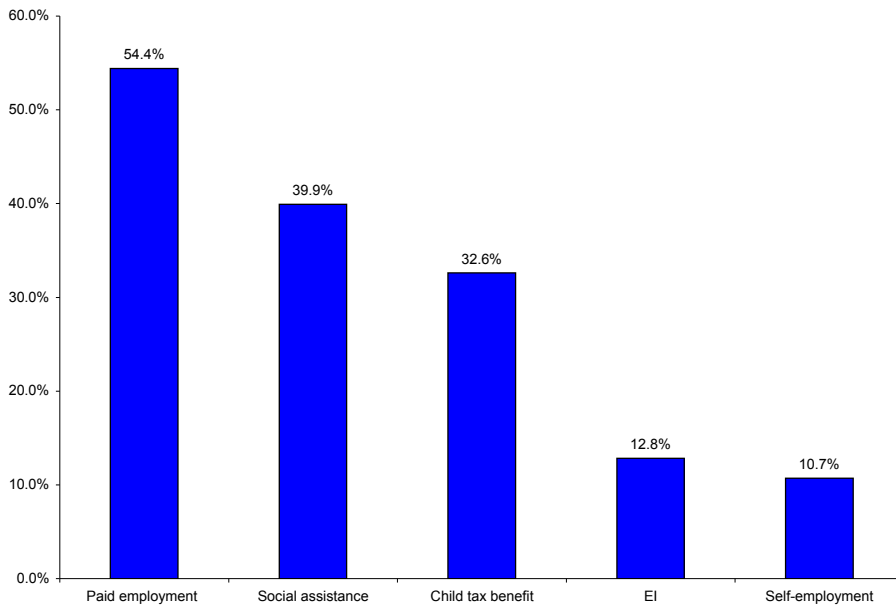


Figure 8 outlines the five most frequently cited sources of income for First Nations adults. The most commonly reported source of income was from paid employment (54.4%), followed by social assistance (39.9%) and child tax benefits (32.6%). Other sources of income included pension plans, disability allowance, worker's compensation, education/training allowance, guaranteed income supplement/spouse's allowance, basic old age security, veteran's pension, parental leave, royalties, trusts, and land claims payment.

Table 1: Reported adult personal and household income levels in First Nations communities (RHS 2002/03 and RHS 2008/10)

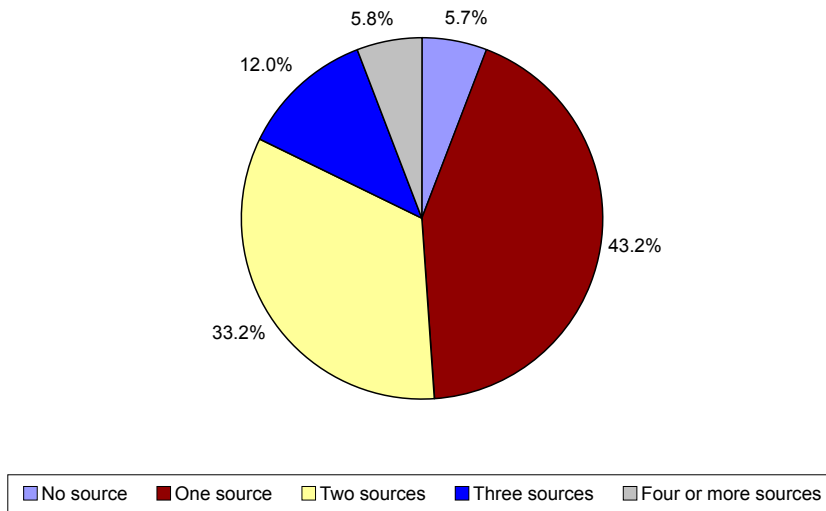
Income levels	RHS 2002/03 Personal Income (2001)%	RHS 2008/10 Personal Income (2007)%	RHS 2002/03 Household Income (2001)%	RHS 2008/10 Household Income (2007)%
<\$10,000 or income loss	33.2	32.6	11.7	16.8*
\$10,000-\$14,999	16.4	14.0	10.7	10.1
\$15,000-\$19,999	10.2	11.0	8.3	10.1
\$20,000-\$29,999	19.7	20.2	19.5	20.0
\$30,000-\$49,999	15.5	15.9	25.6*	20.9
\$50,000-\$79,999	4.4	5.5	18.2	15.7
\$80,000 plus	0.6 E	0.9	6.0	6.4

*Difference is significant at the .05 level

E high sampling variability – interpret estimate with caution

The RHS data show a slight increase between 2001 and 2007 in personal income levels among First Nations adults. However, over the same time period there was a significant increase in the percentage of First Nations adults reporting household incomes less than \$10,000 and a significant decrease in the number of adults reporting income \$30,000- \$49,999 (25.6% (2001) and 20.9% (2007)).

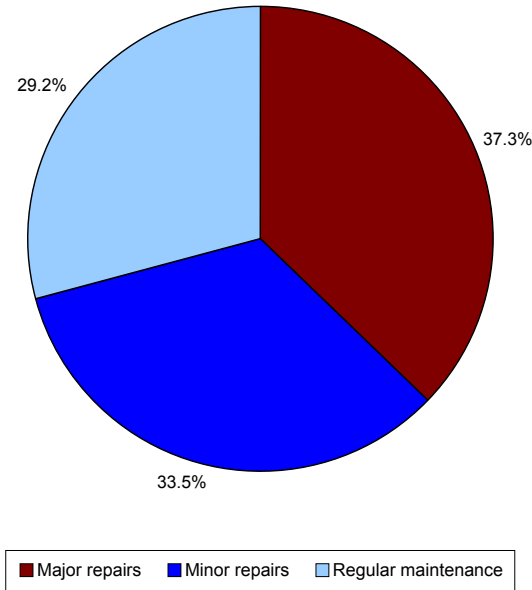
Figure 9: Number of reported income sources in 2007 (RHS 2008/10)



Under half of First Nations adults (43.2%) reported one income source while approximately 18% of the population reported having three or more income sources. Interestingly, the percentage of First Nations adults reporting one income source increased from RHS 2002/03 (36%) to RHS 2008/10 (43.2%).

HOUSING

Figure 10: Reported repair needs of First Nations households



Over two-thirds (70.8%) of First Nations adults reported that their household was in need of some type of repair compared to a quarter (25.7%) of the general Canadian population.³ Just over one-third (37.3%) of First Nations adults reported that their household needed major repairs compared to 10.2% of the general Canadian population. Half of First Nations adults (50.9%) reported mold and mildew present in their homes, representing a significant increase from RHS 2002/03 (44%).

The average number of individuals living in each First Nations household is higher than reported in the 2006 Census. The household occupancy density (average number of persons per house) was 4.2 compared to 2.5 occupants per house in the general Canadian population.⁴

³ Source: Statistics Canada, Income Statistics Division, CANSIM, table (for fee) 203-0019 and Catalogue no.62F0026MIE.

⁴ Source: Statistics Canada, 2006 Census of Population.

**Table 2: Proportion of First Nations households lacking basic amenities
(RHS 2002/03 and RHS 2008/10)**

Basic Amenities	RHS 2002/03 (%)	RHS 2008/10 (%)
Internet Connection	70.7	48.2
Computer	59.2	39.8
Telephone with service	18.3	17.5
Hot running water	3.7	3.4
Flush toilet	3.5	2.7
Cold running water	3.5	2.1
Refrigerator	1.3	1.0
Cooking stove	0.7	0.8
Electricity	0.5	0.6 E
Working smoke detector [†]	-	22.6
Carbon monoxide detector [†]	-	78.1
Fire extinguisher [†]	-	53.1
Septic tank or sewage service [†]	-	8.0
Garbage collection service [†]	-	18.5

[†] *New variables added in 2008-2010*

E high sampling variability – interpret estimate with caution

Almost half (48.2%) of all First Nations households do not have an internet connection; however, this number has dropped significantly since RHS 2002/03 (70.7%). We find a similar pattern for not having a computer in the house, 39.8% in RHS 2008/10 compared to 59.2% in the previous phase.

The proportion of households that do not have telephone service (17.5%) has not changed significantly since RHS 2002/03 (18.3%).

One in five (22.6%) First Nations households lack a working smoke detector while over three-quarters (78.1%) lack a carbon monoxide detector.

ACCESS TO SERVICES

Table 3: Proportion of adults rating their access to health services in relation to self-rated health status (RHS 2002/03 and RHS 2008/10)

	RHS 2002/03	RHS 2008/10	RHS 2002/03	RHS 2008/10	RHS 2002/03	RHS 2008/10
	Very Good or Excellent (%)		Good (%)		Fair or Poor (%)	
Better access	24.6	11.7	22.3	13.7	24.7	11.8
Same level of access	45.5	53.2	39.6	48.2	34.0	41.9
Less access	29.9	35.1	38.1	38.1	41.3	46.4

Similar to the trends seen in RHS 2002/03, the proportion of those who perceived their level of health care access to be 'less' compared the general Canadian population tends to increase as self-rated health decreases. Of those who rated their health as being very good or excellent, 11.7% perceived their access to health services to be better than the general Canadian population. This proportion has dropped significantly since the previous phase (24.6% vs. 11.7%).

Figure 11: Perceived health care access (as compared to the general Canadian population) by geography

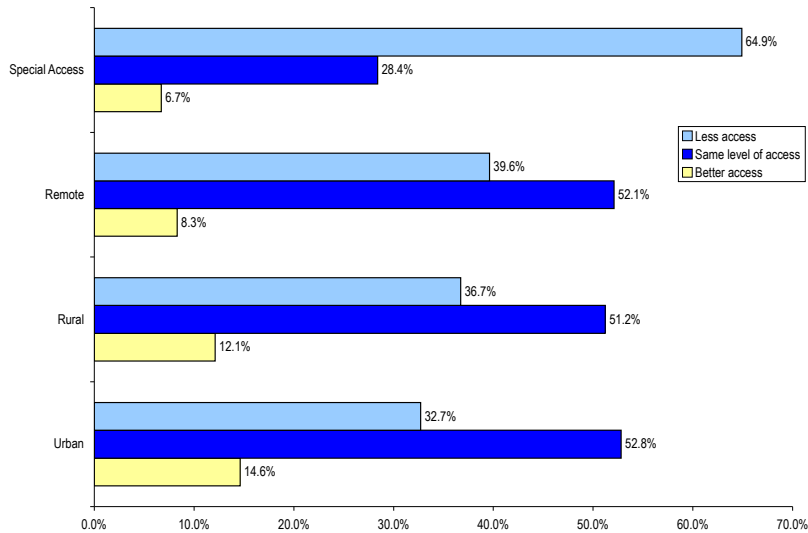
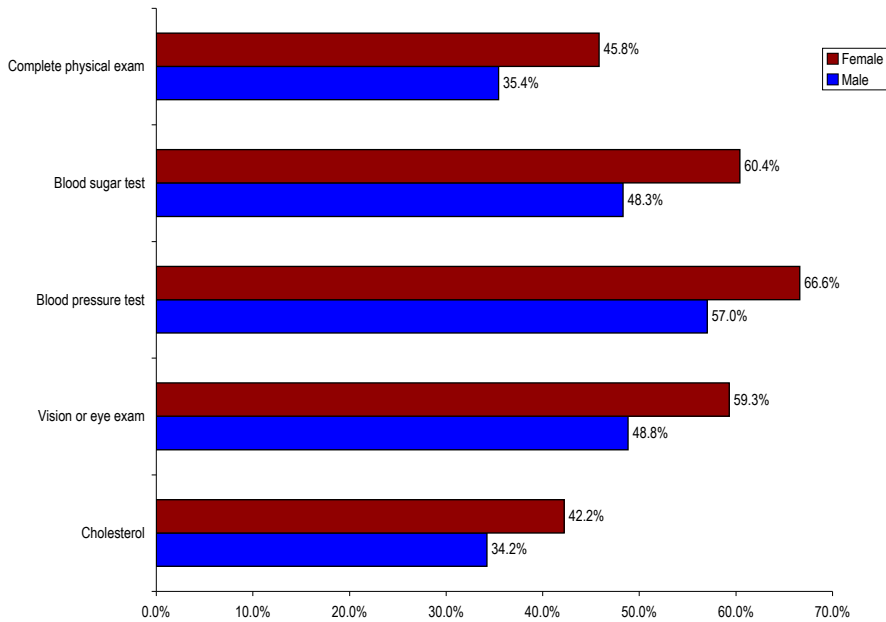


Figure 11 demonstrates that perceived level of health care access (compared to the general Canadian population) is correlated with geographic remoteness. Of those living in a special access community, 64.9% perceived themselves as having less access. This proportion decreases as geographic remoteness is minimized (32.7% in urban areas). Likewise, the proportion of First Nations adults indicating better access is highest among those living in an urban community (14.6%) and this proportion decreases as remoteness increases (6.7% in special access areas).

Figure 12: Proportion of First Nations adults having received selected health screening tests in the past 12 months by gender



Consistent with RHS 2002/03, First Nations men were less likely to have undergone any screening test in the past 12 months when compared to First Nations women.

Table 4: Barriers to accessing health services by gender

	Overall (%)	Male (%)	Female (%)
Barriers related to First Nations-specific needs			
Chose not to see health professional	12.3	12.8	11.7
Felt service was not culturally appropriate	15.4	15.4	15.4
Felt health care provided was inadequate	19.8	18.2	21.4
Difficulty getting traditional care	13.1	10.7	15.5*
Barriers related to geography and availability of services			
Health facility not available	11.4	10.2	12.5
Service was not available in my area	16.1	15.1	17.1
Doctor or nurse not available in my area	22.6	21.3	23.9
Economic Barriers			
Could not afford childcare costs	6.2	5.2	7.3*
Could not afford direct cost of care, service	16.6	14.8	18.5*
Could not afford transportation costs	16.6	15.8	17.5
Systemic Barriers			
Unable to arrange transportation	17.6	16.4	19.0
Approval for services under NIHB was denied	15.5	13.2	17.8*
Not covered by NIHB	20.6	17.0	24.1*
Waiting list too long	37.6	33.3	42.0*

*Difference is significant at the .05 level

As shown in Table 4, a higher proportion of First Nations women reported having experienced certain barriers to care than men. The category of systemic barriers had the highest percentage of respondents reporting overall and also was the category with the largest reported difference between men and women.

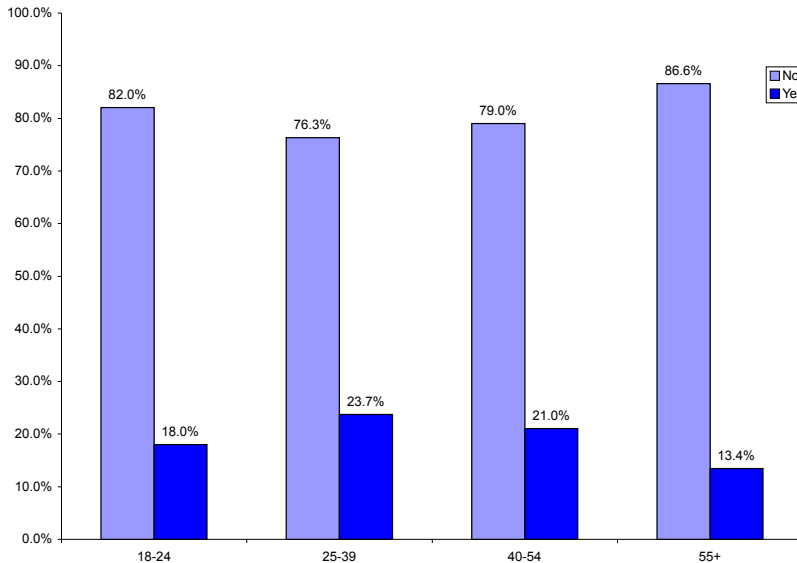
FOOD SECURITY

Table 5: Selected food security variables by age group

Couldn't afford to eat balanced meals (past 12 months)				
	18-24 (%)	25-39 (%)	40-54 (%)	55+ (%)
Often true	8.7	14.1	10.9	8.8
Sometimes true	30.3	33.8	33.2	26.8
Hungry but didn't eat due to lack of money for food (past 12 months)				
Yes	15.4	17.8	16.1	10.8

Interestingly, young adults (18-24) and seniors (55+) reported less difficulty affording to eat balanced meals. This may be attributed to the fact that those between of 25 and 54 years of age are more likely to have children to provide for. The same pattern holds for going hungry due to a lack of money. Once again, the proportion of those going hungry is higher in the middle age range which may be attributed to the presence of children in the household.

Figure 13: Proportion of adults in the household who have skipped or cut the size of meals due to lack of money by age group



Overall, the proportion of First Nations adults who have skipped or cut the size of meals due to lack of money is consistently low across all age groups, although the percentage is slightly higher in the middle age range.

An interesting pattern appears when examining only those who said yes to skipping or cutting meals. Although, only 13.4% of seniors skip/cut meals, almost half of them (46.7%) indicated they do so almost every month. This is significantly higher than the proportion across all other age groups (approximately 35%).

COMMUNITY WELLNESS

Table 6: Issues identified as challenges to the community

Type of challenges	Proportion (%)
Alcohol and drugs	82.6
Housing	70.7
Employment	65.9
Education and training	57.5
Funding	55.8
Health	44.6
Culture	42.3
Control over decisions	37.9
Gang activities	33.2
Natural environment/resources	32.5

As seen in Table 6, all domains are identified as a challenge by at least one third of the respondents. The top three reported challenges were alcohol and drugs (82.6%), housing (70.7%), and employment (65.9%).

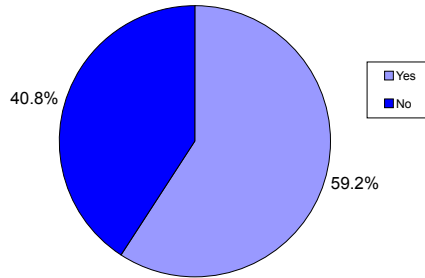
Table 7: Ranking of main community strengths

Type of strengths	Proportion %
Family values	61.6
Elders	41.7
Traditional activities	37.8
Community/ health programs	33.4
Community working together	32.6
Use of FN language	31.3
Education	26.9
Culture awareness	24.9
Strong leadership	20.4
Natural environment	16.9
Low suicide/crime/drug use	13.9
Economy	10.8

As shown in Table 7, more than 60% of First Nations adults reported 'family values' as a positive asset of their community, followed by 'elders' with more than 40%, and 'traditional activities' (38%). No other component of strength received more than a third of positive answers. 'Strong leadership' was reported by one out of five respondents and 'economy' was the lowest reported community strength (10.8%).

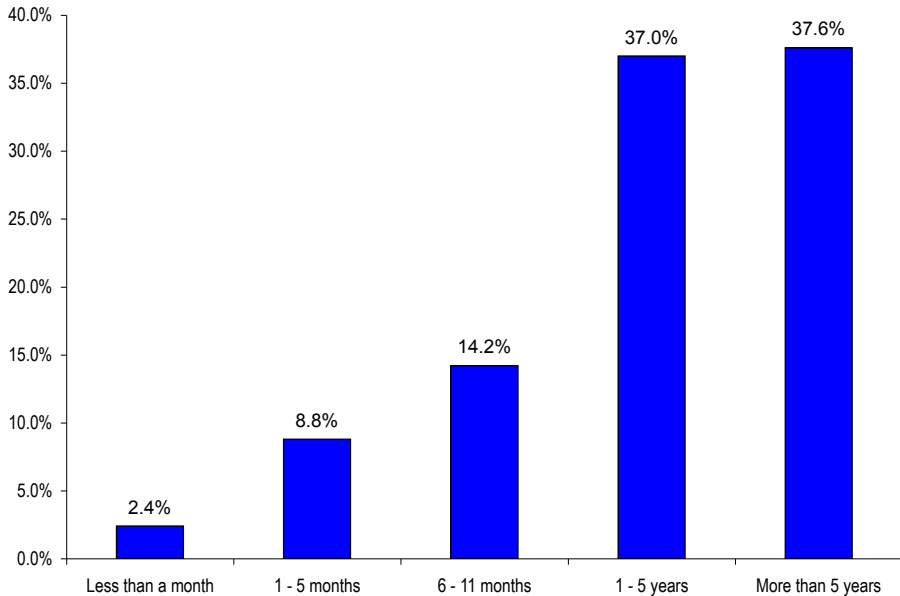
MIGRATION

Figure 14: Proportion of adults who have lived outside of their First Nations community



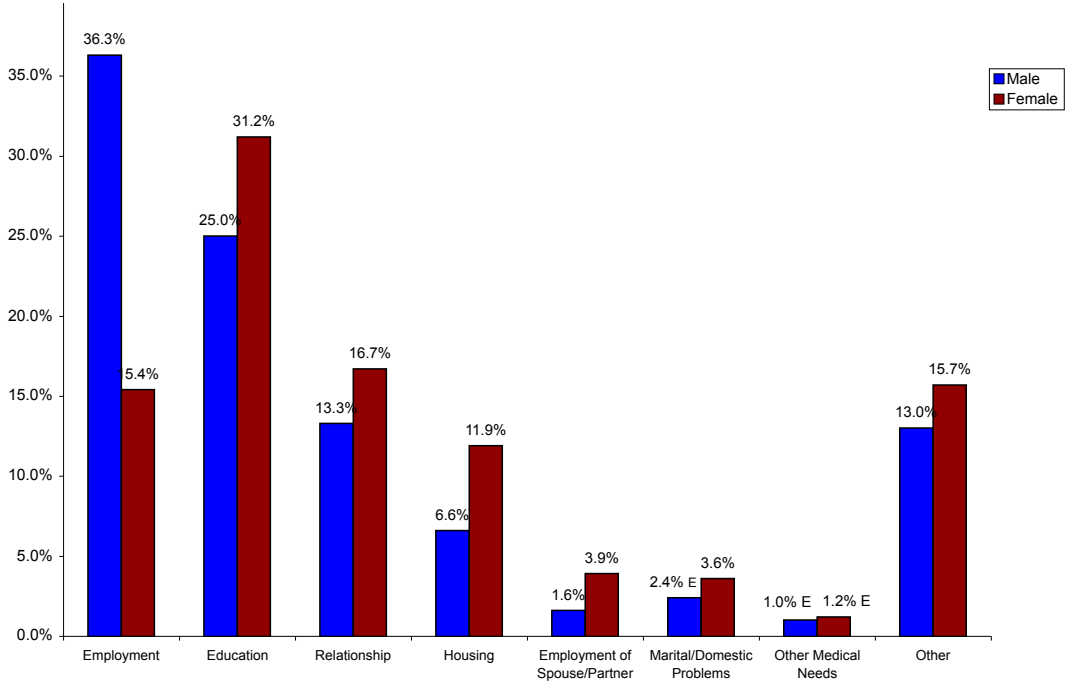
The RHS 2008/10 data reveal that almost 60% of First Nations adults have lived outside of their First Nations community at some point. The proportion of men and women who have lived outside of their community is roughly the same (59.4% male vs. 59.0% female).

Figure 15: Longest time spent living outside of First Nations community



Most First Nations adults have lived outside of their community for extended periods of time. Over 70% reported being away from their community for one or more years (approximately 38% reporting more than 5 years).

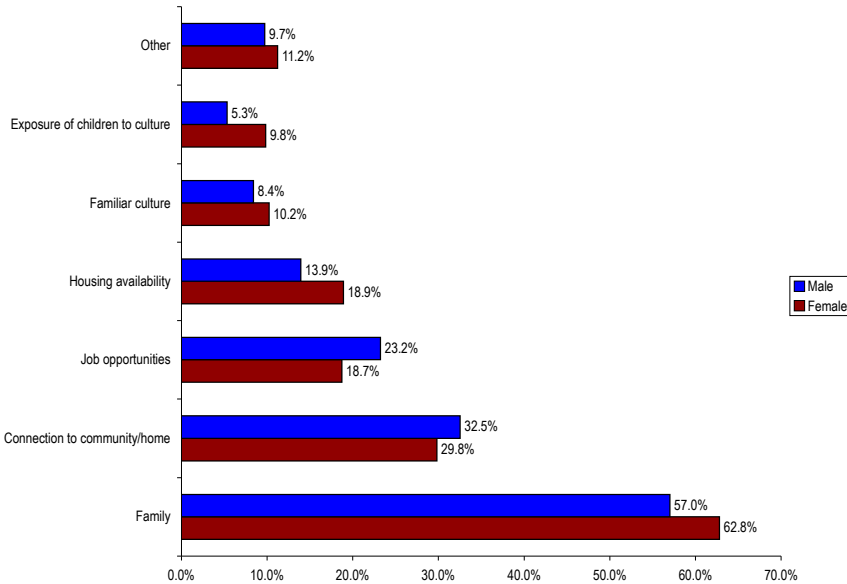
Figure 16: Reasons for leaving First Nations community by gender



E high sampling variability – interpret estimate with caution

Of those that moved away from their community (59.2%), over half moved away for reasons of employment or education. Males were significantly more likely to move away for reasons of employment (36.3% vs. 15.4%), while females were more likely to move away for reasons of education (31.2% vs. 25%). Interestingly, almost twice as many women as men report moving for housing-related reasons.

Figure 17: Reasons for returning to First Nations community by gender



Reasons for returning to First Nations communities are quite different from the factors underlying movement away from communities. The majority of First Nations adults return home for family related reasons (60%). In addition, 31% return home because of a strong connection to their community/home while 9% return home because the culture is familiar and to expose their children to First Nations culture (7.5%). There are no apparent differences between men and women although slightly higher percentages of women report family, housing, familiar culture and exposure of children to culture as reasons for returning home.

Table 8: Proportion of First Nations adults reporting frequency of moving on and off-reserve/northern First Nations communities in the past 12 months by gender and age group (%)

Number of moves	Gender		Age		
	Male	Female	18-34	35-54	55+
None	68.2	67.5	49.4	78.1	85.4
Once	18.1	20.4	29.4	13.7	9.1
2-3 times	9.6	8.8	15.4	6.1	2.7
4-5 times	1.7	1.4	2.5	0.8	1.5
6 or more times	2.3	1.9	3.2	1.4	1.2

As shown in Table 8, younger First Nations adults (18-34) have moved away more frequently than older First Nations adults. Over 20% of First Nations adults, aged 18 to 34 years, have moved two or more times as compared to 8% of 35 to 54 year olds and less than 6% of First Nations adults 55 years of age and over. Overall, there is no significant difference between males and females in terms of migration frequency.

Table 9: When living outside of First Nations community did you still:

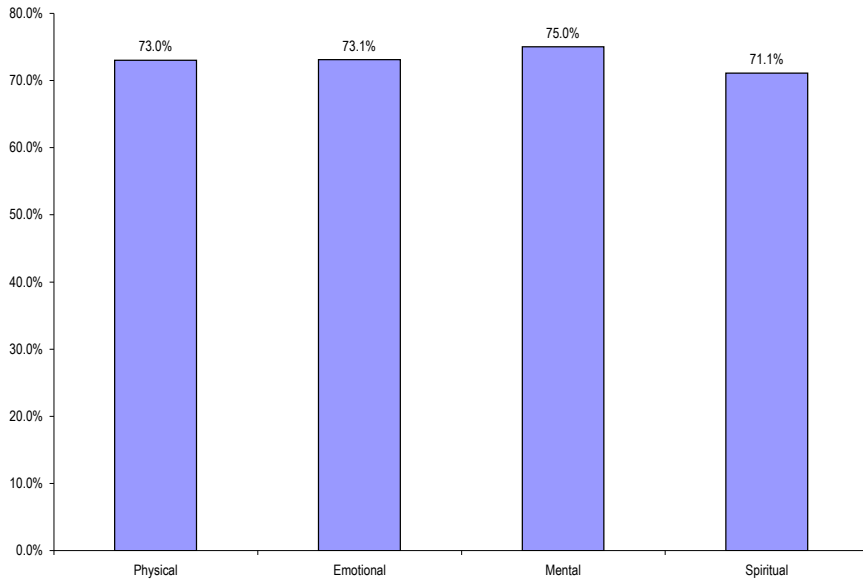
	Yes (%)	No (%)
Want to receive services from your First Nations community (e.g. health, education)	54.9	45.1
Vote in your First Nations elections ⁵	40.2	49.6

Although a significant number of First Nations adults have moved away from their community, RHS 2008/10 data suggest that respondents still retain strong ties to their communities. While living outside of their First Nations community, most First Nations adults reported that they still wanted to receive services such as health and education from their community and 40% reported that they voted in First Nations elections.

⁵ Note: second category does not total 100% as 'self-reported not applicable' is not included in the table.

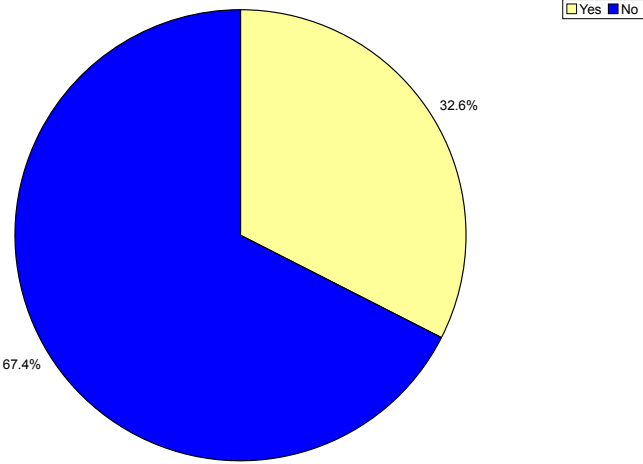
PERSONAL WELLNESS AND SAFETY

Figure 18: Proportion of First Nations adults who reported feeling balanced all of the time/most of the time per dimension



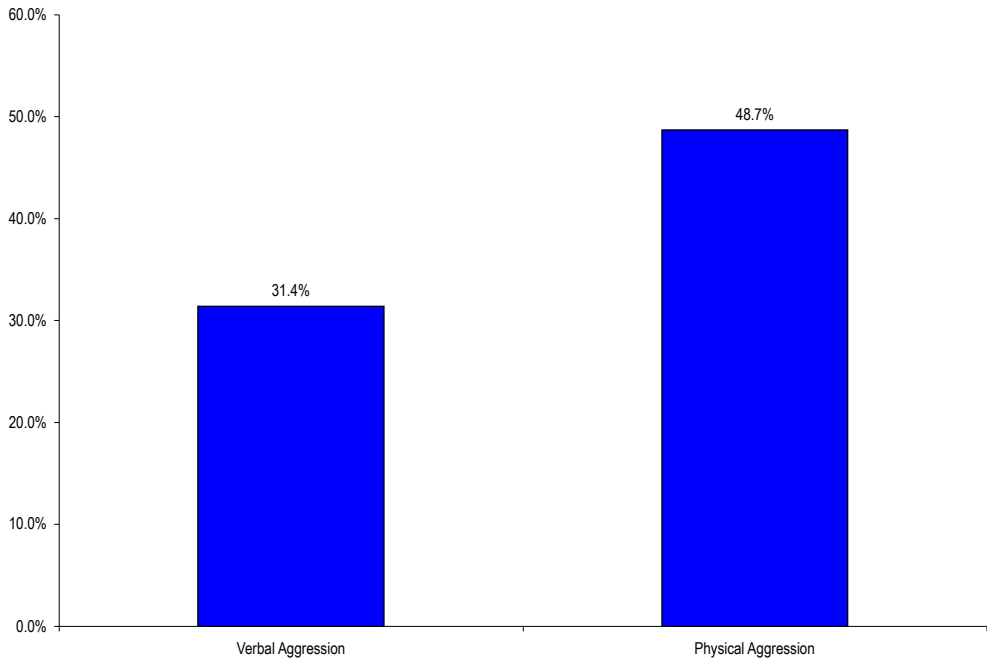
It is encouraging to note that the majority of respondents felt that, all the time/most of the time, they were in balance in terms of the four aspects of their life, with roughly 73% feeling balanced physically and emotionally, 75% feeling in balance mentally, and 71% feeling balanced spiritually.

Figure 19: Proportion of First Nations adults personally experiencing instances of racism in the past 12 months



About a third (32.6%) of First Nations adults reported experiencing personal instances of racism in the past 12 months. Of these individuals, 57.8% reported being affected to some degree by the experience.

Figure 20: Proportion of First Nations adults experiencing any verbal or physical aggression in the past 12 months⁶



RHS 2008/10 data indicate that almost half (48.7%) of First Nations adults have experienced some form of physical aggression in the past 12 months, while almost a third (31.4%) have experienced some form of verbal aggression. Of those that reported experiencing either form of aggression, a fifth (19.6%) indicated seeking help to deal with it. Females were significantly more likely to seek help compared to males (26.7% vs. 14%).

⁶ Any' aggression includes often, sometimes and rarely.

PHYSICAL ACTIVITY AND NUTRITION

Table 10: Proportion of respondents participating in physical activities in the last 12 months by gender

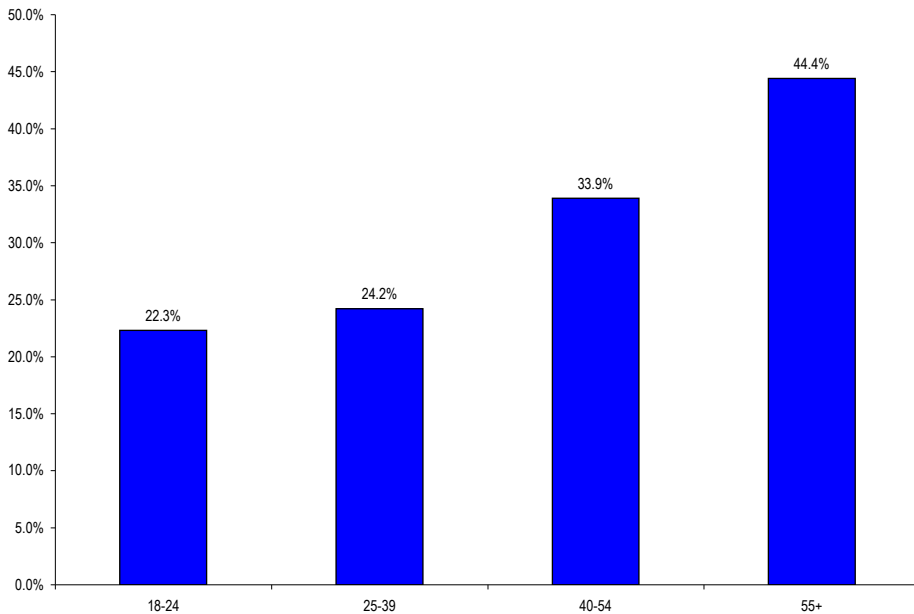
Physical Activity	Total (%)	Male (%)	Female (%)
Walking	82.1	80.4	83.8*
Gardening/yard work	35.0	37.1	32.9
Fishing	32.2	44.1*	20.0
Berry picking or other food gathering	28.3	25.4	31.4*
Swimming	27.1	26.0	28.3
Weights, exercise equipment	24.6	30.9*	18.1
Dancing (aerobic, traditional, modern, etc).	22.7	16.9	28.7*
Running or jogging	22.6	26.5*	18.6
Hunting or trapping	22.1	35.6*	8.1
Hiking	19.2	24.4*	13.8
Bicycling/Mountain biking	18.0	22.7*	13.2
Competitive or team sports (e.g., hockey, basketball, baseball, lacrosse, etc)	17.5	23.5*	11.2
Golfing	14.9	19.7*	9.9
Skating	11.8	16.9*	6.6
Bowling	11.2	10.4	12.1
Canoeing/kayaking	8.3	11.7*	4.8
Aerobics/fitness classes	6.3	3.8	9.0*
Snowshoeing	4.8	6.8*	2.7
Skiing/snowboarding	4.2	5.2*	3.2
Martial arts	2.4	3.5*	1.3

* Difference is significant to the .05 level

Walking was the most frequently reported physical activity participated in during the year prior to the survey, as reported by 82.1% of First Nations adults. This was followed by gardening or yard work (35%), fishing (32.2%), berry-picking or other food gathering activities (28.3%), swimming (27.1%), and using weights or exercise equipment (24.6%). Less than one quarter of First Nations adults reported that they participated in forms of dancing (22.7%), running or jogging (22.6%), hunting or trapping (22.1%), hiking (19.2%), bicycling or mountain biking (18%), or competitive or team sports (17.5%). Less than one in five of adults indicated that they participated in golfing (14.9%), skating (11.8%), bowling (11.2%), canoeing or kayaking (8.3%), aerobics or fitness classes (6.3%), snowshoeing (4.8%), skiing or snowboarding (4.2%), or martial arts (2.4%).

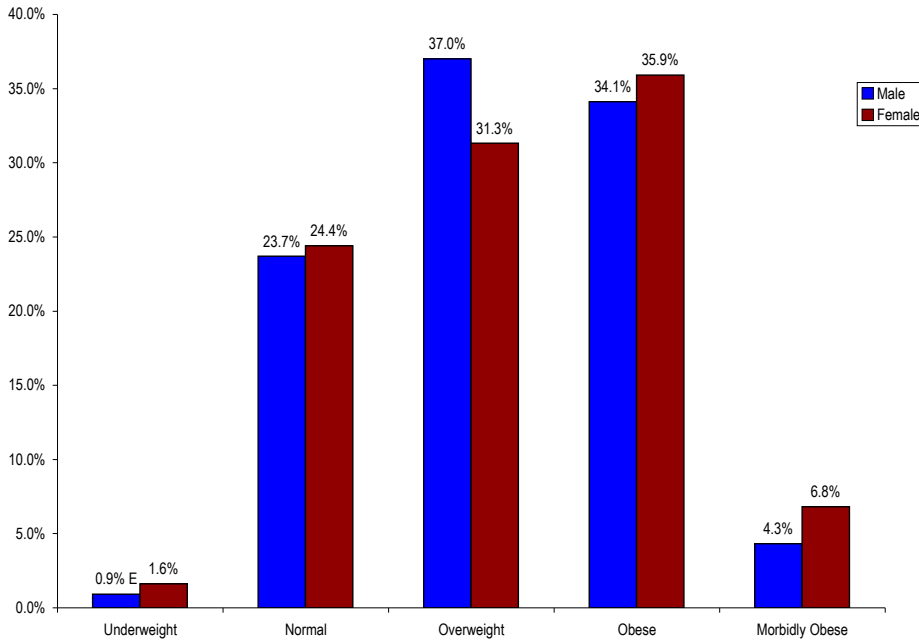
Table 10 summarizes the gender differences associated with participating in certain physical activities and sports; namely, a greater proportion of men than women reported that they hunt or trap, fish, run or jog, hike, cycle, skate, ski or snowboard, participate in competitive or team sports, use weights or exercise equipment, canoe or kayak, golf, snowshoe, or do martial arts. On the contrary, more women than men indicated that they walk, dance, berry-pick or gather food, or participate in aerobics or fitness classes.

Figure 21: Proportion of adults reporting consumption of a healthy diet (always/ almost always) by age group



Just under one-third of First Nations adults reported that they always or almost always consume a nutritious and balanced diet (30.6%) whereas 51.8% only sometimes do. The remaining 17.6% either rarely (14.5%) or never (3.1%) eat a balanced and nutritious diet. As seen in Figure 21, the proportion of adults who always or almost always consume a nutritious and balanced diet generally increases with age.

Figure 22: Body Mass Index (BMI) by gender



^E high sampling variability – interpret estimate with caution

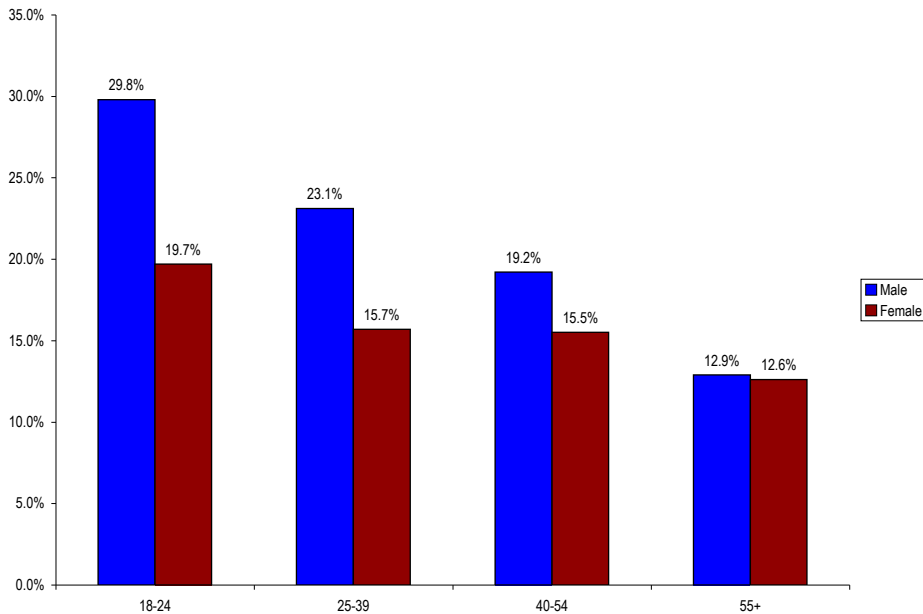
Similar to RHS 2002/03, almost one in four (24%) First Nations adults have a self-reported weight and height that corresponds to a ‘healthy’ weight category (within the normal BMI range).

Over a third (34.3%) of First Nations adults are considered overweight, while 34.9% are obese, and 5.5% are morbidly obese. When examining BMI by gender, we note that First Nations female adults are more likely to be obese (35.9% vs. 34.1%) or morbidly obese (6.8% vs. 4.3%)⁷, compared to First Nations males.

⁷ This gender difference is significant at the .05 level.

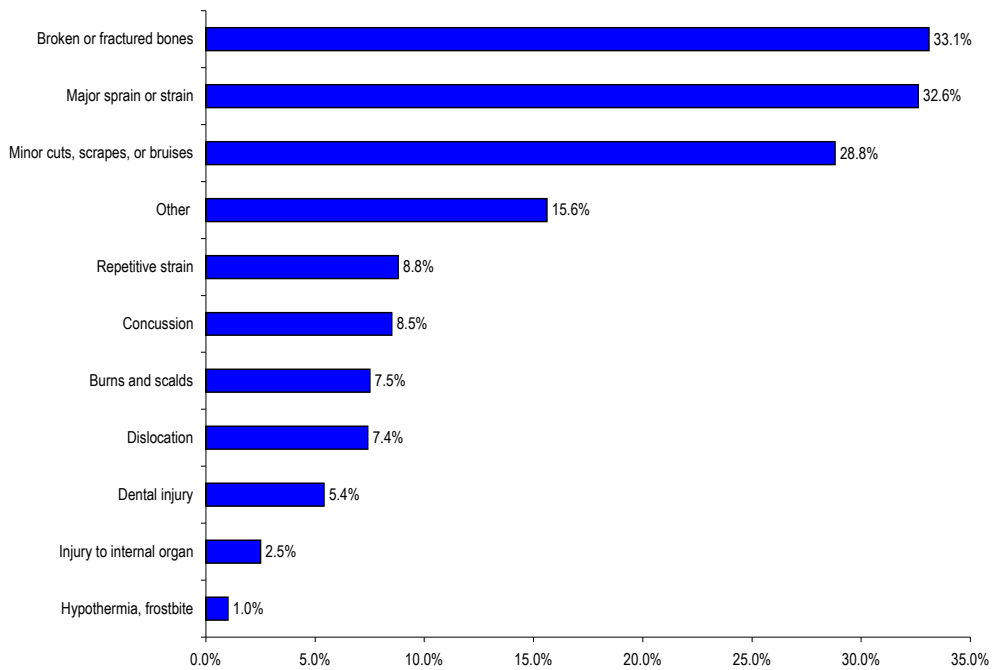
INJURY

Figure 23: Proportion of First Nations adults reporting injury by age group and gender



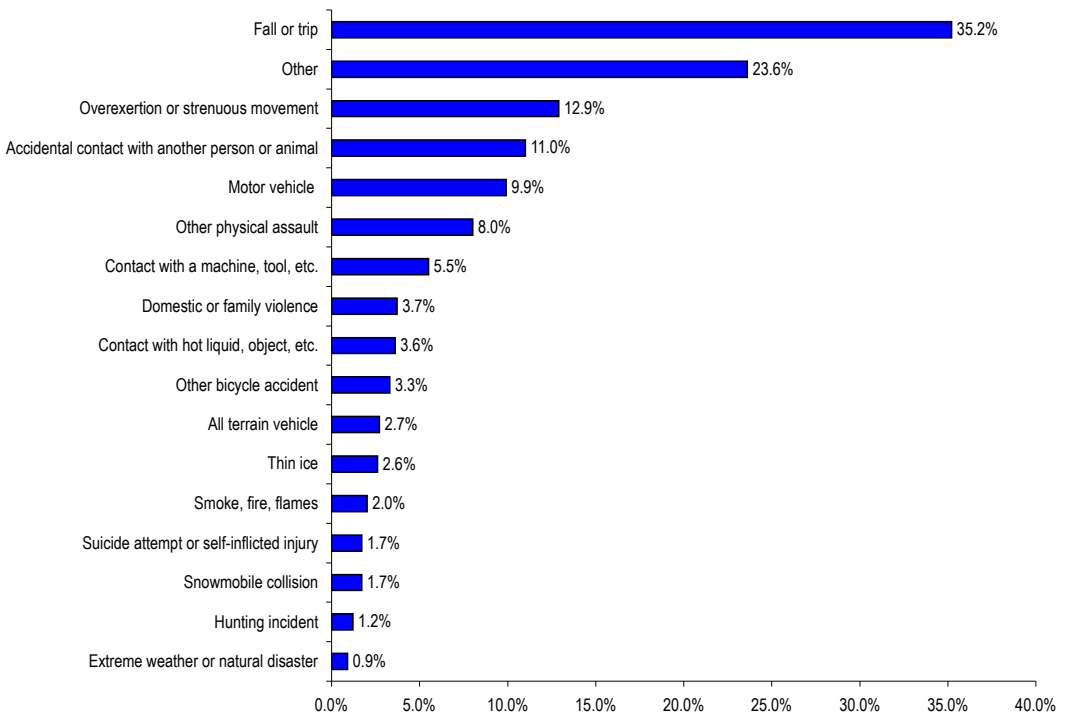
The RHS 2008/10 results show that males are at a higher risk of injury than females. This significant difference is more pronounced in the 18 to 24 year age group (29.8% vs. 19.7%). A pattern such as this is not surprising as men are more likely to engage in sports and other higher risk activities. However, this gender difference tends to level off among seniors (55+).

Figure 24: Reported injuries among First Nations adults



In the RHS 2008/10, the most commonly reported types of injury were broken or fractured bones (33.1%), major sprain or strain (32.6%), and minor cuts, scrapes, or bruises (28.8%).

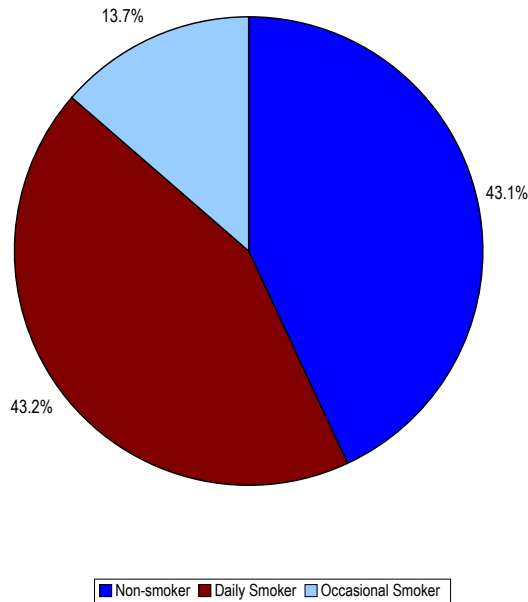
Figure 25: Proportion of injury causes among First Nations adults



The causes of injury most frequently reported were falls (35.2%), other (23.6%), and overexertion or strenuous movement (12.9%). Similar to RHS 2002/03, a fall or trip was the leading cause of injury among First Nations adults.

SUBSTANCE USE AND ABUSE

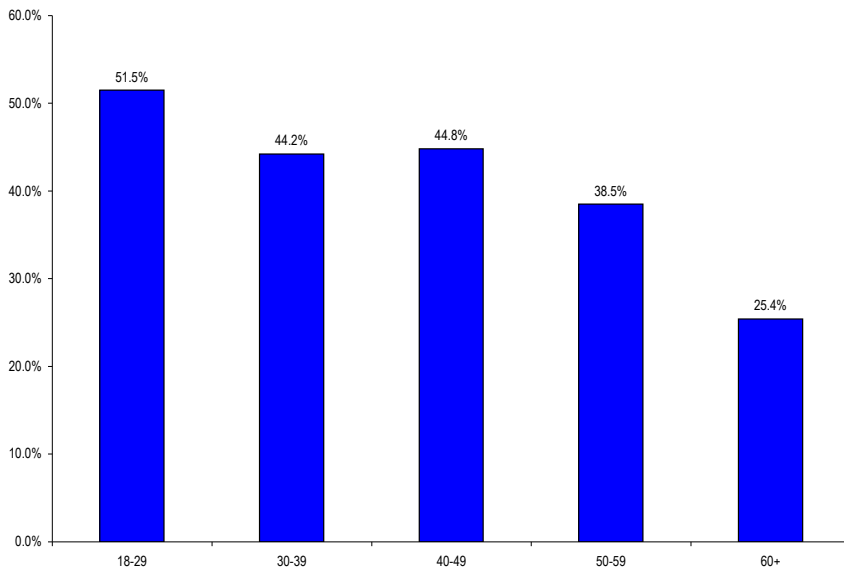
Figure 26: Smoking status among First Nations adults



Less than half (43%) of First Nations adults are daily smokers with an additional 13.7% self-identifying as occasional smokers. In comparison, 17.1% of the general Canadian population (2007-2008) are daily smokers.⁸

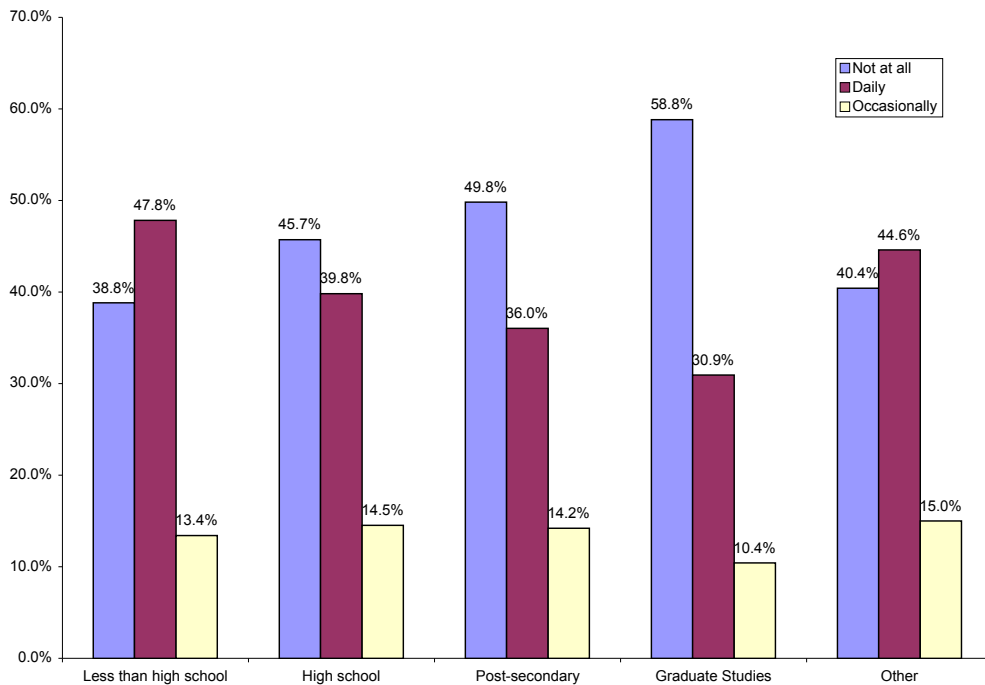
⁸ Source: Statistics Canada, Health Indicator Maps, catalogue no. 82-583-XIE, Vol. 2010, No.1 (CANSIM Table 105-0502).

Figure 27: Proportion of daily smokers by age group



Younger First Nations adults, aged 18 to 29 years, have the highest proportion of daily smokers (51.5%). This proportion has decreased slightly since RHS 2002/03 (53.9%).

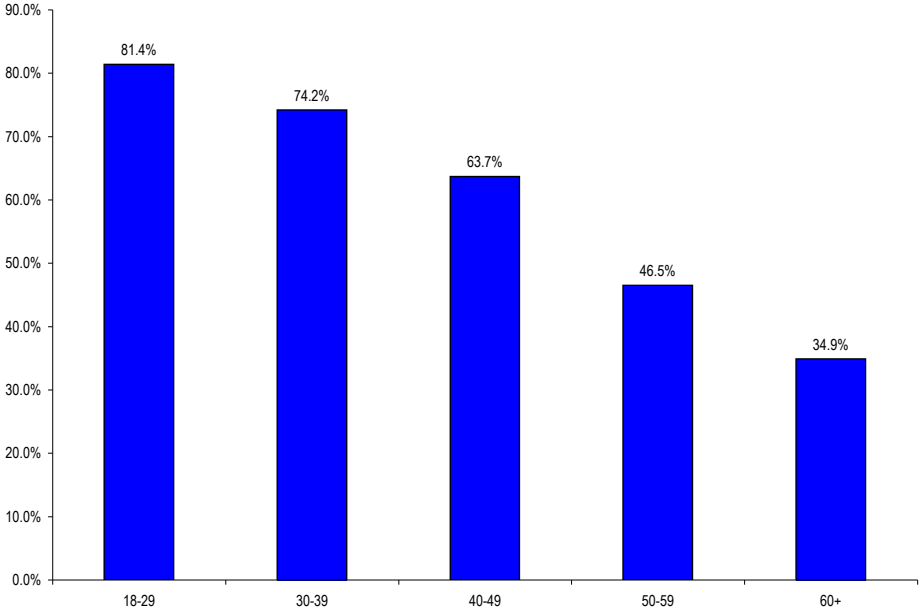
Figure 28: Distribution of smoking status across education level



E high sampling variability – interpret estimate with caution

Figure 28 presents the distribution of smoking status across level of educational attainment. The data clearly demonstrate a relationship between education and smoking; as the level of education increases, the proportion of daily smokers generally decreases. Specifically, we notice a significant decrease in the proportion of daily smokers when comparing respondents with less than high school education (47.8%) to those with graduate studies (30.9%). The trend is less clear for occasional smokers.

Figure 29: Proportion of adults who have consumed alcohol in the past year by age group



The highest proportion of alcohol consumption was reported in the 18 to 29 year old age group, with 81.4% drinking in the past year. There is a significant decrease in the consumption of alcohol with increasing age, as shown within the specified age categories in Figure 29.

GAMBLING

Figure 30: Proportion of First Nations adults who have ever gambled

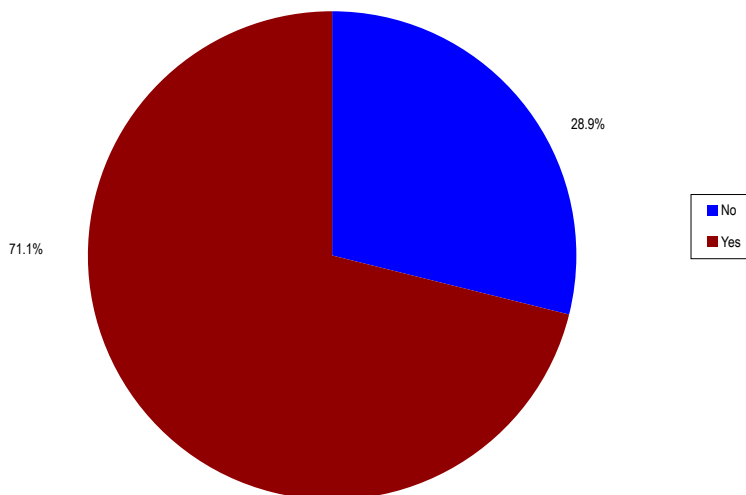


Figure 30 shows that a large proportion of the adult First Nations population has gambled at some point in their lives (71.1%). This includes betting or spending money on bingo, card games, lottery tickets, VLT machines, casinos or sports games. In addition, the number of adult females who have gambled is significantly higher than that of males (53% vs. 47%).

Table 11: Gambling questions by gender

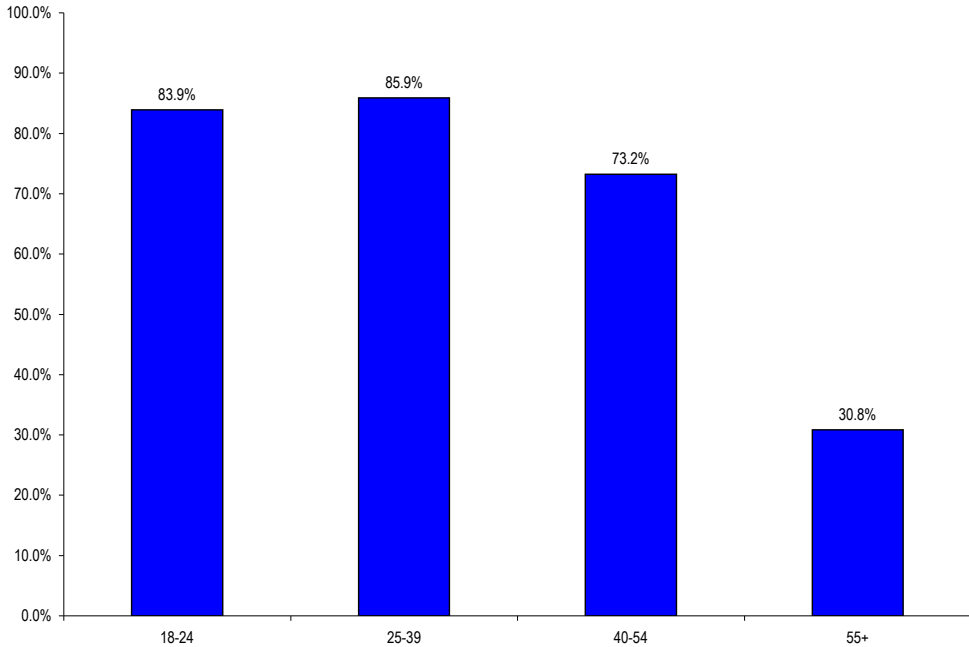
	Overall (%)	Male (%)	Female (%)
Have you ever borrowed money to gamble?	27.4	26.5	28.3
Have you ever bet more money than you could afford to lose?	22.6	24.7	20.8
Has your gambling caused any financial problems for you or your family?	12.8	12.9	12.7

As shown in Table 11, First Nations adult women are more likely than men to borrow money for gambling (28.3% vs. 26.5%). However, men are more likely to bet more money than they can afford and their gambling is also more likely to have caused financial problems. Furthermore, there are age

differences when it comes to gambling; young adults and seniors are less likely than those 25 to 54 years of age to engage in gambling behaviour that can lead to financial difficulties.

SEXUAL HEALTH

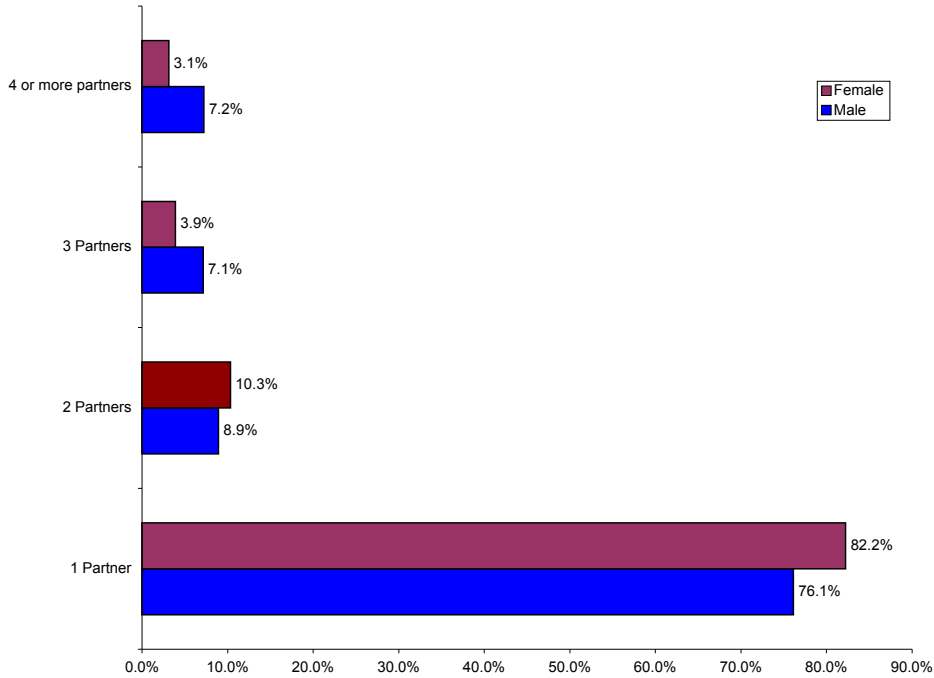
Figure 31: Proportion of First Nations adults who are sexually active by age group



Data from the RHS 2008/10 show that the majority of First Nations adults (72.1%) are sexually active - this figure remains relatively unchanged since RHS 2002/03 (73.7%). The proportion of sexually active adults decreases with age; those 55 years and older being significantly less sexually active (30.8%) compared to other age groups.

When comparing gender differences, a significantly greater proportion of First Nations adult males (77.4%) report being sexually active compared to females (66.7%).

Figure 32: Number of partners in the past 12 months of sexually active First Nations adults



Note: 'none' category estimate not provided because of extreme sampling variability or small sample size

As illustrated in Figure 32, males are significantly more likely than females to report having three or more partners (7.2% vs. 3.1%), while females are significantly more likely to have one sexual partner (82.2% vs. 76.1%).

Table 12: Frequency of condom use among sexually active First Nations adults(%)

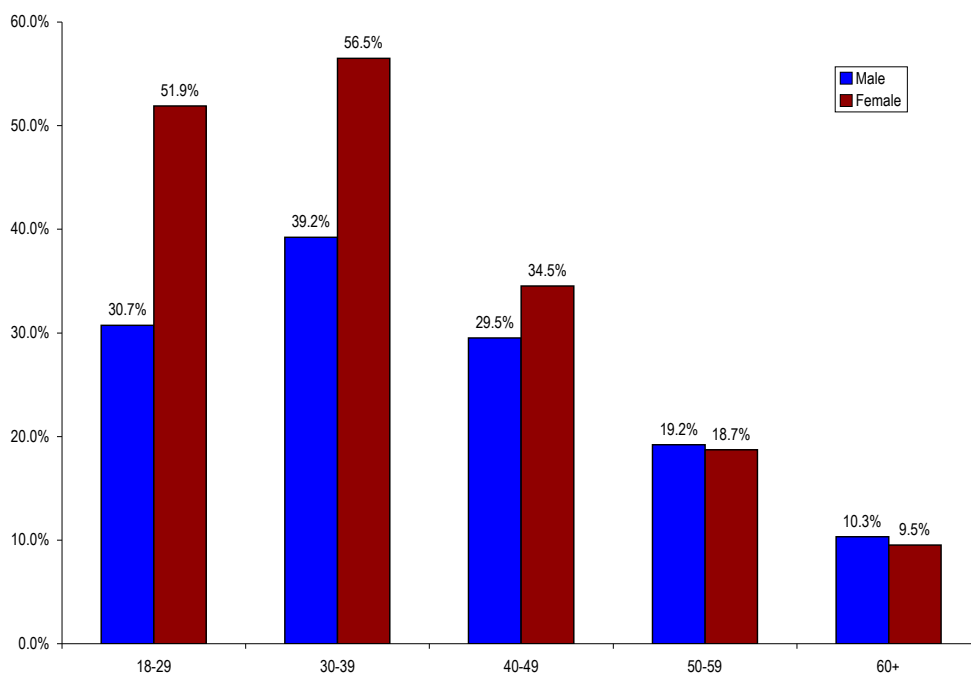
Always	21.2
Most of the time	16.3
Occasionally	14.9
Never	47.6

Of those that are sexually active (72.1%), roughly half of First Nations adults (47.6%) reported never using condoms. One in ten (10%) respondents between the ages of 18 and 29 stated that the reason

they did not always use condoms was because they were under the influence of alcohol or drugs. This proportion has not changed since RHS 2002/03 (9.9%). However, among older age groups, people were less likely to cite alcohol or drug use as the reason for not using condoms.

Across all age groups, 59% of respondents cited being with a steady partner as the main reason for not always using condoms. In addition, 8.2% stated that their partner did not want to use a condom, 5.2% stated that they or their partner wanted to get pregnant, 5% did not have a condom at the time, and 2.8% thought they were safe and didn't need to use a condom.

Figure 33: Proportion of First Nations adults having undergone HIV testing by age group and gender



A third (33.4%) of First Nations adults have been tested for HIV over their lifetime which remains relatively unchanged from RHS 2002/03 (34.2%).

Figure 33 presents the proportion of adults who have been HIV tested by age group and gender. Younger adults were the most likely to receive HIV testing, however, male respondents 18 to 49 years of age were less likely than females to undergo an HIV test. This gender difference tends to level out among the older age groups.

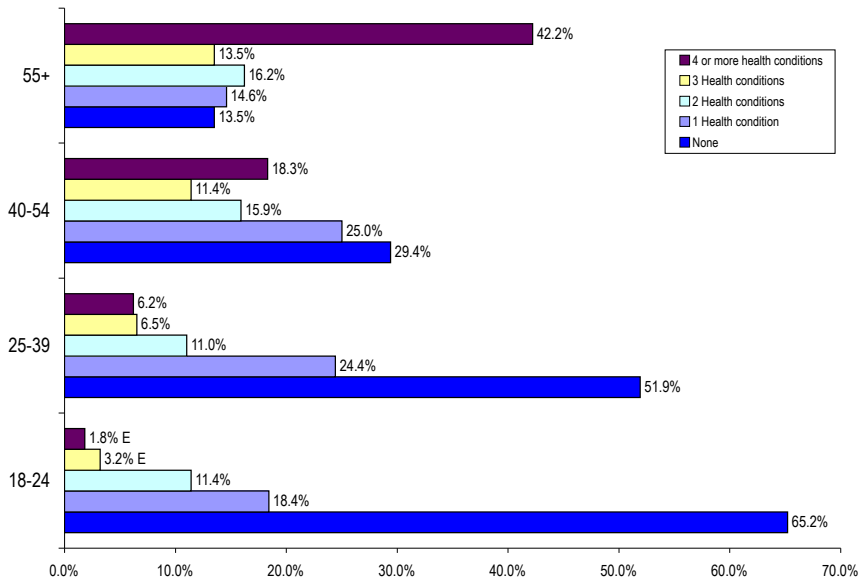
HEALTH CONDITIONS

Table 13: Number of reported chronic health conditions by gender

Number of Chronic Health Conditions	Male (%)	Female (%)
None	43.6	36.8
1 Health condition	21.1	22.1
2 Health conditions	13.9	13.2
3 Health conditions	8.8	8.6
4 or more health conditions	12.6	19.3

First Nations women are more likely than men to be dealing with multiple chronic health conditions, with 19.3% of women reporting four or more conditions compared with 12.6% of First Nations men, a trend that remains the same as RHS 2002/03. However, the gender specific prevalence of four or more health conditions has increased since RHS 2002/03 (13.2% of women and 9.3% of men).

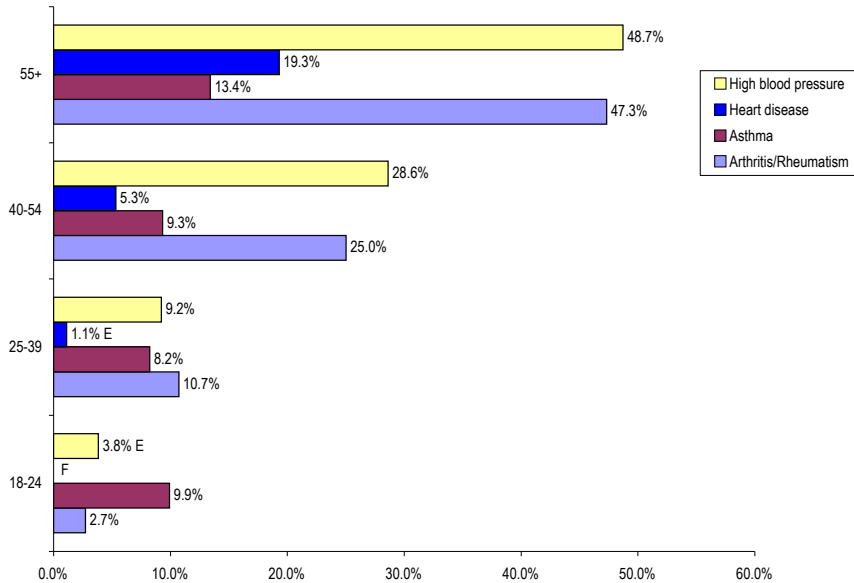
Figure 34: Percentage of First Nations adults reporting chronic health conditions by age group



E high sampling variability – interpret estimate with caution

Figure 34 shows the increase in prevalence of chronic health conditions by age group. There is a linear decrease by age group in the prevalence of those who reported having no health conditions, declining from 65.2% in the youngest age group to 13.5% among First Nations seniors. Among First Nations seniors, 42.2% reported four or more chronic conditions compared with only 1.8% in the 18 to 24 year age group.

Figure 35: Prevalence of selected chronic health conditions among First Nations adults by age group



F estimate not provided because of extreme sampling variability or small sample size

E high sampling variability – interpret estimate with caution

Figure 35 shows the prevalence of arthritis/rheumatism, asthma, heart disease, and high blood pressure by age group.

The prevalence for each condition generally increases with the aging of First Nations adults. Arthritis/rheumatism, heart disease, and high blood pressure all increase with increasing age. Asthma is less clearly related to age than the other conditions yet it still tends to peak in the 55 and older age group (13.4%).

Table 14: Prevalence of selected chronic health conditions among First Nations adults by gender

Health Condition	Male (%)	Female (%)
Arthritis/Rheumatism	16.7	24.7*
Asthma	6.7	13.1*
Heart disease	6.7*	4.8
High blood pressure	21.6	22.0

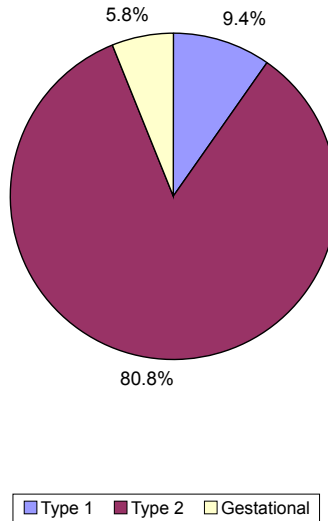
* Difference significant to the .05 level

The overall prevalence of arthritis/rheumatism and asthma is significantly higher for First Nations women compared to men. At the same time heart disease is significantly more prevalent among First Nations adult males (6.7% vs. 4.8%).

DIABETES

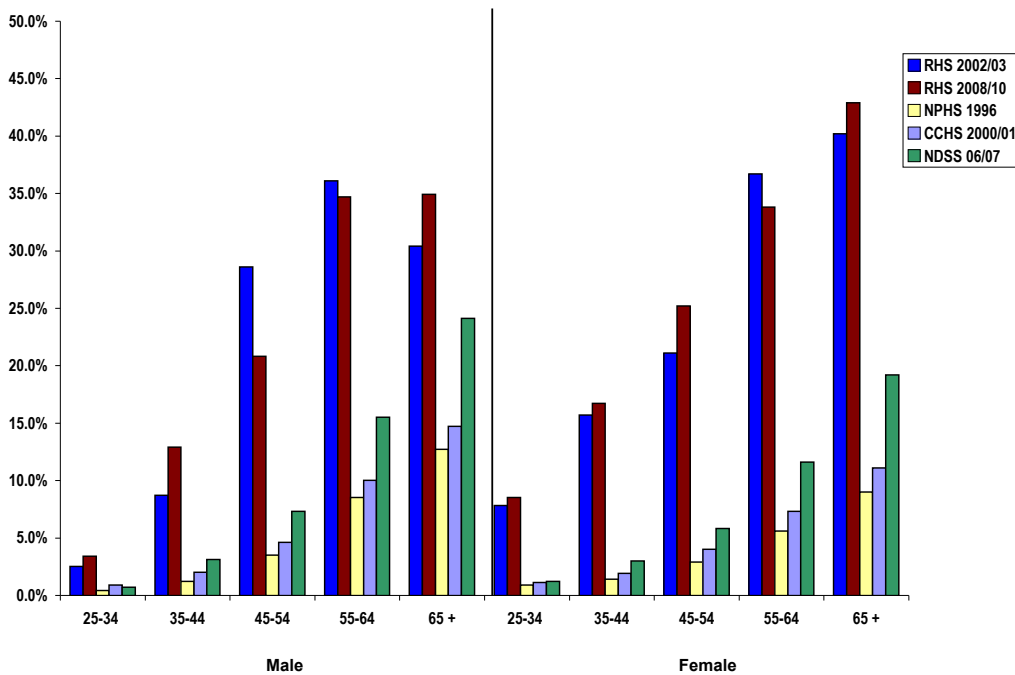
The proportion of self-reported diabetic adults in the First Nations population was 20.7% at the time of the survey, which represents a 0.9% increase from RHS 2002/03 (19.8%).⁹ Of those who reported diabetes, about 9.4% indicated they have type 1 and 5.8% reported gestational diabetes. Type 2 diabetes accounts for the majority of reported diabetes in the adult First Nations population (80.8%).

Figure 36: Diabetes type



⁹ Percentages are age-standardized using 1991 Census data.

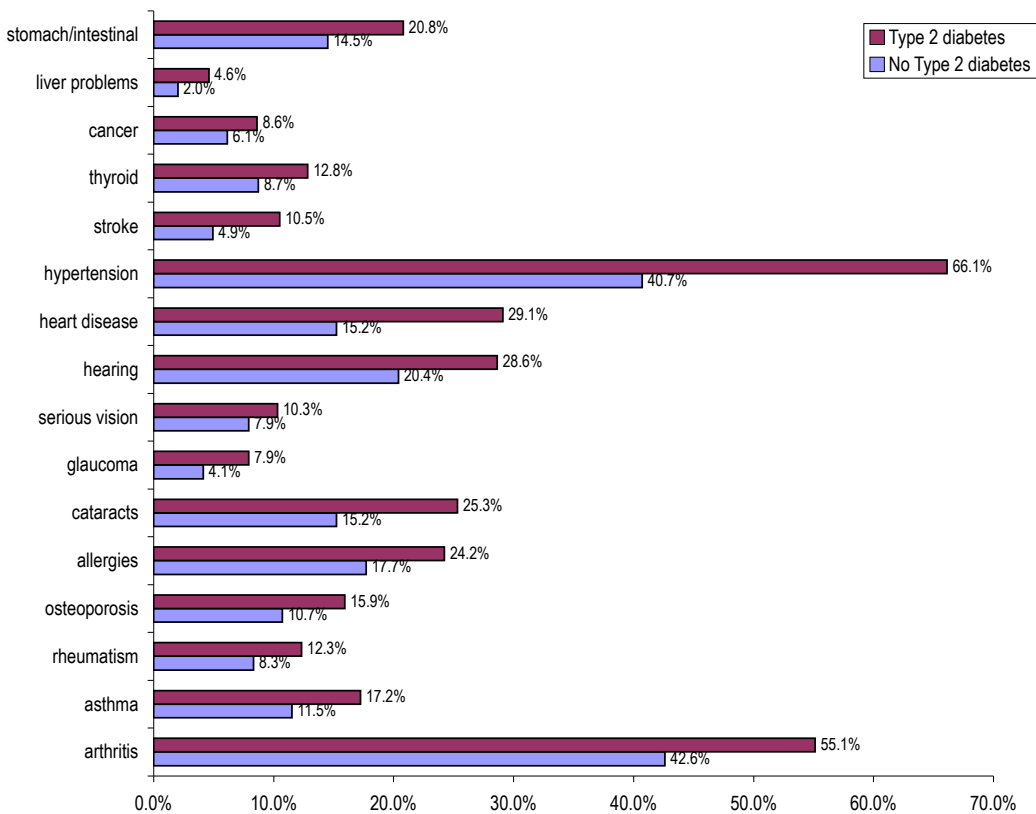
Figure 37: Proportion of diabetes among First Nations adults and the general Canadian population by age and gender



As seen in Figure 37, diabetes prevalence increases with age. Women have a greater prevalence of diabetes than men across all age categories, contrary to the pattern observed in the general Canadian population¹⁰ where diabetes is more common among men.

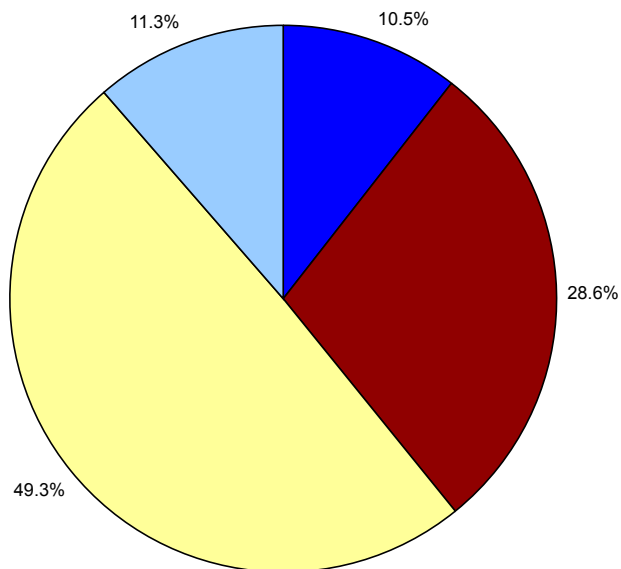
¹⁰ National Population Health Survey (NPHS) 1996; Canadian Community Health Survey (CCHS) 2000/01, National Diabetes Surveillance System (NDSS) 2006/07.

Figure 38: Health conditions among First Nations seniors (55+) with and without type 2 diabetes



Type 2 diabetics reported a higher prevalence of morbidity across a range of diseases and conditions. Among type 2 diabetics 55 years of age and older, a number of these conditions occur at double the proportion observed in the remaining RHS population. These include glaucoma (7.9% vs. 4.1%), liver disease excluding hepatitis (4.6% vs. 2%), stroke (10.5% vs. 4.9%) and heart disease (29.1% vs. 15.2%). In addition, hypertension, an important risk factor for cardiovascular disease, was reported more frequently among type 2 diabetics (66.1% vs. 40.7%).

Figure 39: Proportion of diabetics by BMI category among First Nations adults



■ 18.5 - 24.9 (normal) ■ 25 - 29.9 (overweight) ■ 30 - 39.9 (obese) ■ 40 and over (morbidly obese)

Note: Underweight category estimate not provided because of extreme sampling variability or small sample size

As seen in Figure 39, almost half (49.3%) of reported diabetics have a BMI corresponding to the obese category (30-39.9), while 11.3 % are considered morbidly obese (40 and over).

ORAL HEALTH

Over half of the First Nations adult population (56.4%) have reported a visit for dental care in the last 12 months. Dental visits tend to decrease with age, with 61.1% of 18 to 29 year olds reporting dental care in the last 12 months versus 36.2% of those 60 years or older.

Dental care attendance is lower for First Nations when comparing these estimates to the general Canadian population¹¹. This pattern is consistent across all adult age groups.

Table 15: Percentage reporting a visit for dental care in the previous 12 months compared to the general Canadian population

Age Group	CHMS 2008/09	RHS 2008/10
20–39	67.8	60.8
40–59	76.7	57.4
60–79	68.4	37.0

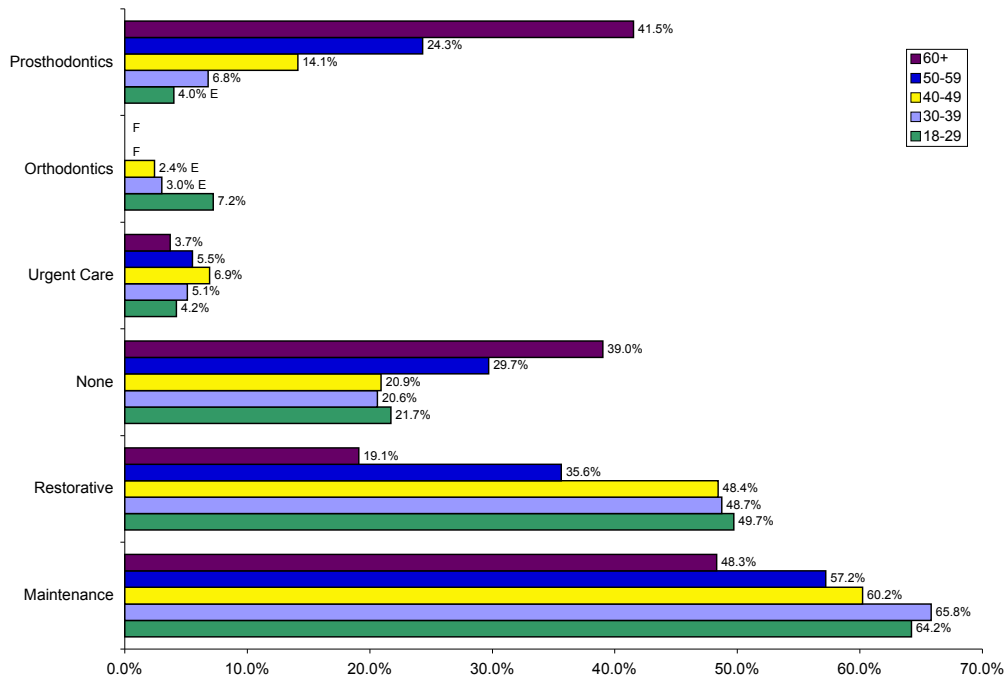
Table 16: Distribution of dental treatment needs among First Nations adults (%)

Treatment Need	RHS 2002/03	RHS 2008/10
Restorative	36.9	43.9
Maintenance	48.4	61.0
Surgery/extractions	12.4	14.8
Fluoride treatment	13.8	13.8
Periodontics	5.6	5.7
Prosthodontics	14.0	13.8
Orthodontics	3.6	3.5
Urgent care	5.5	5.1

¹¹ Source: Health Canada, Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey (CMHS) 2007-09.

As seen in Table 16, regular maintenance (e.g. check-ups or teeth cleaning) was the highest reported treatment need (61%), followed by restorative work (e.g. fillings, crowns, bridge) (43.9%), and surgery/ extractions (14.8%). Interestingly, there has been a significant increase in the prevalence of restorative and maintenance needs since RHS 2002/03, while the prevalence of other treatments needs have remained relatively stable.

Figure 40: First Nations adults’ perceived dental treatment needs by age group



E high sampling variability – interpret estimate with caution

F estimate not provided because of extreme sampling variability or small sample size

Roughly a quarter (24.8%) of First Nations adults report having no dental treatment needs. Younger adults have a higher prevalence of maintenance, restorative, and orthodontic needs, while adults 50 years and older have a significantly higher prevalence of prosthetic needs. The relationship between urgent care and age is less clear as it tends to peak in the 40 to 49 year age group (6.9%).

SENIORS' HEALTH AND WELL-BEING

DEMOGRAPHICS AND EMPLOYMENT

Among First Nations adults living on-reserve and in northern communities, 19% are 55 years or older. Of those 65 years and older, the proportion is 8% compared to 13.7% of the general Canadian population. Half of the First Nations population over 55 years of age are women (51.8%) compared to 54% among the general Canadian population¹².

Overall, 31% of First Nations seniors (55+) reported working for pay¹³ at the time of the survey, as compared to 60.8% of 40-54 year olds and 52.6% of 25 to 39 year olds. Not surprisingly, the percentage of employment was identical between seniors and young adults (18-24) at 31%. The employment experience of seniors may be partially explained by retirement, health conditions and the like, while the factors influencing low employment among the younger adults may be potentially influenced by factors such as high unemployment for youth and by the demands of going to school, for some, and raising young families.

HOME CARE

Table 17: Proportion of First Nations adults needing home care services by age group

Type or Assistance Needed	18-24 (%)	25-39 (%)	40-54 (%)	55+ (%)
Home maintenance	6.5 E	8.4	11.2	34.7
Light housekeeping	3.1 E	5.2	8.4	32.6
Care from a nurse	1.4 E	1.0 E	2.2 E	15.5 E
Palliative care	F	F	F	1.4 E
Personal Care	1.5 E	0.9 E	1.4 E	7.0
Meals prepared or delivered	1.8	1.6 E	1.8 E	12.5
One or more services needed	8.7	10.7	14.7	43.5

F estimate not provided because of extreme sampling variability or small sample size

E high sampling variability – interpret estimate with caution

As seen in Table 17, the needs for home care assistance were more pronounced among seniors. Home maintenance (34.7%) and light housekeeping (32.6%) were the highest reported needs among First Nations seniors, followed by care from a nurse (15.5%).

In addition, of respondents 55 years of age and older, women were significantly more likely than men to require one or more services (50.8% vs. 35.5%).

¹² Source: Statistics Canada, 2006, Census of Population.

¹³ 'working for pay' refers to wages, salary, or self-employment.

Table 18: Proportion of seniors needing home care services by self-reported health

Type of Assistance Needed	Excellent/Very good (%)	Good (%)	Fair/Poor (%)
Home maintenance	6.4	11.3	31.6
Light housekeeping	3.4	8.3	29.0
Care from a nurse	1.1 E	3.0	11.8
Palliative care	F	F	1.7 E
Personal care	1.0 E	1.6	5.7
Meals prepared or delivered	1.2	2.8	9.9
One or more services needed	8.0	15.0	40.0

F estimate not provided because of extreme sampling variability or small sample size

E high sampling variability – interpret estimate with caution

As seen in Table 18, seniors with self-rated fair or poor health were more likely to report the need for assistance in the home. Among those reporting fair or poor health, home maintenance (31.6%), light housekeeping (29%), and care from a nurse (11.8%) were the highest reported needs.

Figure 41: Proportion of seniors needing one or more home care services by number of chronic health conditions

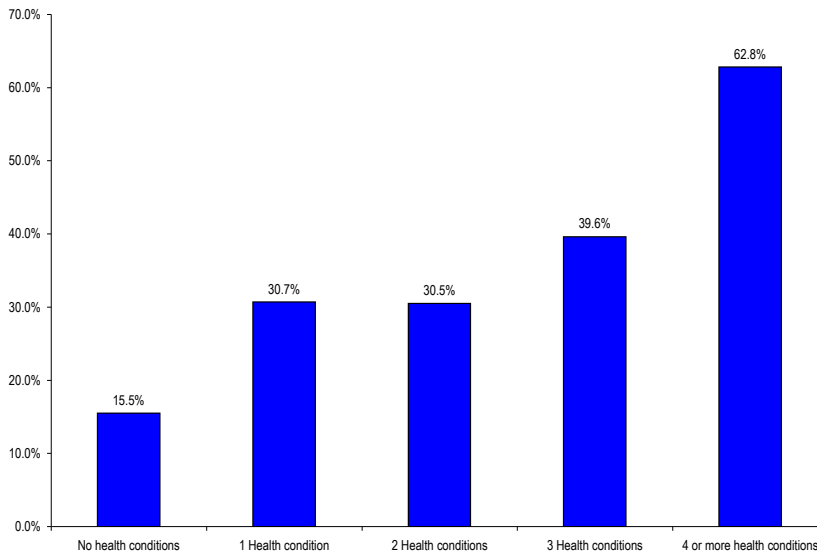


Figure 41 shows that seniors with chronic health conditions were more likely to report home care service needs. There is a sharp and significant increase in the need for home care among those that have three or more chronic health conditions.



First Nations
Regional Health
Survey

Enquête Régionale
sur la Santé des
Premières Nations

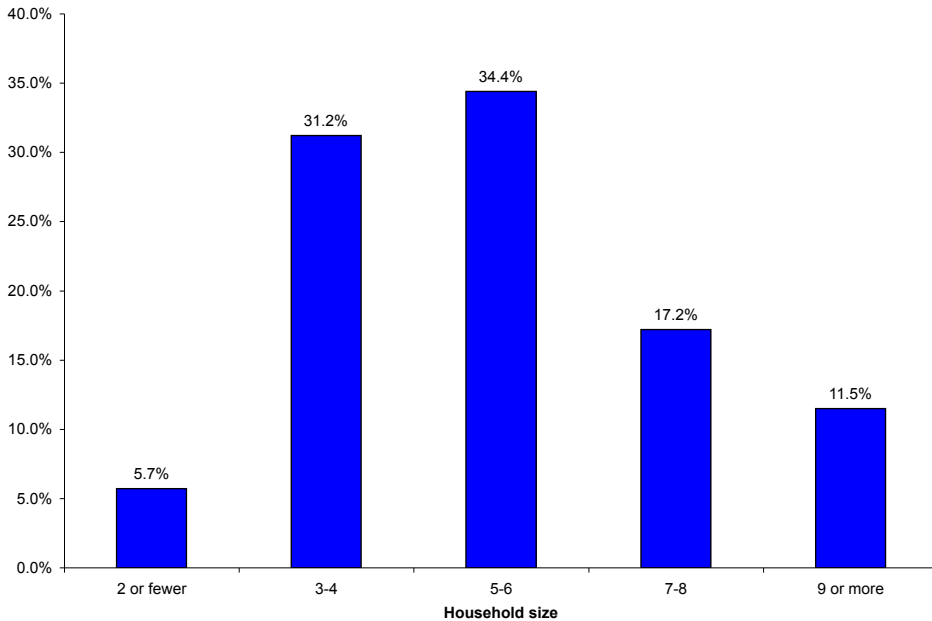
Selected Preliminary Youth Results



Selected Preliminary Youth Results

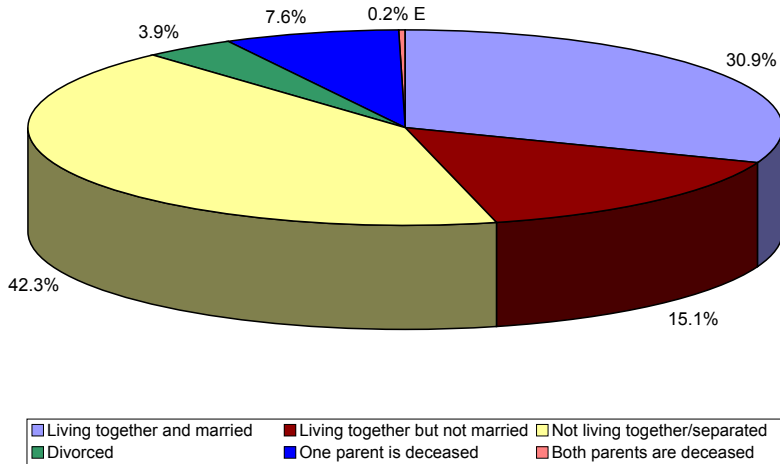
FAMILY AND HOUSEHOLD STRUCTURE

Figure 1: Total number of people living in household with youth



Over one third (36.9%) of youth live in a household with four or less people (including children, youth and adults) and over 10% of youth live in households with nine or more people. Just under half (43%) of youth in First Nations communities live in households with six or more people, a decrease from 57.4% in the RHS 2002/03 survey.

Figure 2: Current living/marital status of birth parents



E high sampling variability – interpret estimate with caution

Under half of the youth (46%) reported both parents living together as either married (30.9%) or not married (15.1%). Four percent (3.9%) of parents of youth are reportedly divorced. The majority of First Nations youth (85.1%) live with one or more parents - biological, adoptive and/or step – and of these, 39.5% live with a single parent.

EDUCATION AND LANGUAGE

Over 20% of First Nations youth reported using a First Nations language most of the time in their daily lives. More than half (56.3%) can understand or speak a First Nations language and 45.8% of youth feel that learning a First Nations language is very important.

Approximately 88% of First Nations youth were attending school at the time of the survey. The large majority of First Nations youth liked school either very much (35.2%) or somewhat (45.2%). A high proportion of First Nations youth (39%) reported challenges learning in school, the most frequently cited difficulty was mathematics (52.8%).

Figure 3: Types of learning difficulties at school

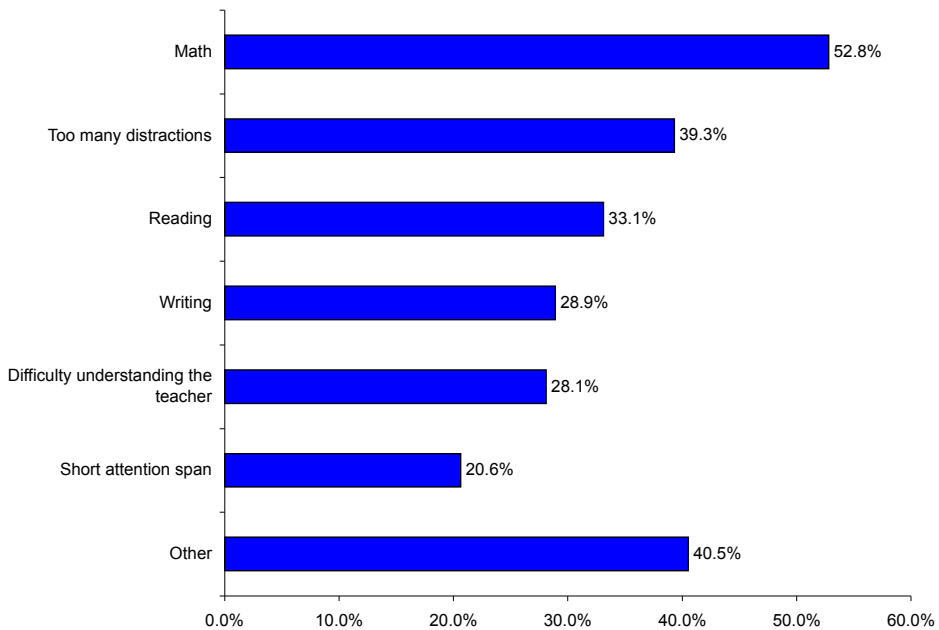
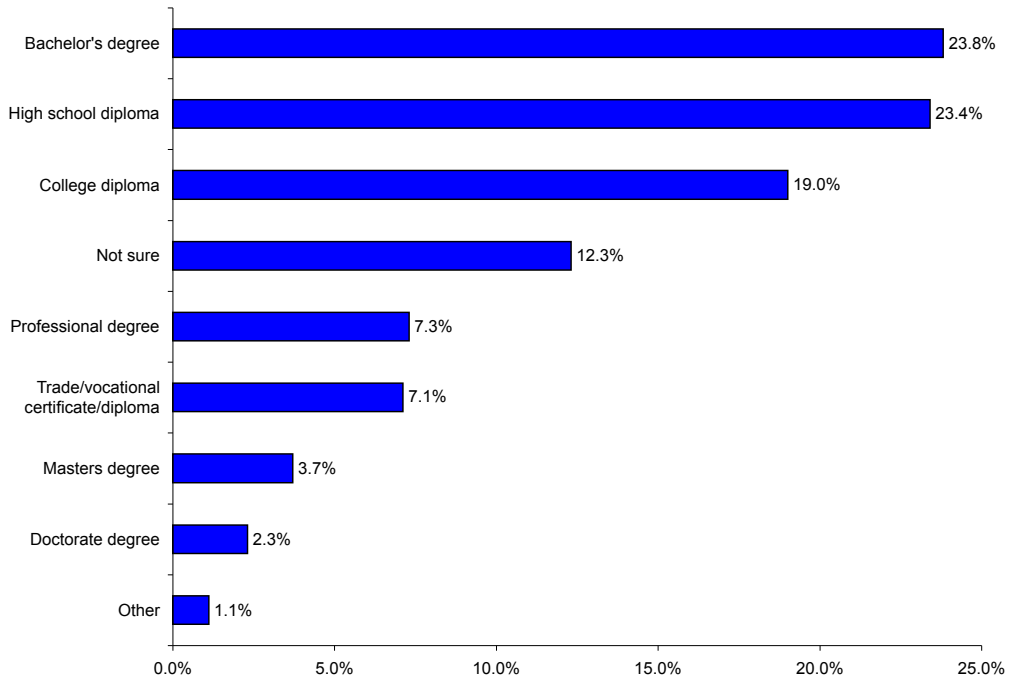


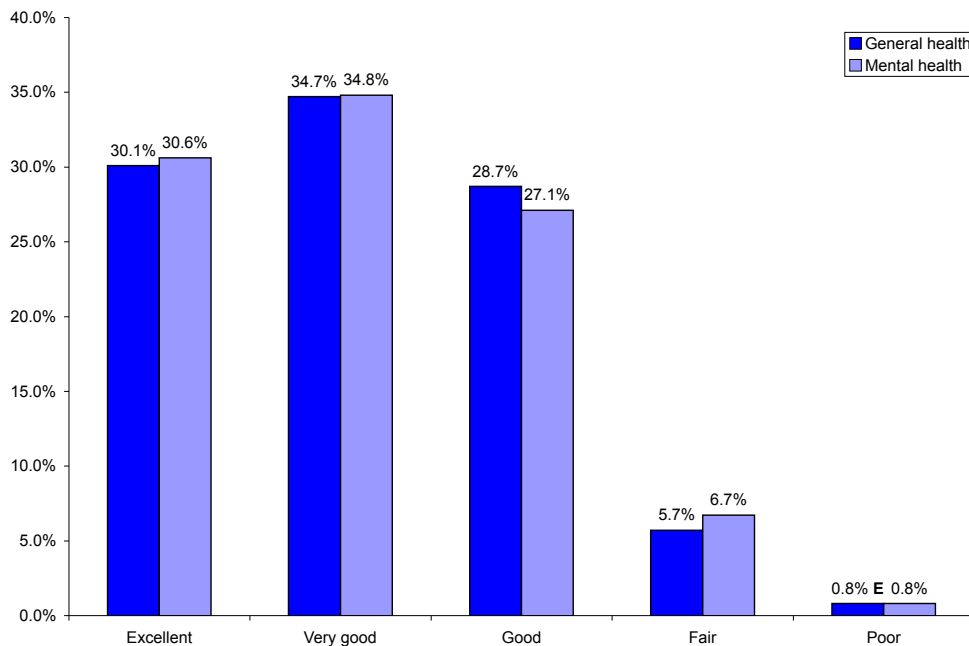
Figure 4: Highest level of education youth aspire to obtain



A large proportion of First Nations youth reported aspirations to obtain post-secondary education, with over 10% wanting to complete graduate or professional degrees.

HEALTH STATUS AND CHRONIC CONDITIONS

Figure 5: Self-reported general health and mental health

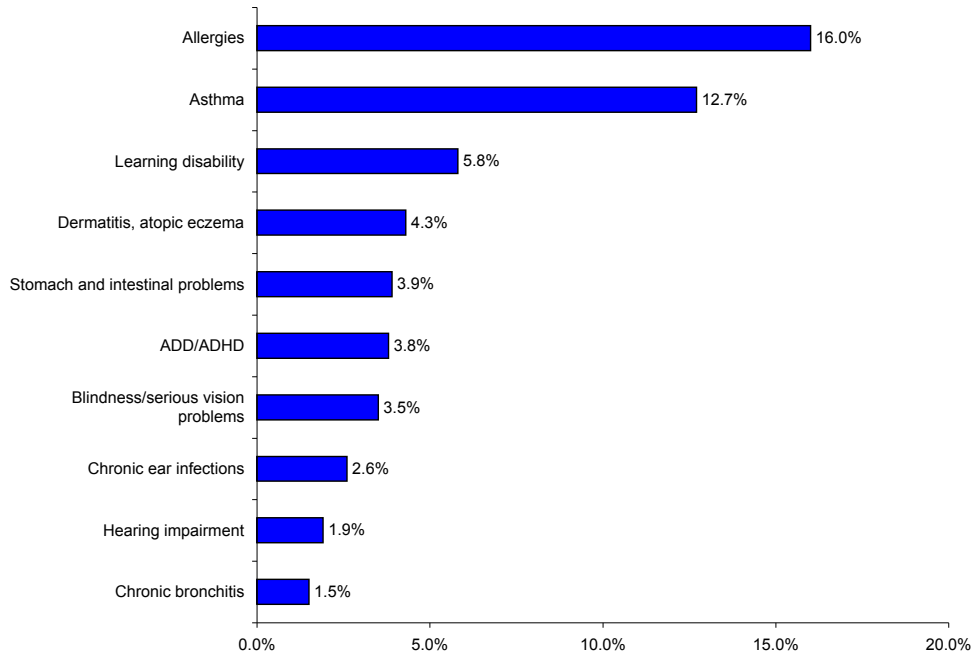


E high sampling variability – interpret estimate with caution

The majority of youth self-rated their general health to be excellent (30.1%) or very good (34.7%). About the same proportion reported their mental health as excellent or very good. Roughly half of youth reported that their general health is about the same as it was one year ago.

The percentage of youth respondents that have thought about suicide or attempted suicide has reduced between RHS 2002/03 and RHS 2008/10. In RHS 2008/10, 16.5% of youth contemplated suicide, a significant reduction since RHS 2002/03 (21.1%). Another positive finding is the drop in the percentage of youth attempting suicide, which has significantly decreased from 9.6% in RHS 2002/03 to 5.9%. Though the overall percentage has decreased, a significantly higher proportion of girls have thought about (22.2%) and attempted suicide (8.3%), compared to their male peers (11.2% and 3.6%, respectively).

Figure 6: Proportion of youth reporting selected chronic health conditions



The proportion of First Nations youth having at least one reported chronic health condition is 35.3%. The most commonly reported chronic health condition among First Nations youth was allergies (16.0%), with significantly more girls (18.5%) than boys (13.7%) reporting this condition. Of those First Nations youth diagnosed with having allergies in RHS 2008/10, 39.1% reported receiving treatment, representing a significant increase since RHS 2002/03 (26.3%).

Over one in ten First Nations youth (12.7%) were diagnosed with asthma in RHS 2008/10. Of these, 19.8% reported having an asthma attack in the previous year. At the time of the survey, 57.5% of youth diagnosed with asthma were undergoing treatment for their condition.

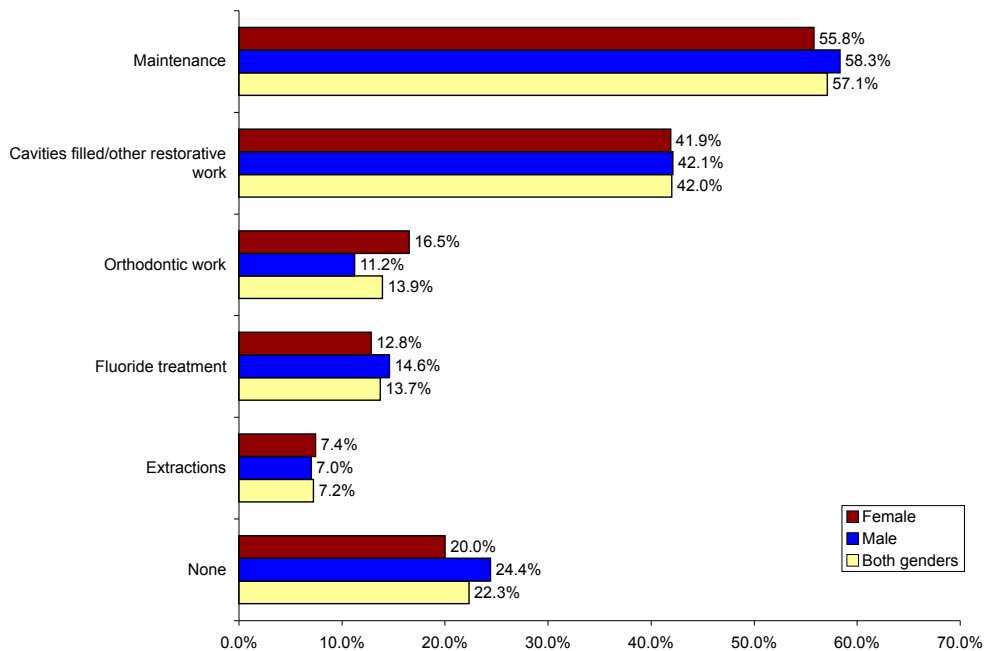
First Nations boys were significantly more likely to report having a learning disability (7.4% for boys vs. 4.2% for girls), while First Nations girls were significantly more likely to experience blindness or serious vision problems (4.8% for girls vs. 2.2%¹ for boys).

¹ High sampling variability – interpret estimate with caution.

ORAL HEALTH

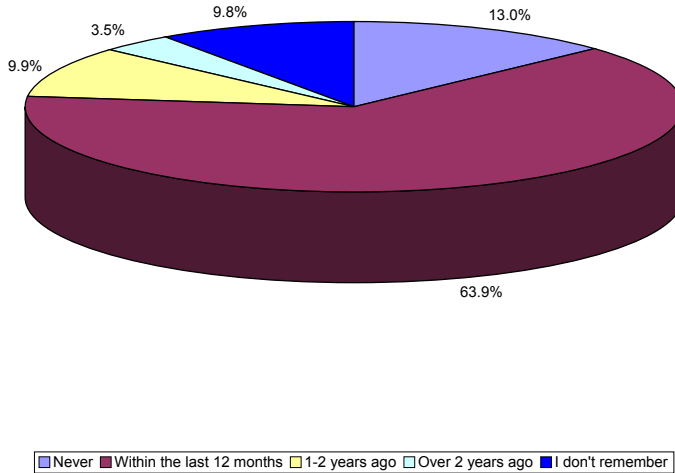
Seventy-five percent of First Nations youth reported receiving dental care in the year prior to the survey while approximately 7% had received dental care more than 2 years prior. The most commonly cited dental needs among First Nations youth were maintenance work such as dental check ups (57.1%) and cavities or restorative work (42.0%). Over one in five (22.3%) First Nations youth reported no current dental needs at the time of the survey.

Figure 7: Dental needs of youth by gender



HEALTH CARE UTILIZATION

Figure 8: Time lapse between last consultation with a doctor or a community health nurse



Approximately 64% of First Nations youth reported having consulted a doctor or community nurse within the last 12 months prior to the survey. Males were significantly more likely (16.3%) than females (9.5%) to have never consulted a doctor or community nurse. About 71% of First Nations youth reported never having consulted a traditional healer, significantly more than RHS 2002/03 (65%). In addition, 72.3% of First Nations youth had never consulted counselling, psychological testing, or mental health services, similar to the proportion in RHS 2002/03.

Figure 9: Time since last consultation with a traditional healer or mental health services

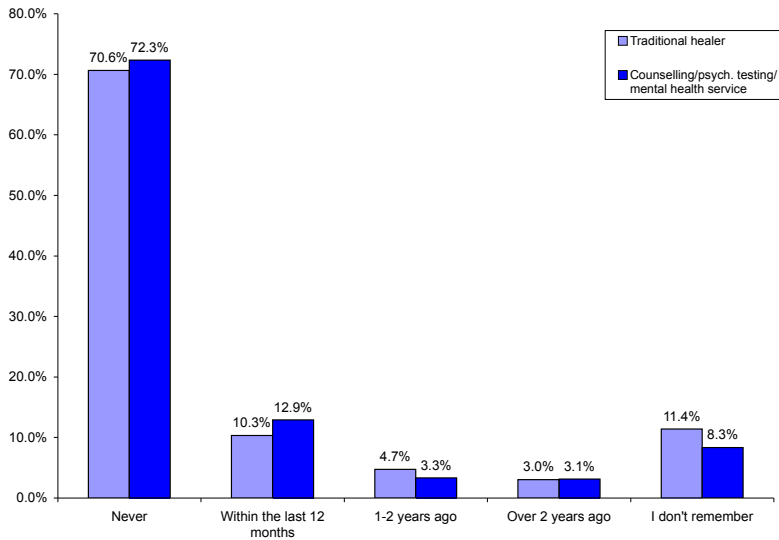
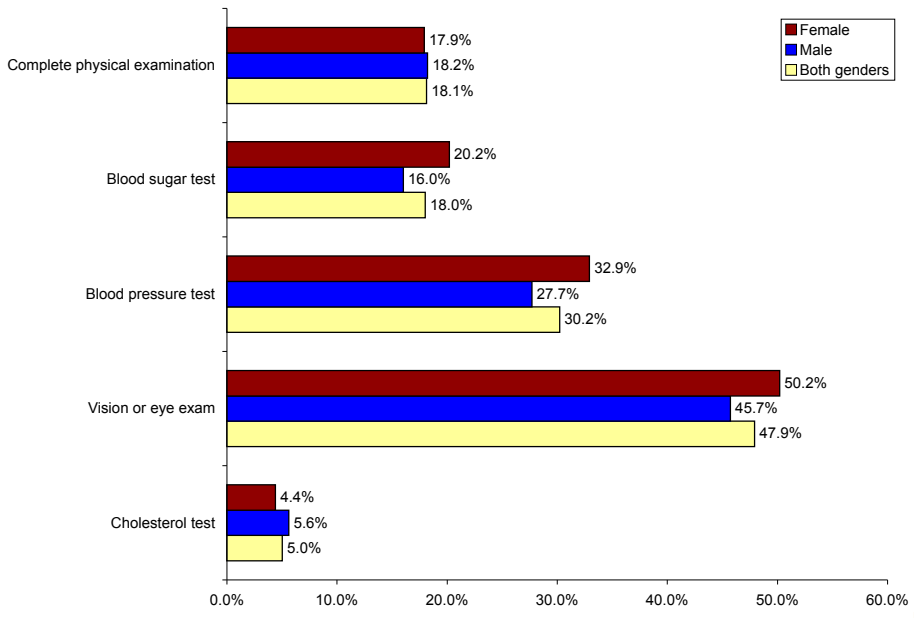


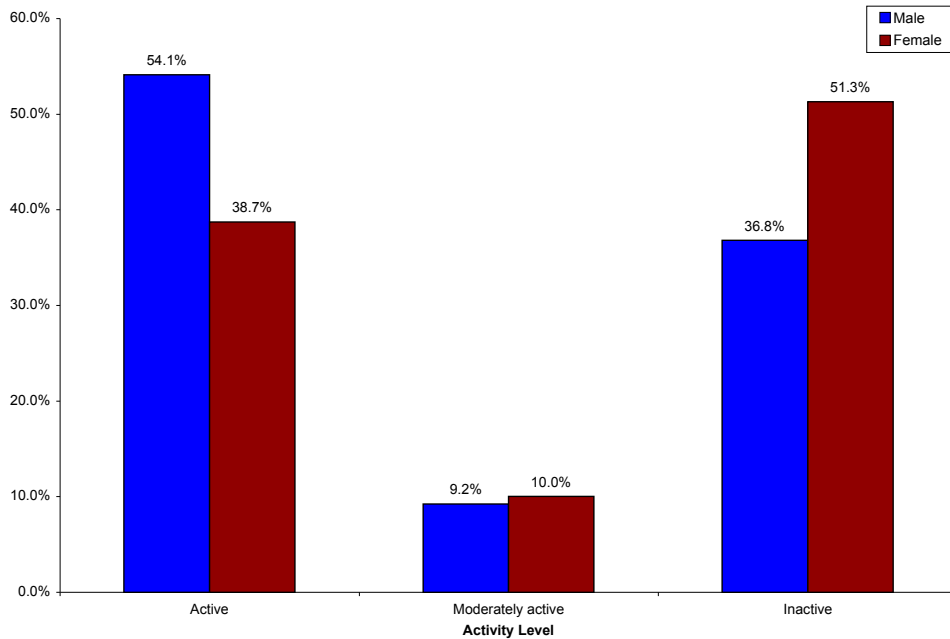
Figure 10: Proportion of youth having received selected health screening tests in the past 12 months by gender



Under one in five (18.1%) First Nations youth had received a complete physical examination in the 12 months prior to the survey. No significant gender differences were found for any of the health screening tests. At the time of the survey, 29% of all First Nations girls (12-17) had been vaccinated for human papillomavirus (HPV).

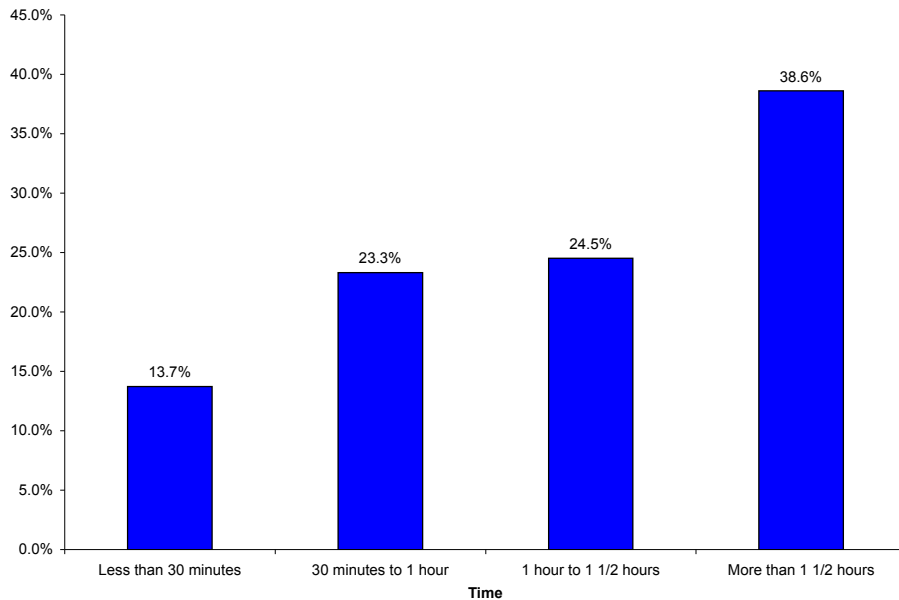
PHYSICAL ACTIVITY AND BODY MASS INDEX

Figure 11: Physical activity level of youth by gender



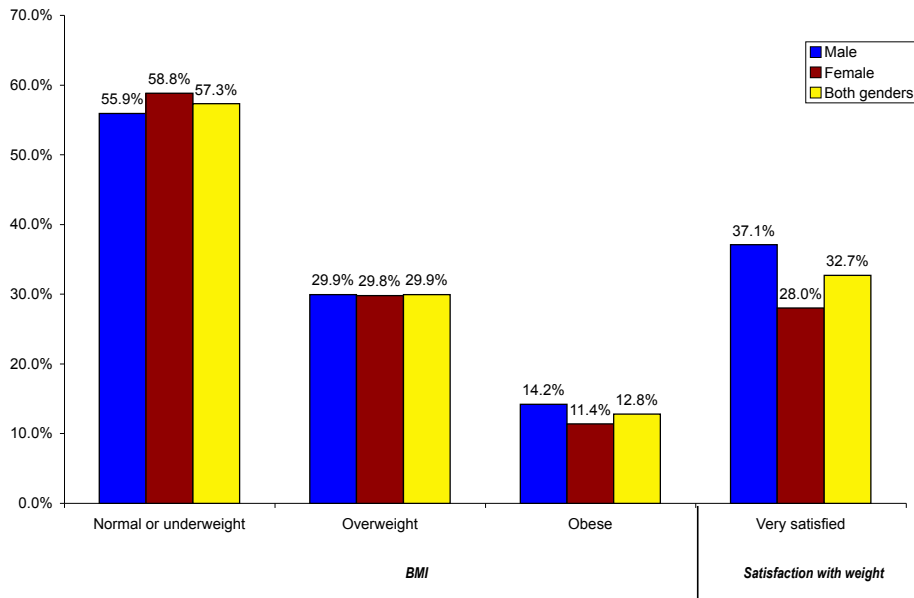
Over half of First Nations youth are considered active or moderately active (56.2%) while 43.8% are considered inactive. Boys are more likely to be active (54.1%) than girls (38.7%).

Figure 12: Time spent on sedentary activities in an average day during the past week



The five most frequently cited physical activities in which First Nations youth participated in the year prior to the survey were walking (86.9%), running or jogging (60.7%), swimming (54.6%), competitive or team sports (53.1%), and bicycling or mountain biking (44.6%). In contrast, 38.6% of First Nations youth reported spending more than 1.5 hours on sedentary activities such as watching TV, reading, playing bingo/video games or working at the computer. Boys are significantly more likely (42.9%) than girls (12.7%) to spend more than 1.5 hours playing video games.

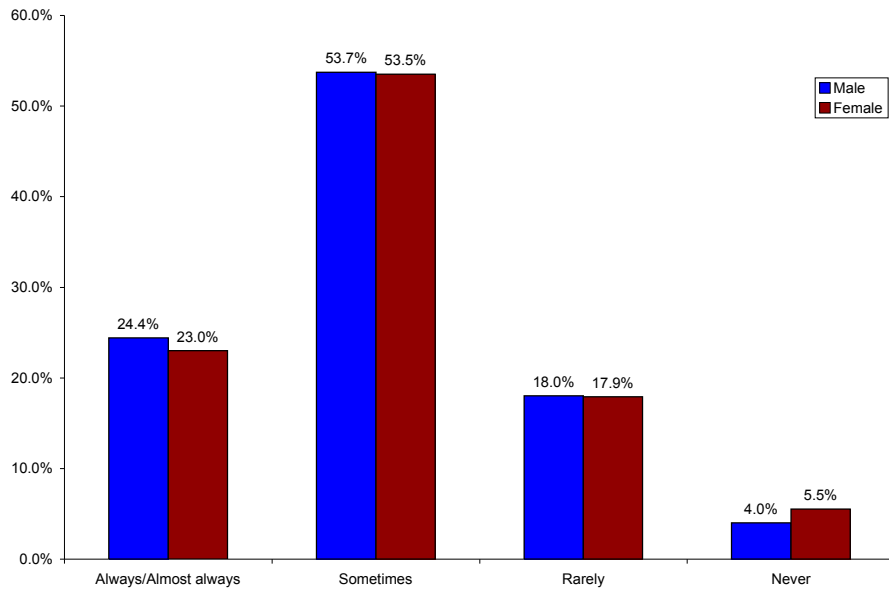
Figure 13: Body Mass Index and satisfaction with weight by gender



Over half of First Nations youth have a self-reported weight and height that corresponds to the normal or underweight BMI categories (57.3%). However, 29.9% are considered overweight and an additional 12.8% of First Nations youth are considered to be obese. No gender or age differences were found. These percentages are similar to those found in the RHS 2002/03 survey.

When asked about degree of satisfaction with weight, the majority of First Nations youth stated they were either very satisfied (37.1%) or somewhat satisfied (14.5%). Boys were more likely to be very satisfied with their weight while girls were more likely to be either somewhat or very dissatisfied with their weight.

Figure 14: Proportion of youth consuming a nutritious and balanced diet by gender

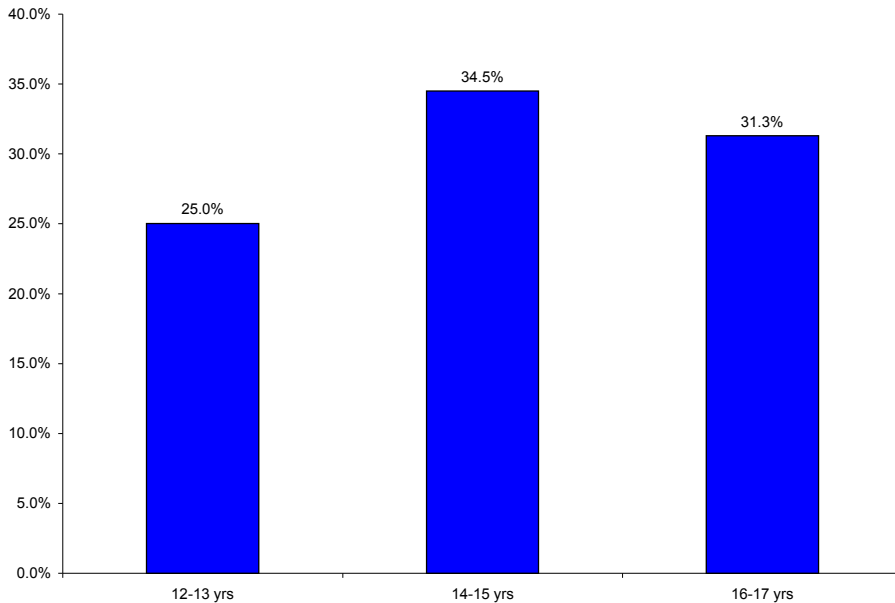


Roughly one quarter of First Nations youth reported ‘always or almost always’ eating a nutritious and balanced diet (23.7%) while 53.6% reported consuming a nutritious and balanced diet ‘sometimes’. The remaining 22.7% reported ‘rarely’ or ‘never’ consuming a balanced and nutritious diet. There were no differences found between boys and girls.

INJURY

Approximately 30% of First Nations youth reported having been injured in the 12 months prior to the survey. Of those First Nations youth who reported having been injured, higher proportions were found among the older age groups.

Figure 15: Injury in the past 12 months by age group



The three most common types of injury experienced by First Nations youth were minor cuts, scrapes or bruises (42.9%), major sprains or strains (34.1%) and broken or fractured bones (30.1%).

Figure 16: Reported types of injury experienced by youth

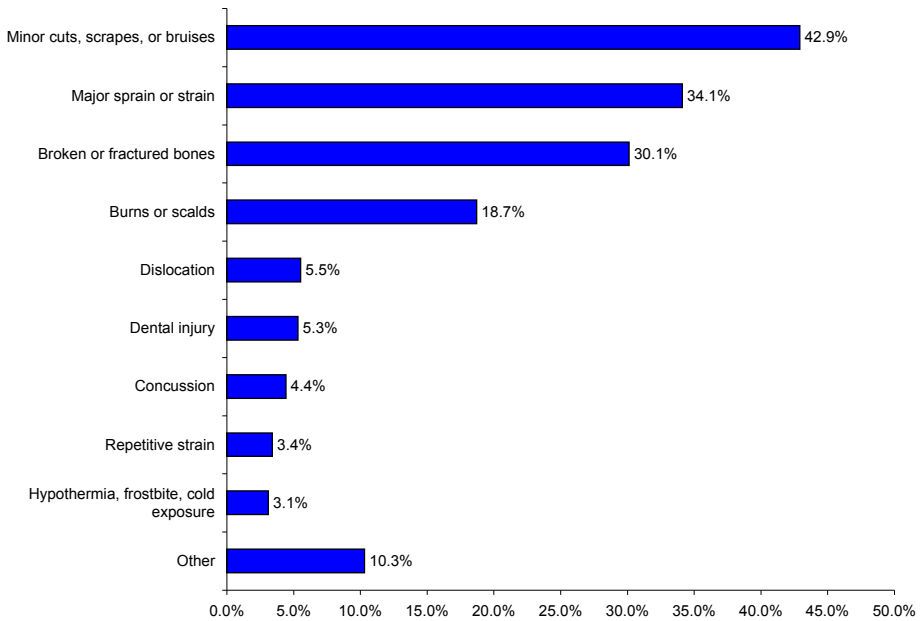
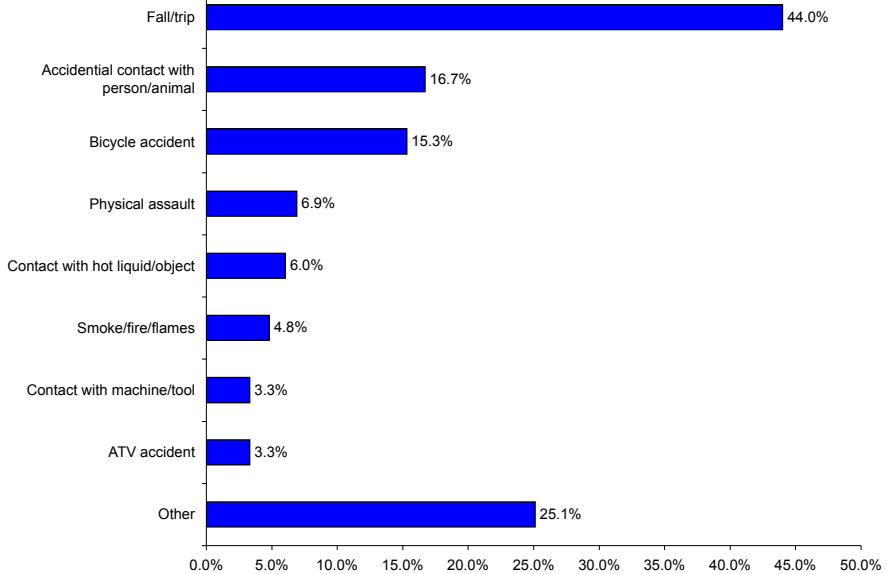


Figure 17: Major causes of injury for youth



As shown in Figure 17, the most commonly cited cause of injury was falling or tripping (44%). Most First Nations youth experienced injuries while playing sports (58.9%) or taking part in a hobby or leisure activity (24.6%) (Figure 18).

Figure 18: Activity type in which youth injury occurred

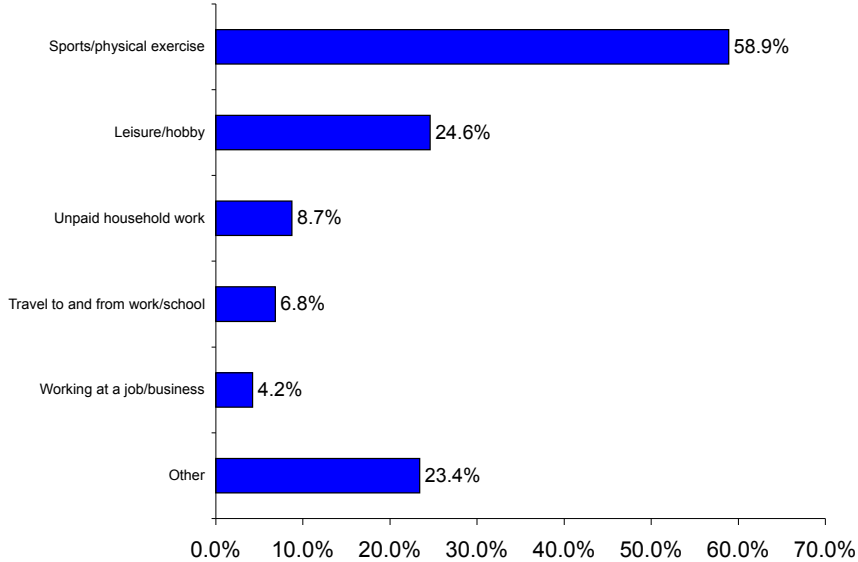
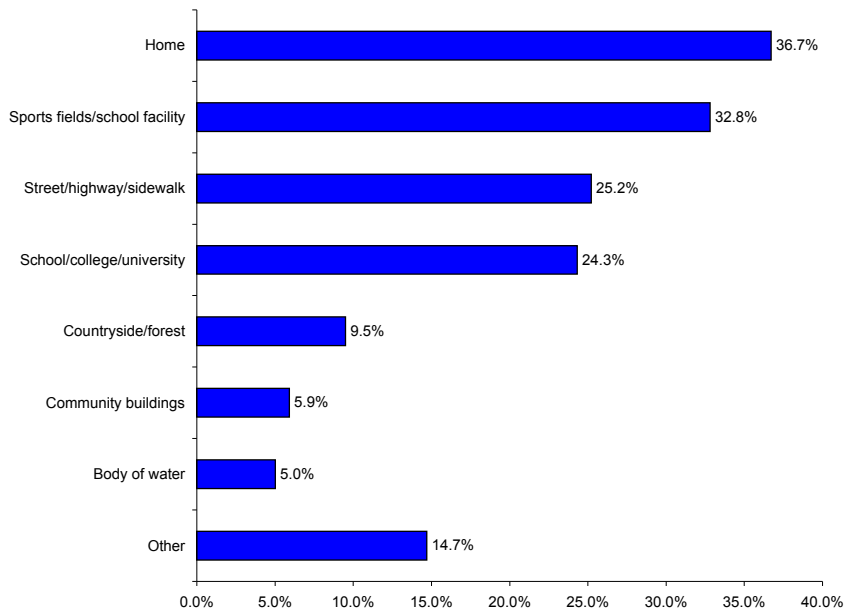


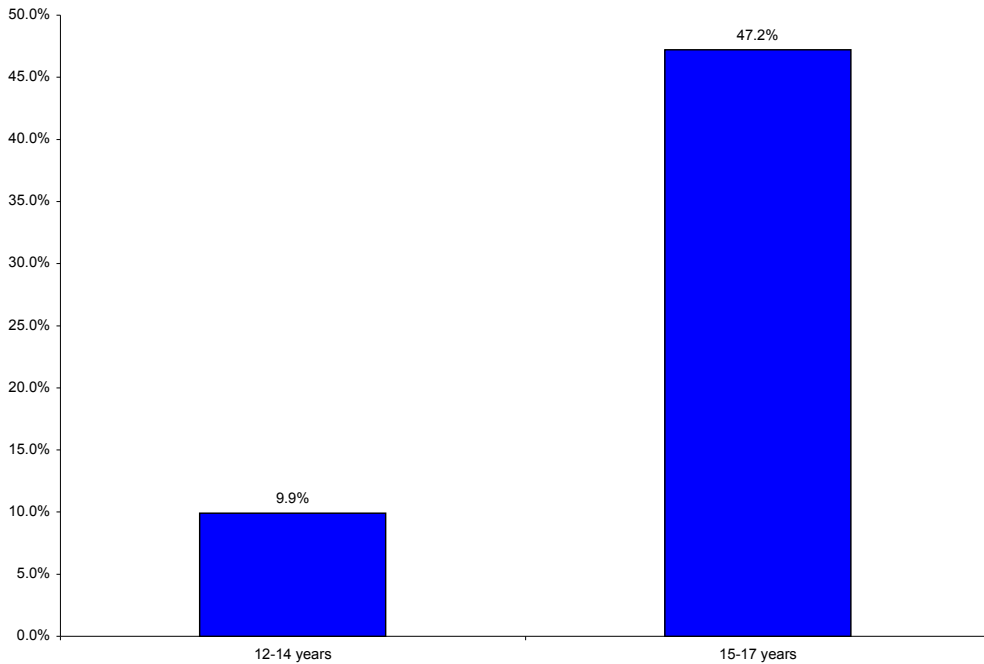
Figure 19: Location where injury took place



Most injuries happened either at home (36.7%) or on the sports field/school facility (32.8%).

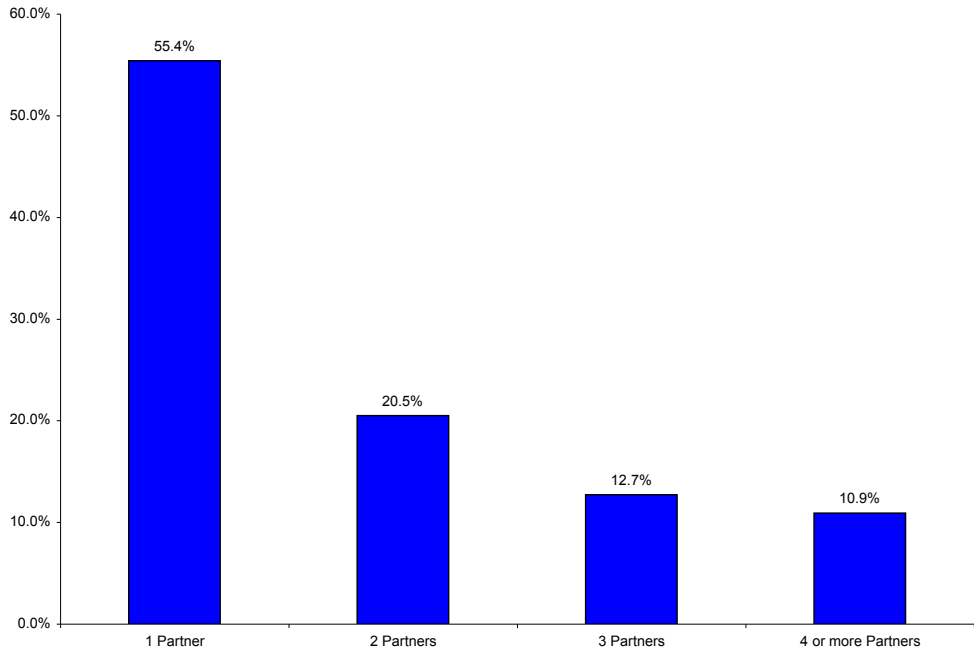
SEXUAL ACTIVITY

Figure 20: Proportion of youth sexually active at the time of the survey by age group



Roughly 10% of youth 12 to 14 years of age reported being sexually active, in large contrast to almost half (47.2%) of the 15 to 17 year old youth who reported being sexually active. Overall, 27.9% of First Nations youth (12-17) were sexually active at the time of the survey. This figure remains relatively unchanged since RHS 2002/03 (28.4%). Of those that were sexually active (12-17), 92.5% have had sexual intercourse in the last 12 months.

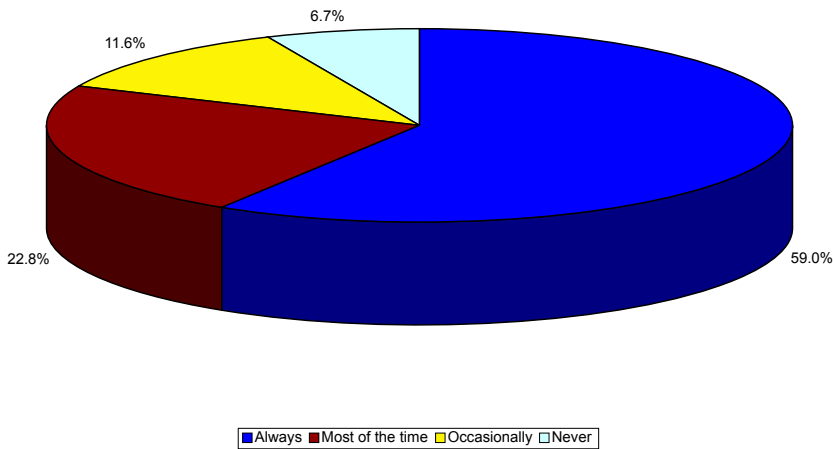
Figure 21: Number of partners in the past 12 months of sexually active First Nations youth



*None' category suppressed due to extremely high sampling variability

Of those sexually active, more than half reported having one sexual partner (55.4 %) while roughly one in ten sexually active youth reported having 4 or more partners in the past 12 months.

Figure 22: Frequency of condom use among sexually active youth



Roughly 80 percent (79.1%) of sexually active First Nations youth reported using condom as a birth control method, similar to RHS 2002/2003 (80.8%). In addition, 22.5 % of youth reported using birth control pills², a slight increase since RHS 2002/2003 (19.2%). Across all youth respondents, 18.5% cited not having a condom at the time as the main reason for not using a condom. In addition, 16.5% stated that they were under the influence of alcohol or drugs as a reason for not always using condoms.

Only 6.8% of First Nations youth had been tested for HIV at the time of the survey. Females were more likely than males to receive HIV testing (8.5% vs. 5.1%³).

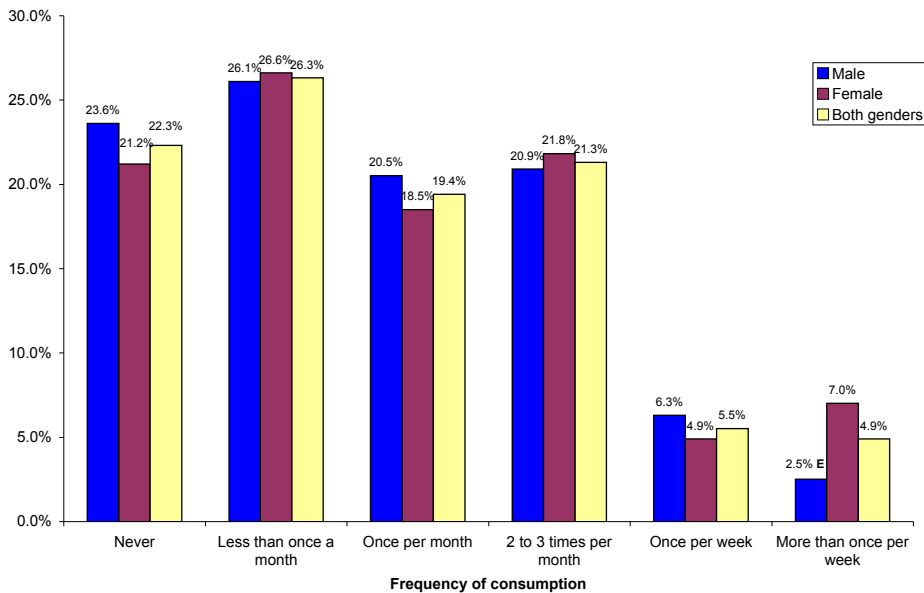
² Note: answered by both female and male respondents.

³ High sampling variability – interpret with caution.

SUBSTANCE USE

Sixty-three percent of First Nations youth have never used non-prescription cannabis, whereas 9.7% reported using it daily or almost daily. While no significant gender difference was found, cannabis use was more frequently reported among the older youth (15-17). About 40% of youth stated that they had consumed an alcoholic beverage in the 12 months prior to the survey.

Figure 23: Consumption of 5 or more drinks on one occasion in the past 12 months by gender

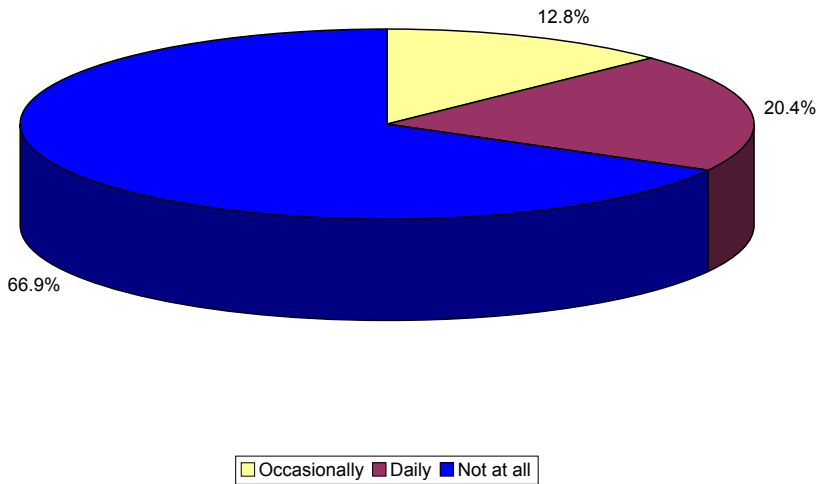


^E High sampling variability – interpret estimate with caution

Approximately one in five of First Nations youth (22.3%) reported never having five or more alcoholic drinks on one occasion, while 4.9% have done so more than once per week. Significantly more First Nations girls are likely to binge drink more than once per week (7.0%) compared to boys (2.5%⁴).

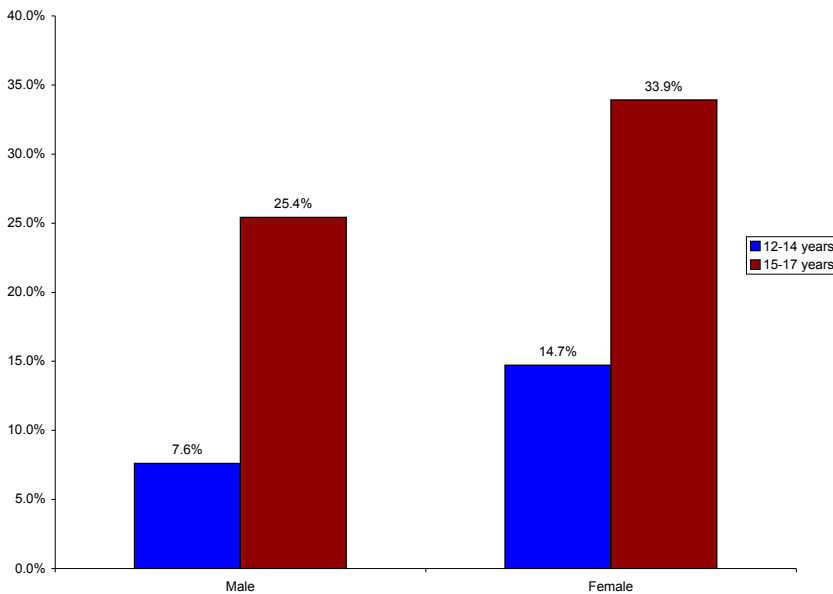
⁴ High sampling variability – interpret estimate with caution.

Figure 24: Overall tobacco use among First Nations youth



About one fifth (20.4%) of First Nations youth reported smoking daily, while 67% are non-smokers.

Figure 25: Proportion of First Nations youth who smoke daily by age group and gender



There is a significantly higher prevalence of daily smoking among First Nations female youth compared to males, across all age groups.



First Nations
Regional Health
Survey

Enquête Régionale
sur la Santé des
Premières Nations

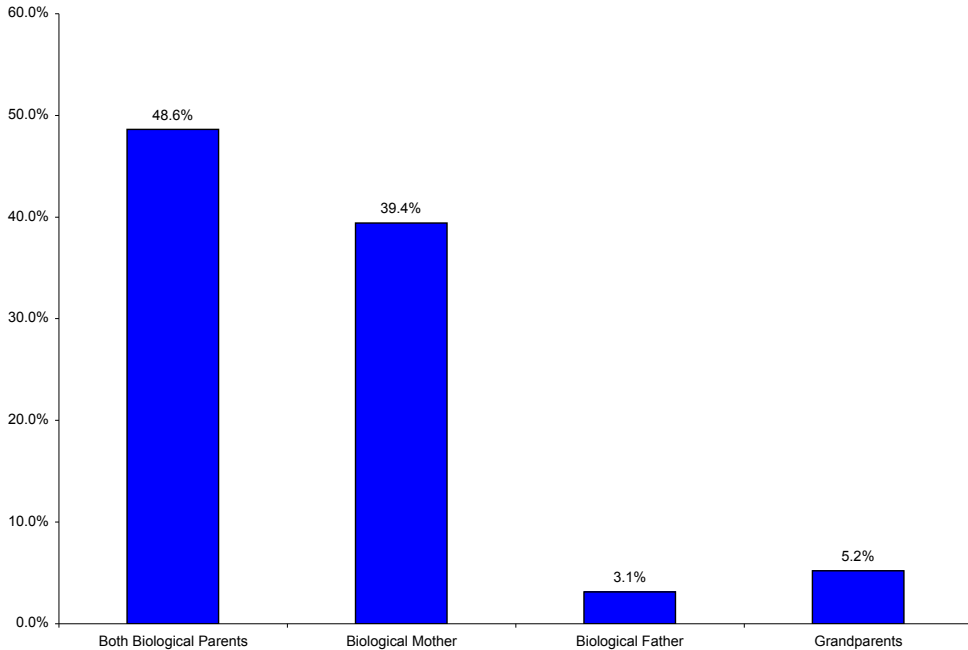
Selected Preliminary Child Results



Selected Preliminary Child Results

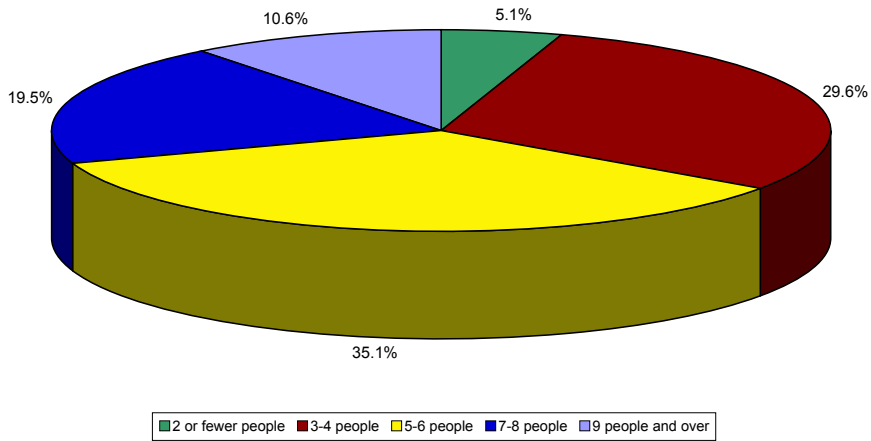
HOUSEHOLD ENVIRONMENT

Figure 1: Percentage of children living with biological parent(s) and grandparents



In the RHS 2008/10 survey, 48.6% of children lived with both biological parents (not excluding other adults), 39.4% of children lived with just their biological mother (with no other adults living in the household) versus 3.1% that lived with just their biological father (with no other adults living in the household). Slightly over 5% of the children who were not living with their biological parents lived with their grandparents.

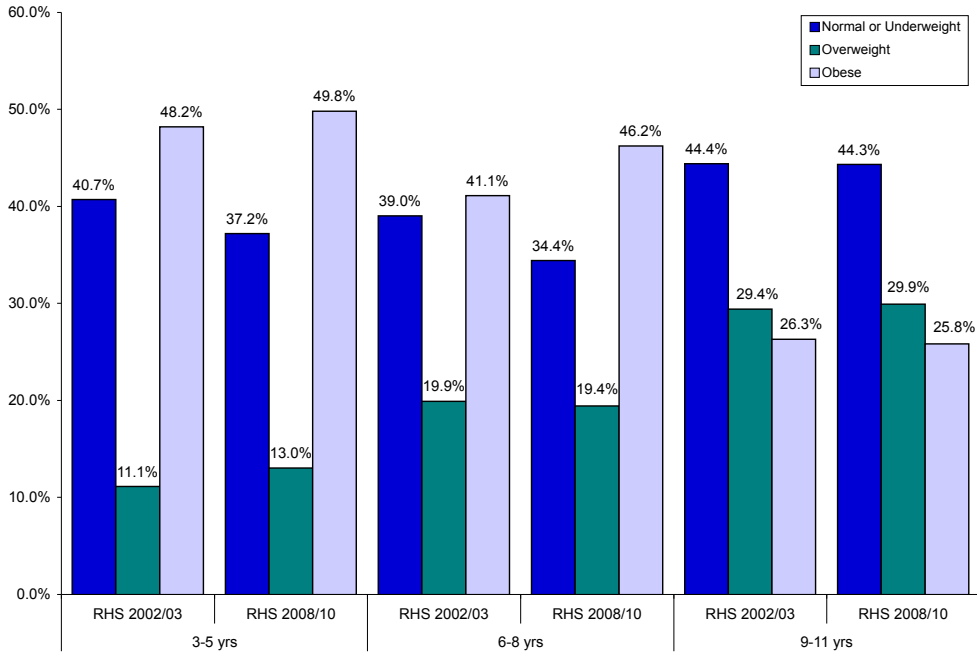
Figure 2: Household composition



Approximately 35% of children live in a household with 5-6 people (including the child) and roughly 30% live with 7 or more people.

PHYSICAL ACTIVITY AND NUTRITION

Figure 3: Percentage of children in BMI categories by age group (RHS 2002/03 and RHS 2008/10)



The proportion of children with reported weight and height that corresponded to a Body Mass Index (BMI) of normal or underweight has decreased from 41.5% in RHS 2002/03 to 37.7% in RHS 2008/10. Subsequently, the number of children categorized as obese and overweight increased from 58.5% to 62.3% in RHS 2008/10.

The proportion of children considered obese is higher with increasing community size. In small communities of 300 or less, 33% of children are obese compared to 40.8% of children in medium size communities (300 – 1500 people) and 45.3% in larger communities (over 1500 people).

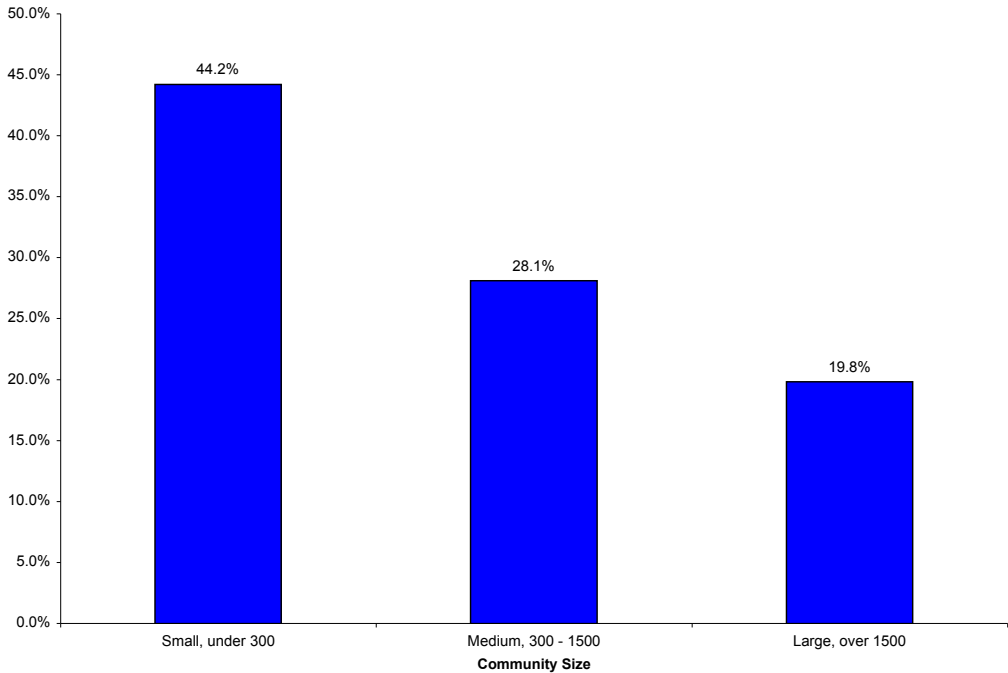
Table 1: Consumption of specific food items

	Several times a day (%)	Once a day (%)	Few times a week (%)	Once a week (%)	Never/hardly ever (%)
Milk and milk products (e.g., yogurt, cheese)	60.0	25.2	10.6	1.7	2.5
Protein (e.g., beef, chicken, pork, fish, eggs, beans, tofu, etc)	37.5	41.4	15.5	2.4	3.2
Vegetables	34.7	32.8	20.7	5.2	6.6
Fruit (excluding juice)	48.9	27.3	19.1	2.3	2.3
Bread, pasta, rice, and other grains	51.4	31.8	12.7	1.6	2.5
Water	70.5	17.6	7.4	1.5	3.0
Juice	57.9	21.5	12.2	3.0	5.4

Six out of ten children consume milk and milk products several times a day. Just over 50% consume bread, pasta, rice and other grains several times a day. The intake of the specific foods groups was lowest for vegetables, with only 34.7% of caregivers reporting child consumption several times a day.

More than half (58.6%) of First Nations children reportedly *always* or *almost always* consume a nutritious and balanced diet and a further 36.4% *sometimes* do. Very few either *rarely* (3.8%) or *never* (1.2%) eat a balanced and nutritious diet.

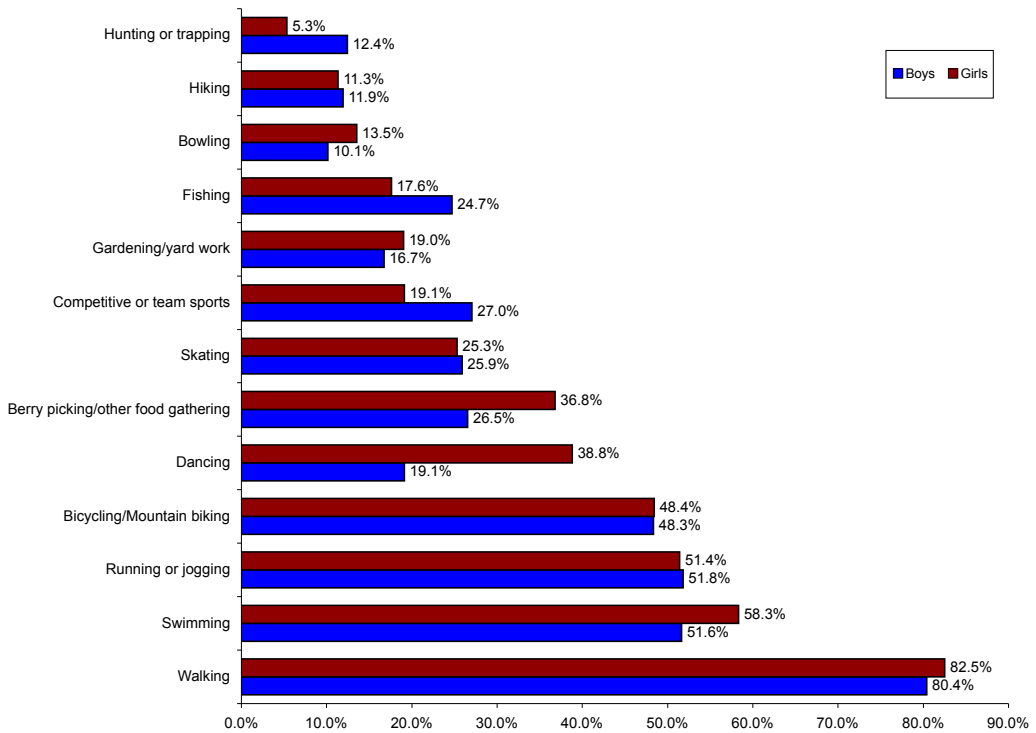
Figure 4: Percentage of children consuming at least one traditional protein rich food “often” by community size



In the RHS 2008/10 survey, a significantly higher percentage of children (44.2%) in small communities (under 300 people) consume at least one traditional protein rich food compared to their peers in medium (28.1%) and large communities (19.8%), as shown in Figure 4.

Three in ten children (30%) reportedly had someone *often* share traditional foods with their household in the 12 months prior to the survey. An additional 55.1% had this happen *sometimes* and 14.9% *never* had traditional food shared with their household.

Figure 5: Percentage of children participating in physical activity type by gender



The most common forms of physical activity were walking, swimming, running or jogging and bicycling for both the girls and boys.

Almost half (45%) of children 6 to 11 years of age are considered inactive, 9.7% are considered moderately active, and 45.3% are considered active. Although no gender differences were observed, a significantly greater proportion of 6 to 8 year olds are considered inactive compared to their older (9-11) peers.

EDUCATION AND LANGUAGE

The proportion of children attending school, as reported by their caregiver, reached 99.2% for children 6 to 11 years of age in the RHS 2008/10, a significant increase compared to 84.5% in the RHS 2002/03 survey. The percentage of children that repeated a grade among 6 to 11 year olds significantly decreased from 18% in RHS 2002/03 to 13.7% in RHS 2008/10. Small communities had a significantly lower proportion of children (6-11) who have repeated a grade (6.3%), compared to their peers living in medium (13.5%) and large communities (14.9%).

Approximately half of First Nations children could speak or understand a First Nations language at the time of the survey. The percentage of children understanding/speaking one or more First Nations languages was higher in the 2008/10 survey for all age groups except 9 to 11 year olds, compared to the RHS 2002/03 survey (Figure 6).

Figure 6: Proportion of children who understand one or more First Nations languages by age group (RHS 2002/03 and RHS 2008/10)

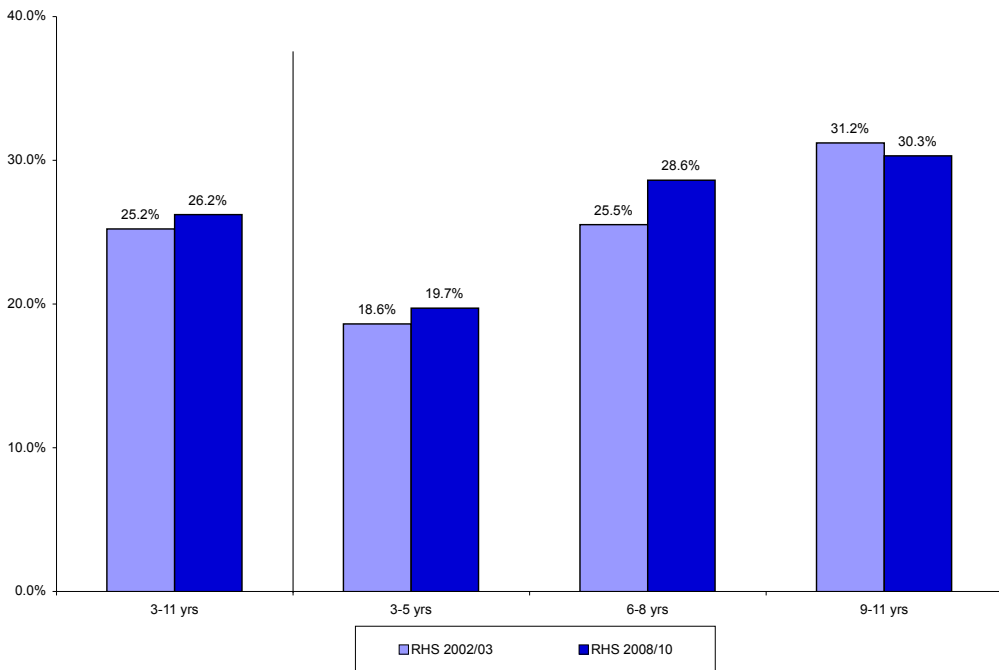
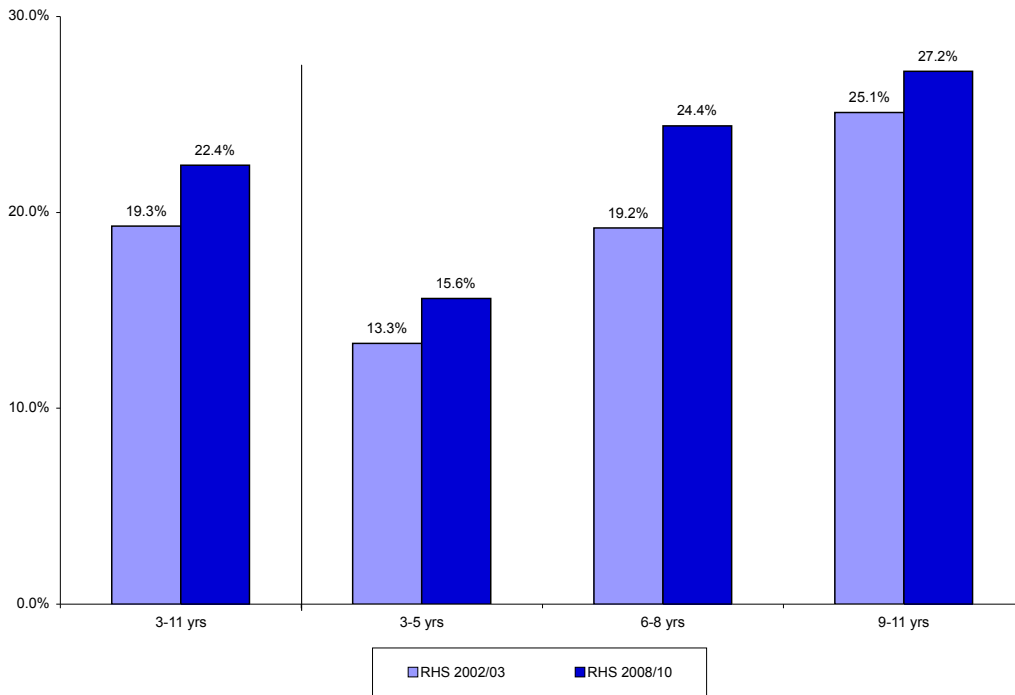
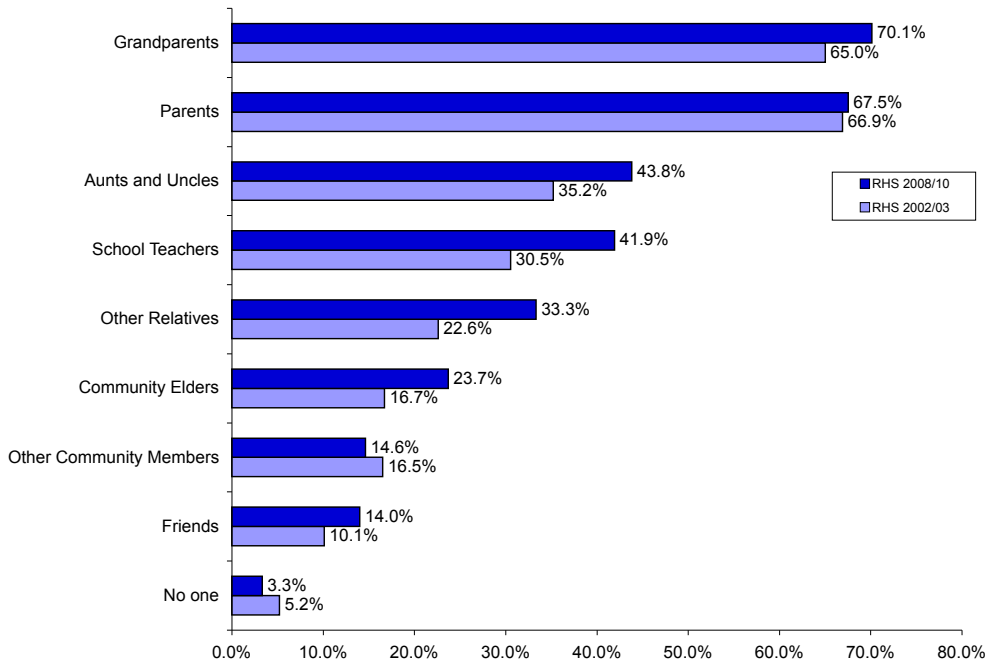


Figure 7: Proportion of children who speak one or more First Nations languages by age group (RHS 2002/03 and RHS 2008/10)



Children who attended an Aboriginal Head Start (AHS) program were more likely to speak or understand a First Nations language. Also, 36.3% of children who attended AHS at some point read or are read to daily, compared to 28.7% those who did not attend AHS, as reported by their caregivers.

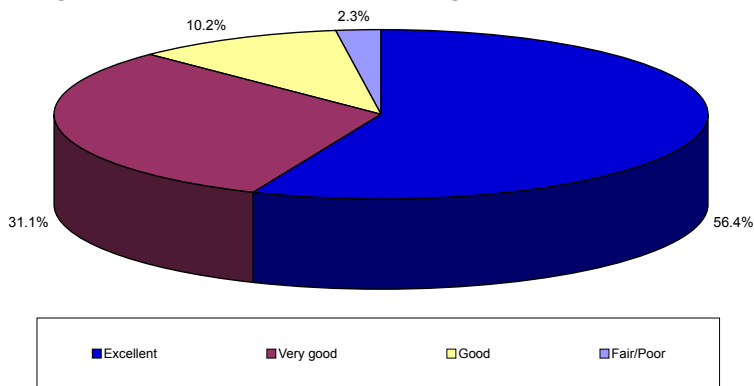
Figure 8: Percentage of those involved in assisting children to understand culture



Family members (parents and grandparents) were the primary sources of cultural understanding for First Nations children. Relatives and school teachers also played a key role in supporting children's cultural understanding. Comparing RHS 2002/03 to RHS 2008/10, a higher proportion of family members as well as community members such as teachers and friends were reported as a source of support.

HEALTH STATUS AND CHRONIC CONDITIONS

Figure 9: First Nations children’s general health status



There was a significant increase in the proportion of caregivers reporting excellent health as their child’s general health status, with the percentage in RHS 2008/10 significantly increasing from 40.7% in RHS 2002/03 to 56.4%. Over 85% of caregivers reported their children’s health as excellent (56.4%) or very good (31.1%). Only 2.3% rated the child’s general health as fair/poor.

In the 2008/10 RHS survey, 42.4% of caregivers reported that their child had been diagnosed with at least one chronic health condition. Boys experienced a significantly higher percentage of chronic health conditions (45.6%) compared to their female peers (39%).

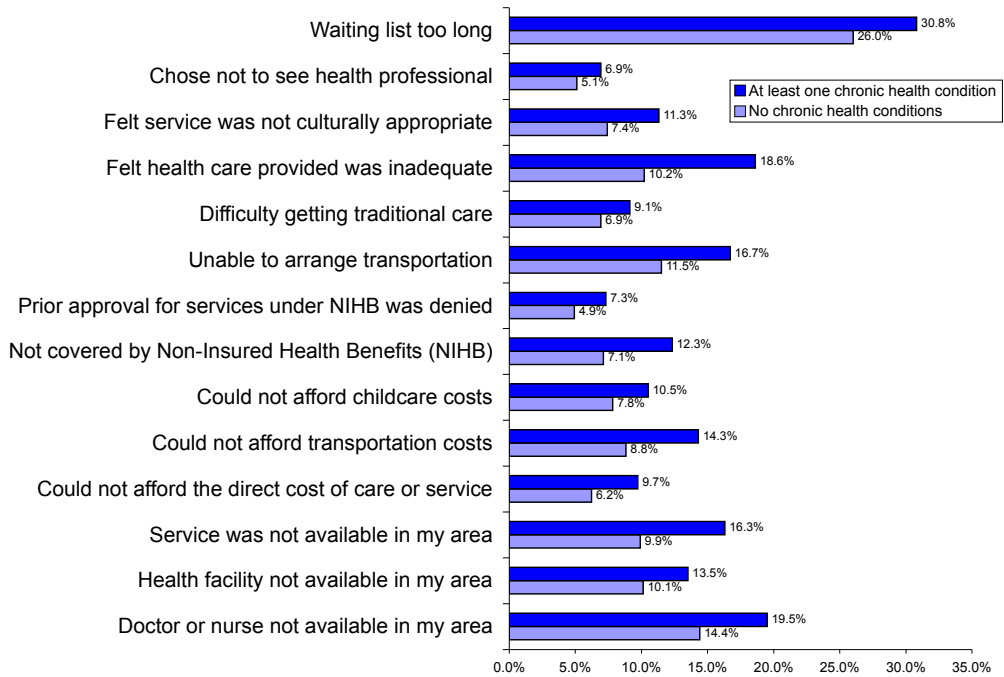
Table 2: Chronic health conditions of children by gender

Chronic Health Conditions	RHS 2002/03	RHS 2008/10	Boys	Girls
			2008/10	2008/10
Asthma (%)	14.6*	10.1	13.2*	6.8
Allergies (%)	12.2	11.4	11.7	11.1
Dermatitis (%)	-	7.5	7.2	7.8
Chronic ear infections or ear problems (%)	9.2*	5.9	6.3	5.5
Fetal Alcohol Spectrum Disorder (%)	1.8*	0.9	0.9	0.8
Chronic Bronchitis (%)	3.6*	1.0	1.3	0.8

*Difference is significant at the .05 level

The percentage of children experiencing asthma, chronic ear infections/problems, FASD and chronic bronchitis has significantly decreased between RHS 2002/03 and RHS 2008/10.

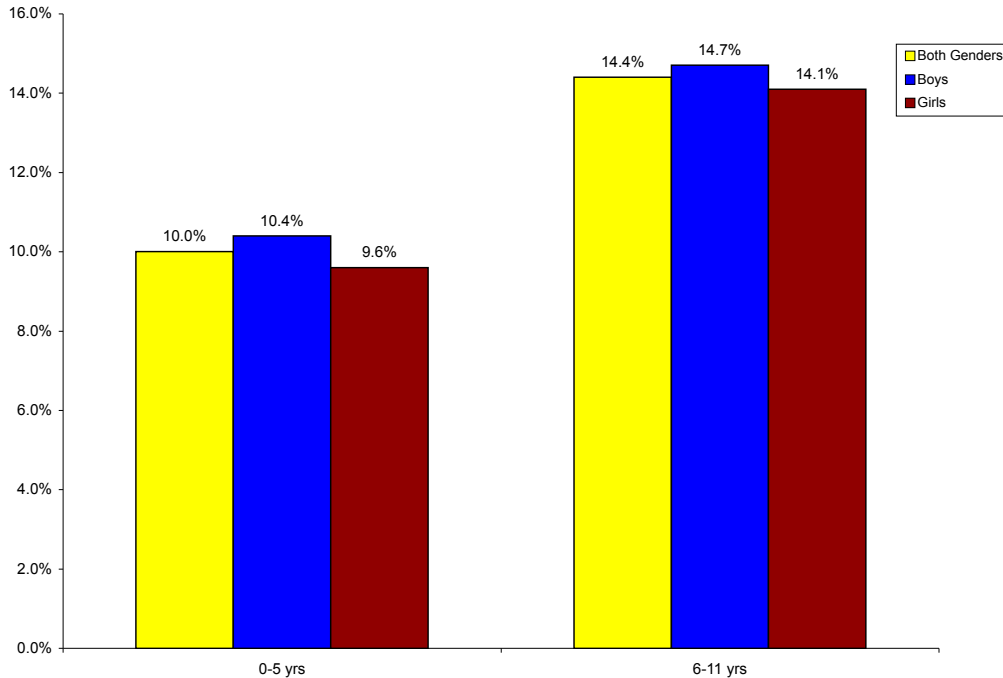
Figure 10: Reported barriers to healthcare access for First Nations children with or without chronic health conditions



Children with one or more reported chronic health conditions experienced more barriers when accessing health care, as reported by their caregivers. The most frequently reported barrier to healthcare access for both children with or without health conditions was the long waiting list.

MENTAL AND SOCIAL WELL-BEING

Figure 11: Percentage of children experiencing emotional/behavioural problems by gender and age group

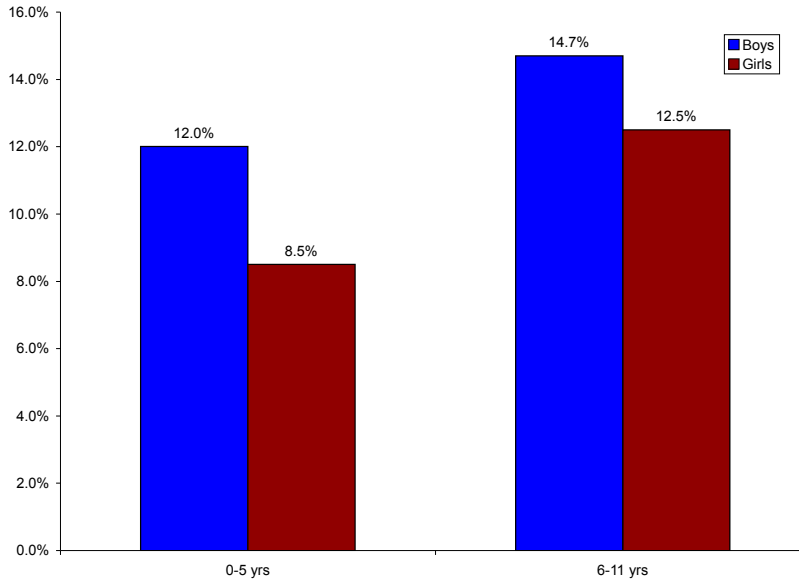


In general, there was a higher proportion of behavioural and emotional problems for 6 to 11 year olds (14.4%) compared to their younger peers (10%). No significant difference between boys and girls was found in relation to behavioural and emotional problems. With respect to having emotional and behavioural problems, the proportion of boys reporting problems significantly decreased overall from 18.4% in RHS 2002/03 to 12.3% in RHS 2008/10.

Children who do not live with both biological parents were significantly more likely to report having emotional or behavioral problems (15.5%) compared to those who live with both biological parents (9.0%).

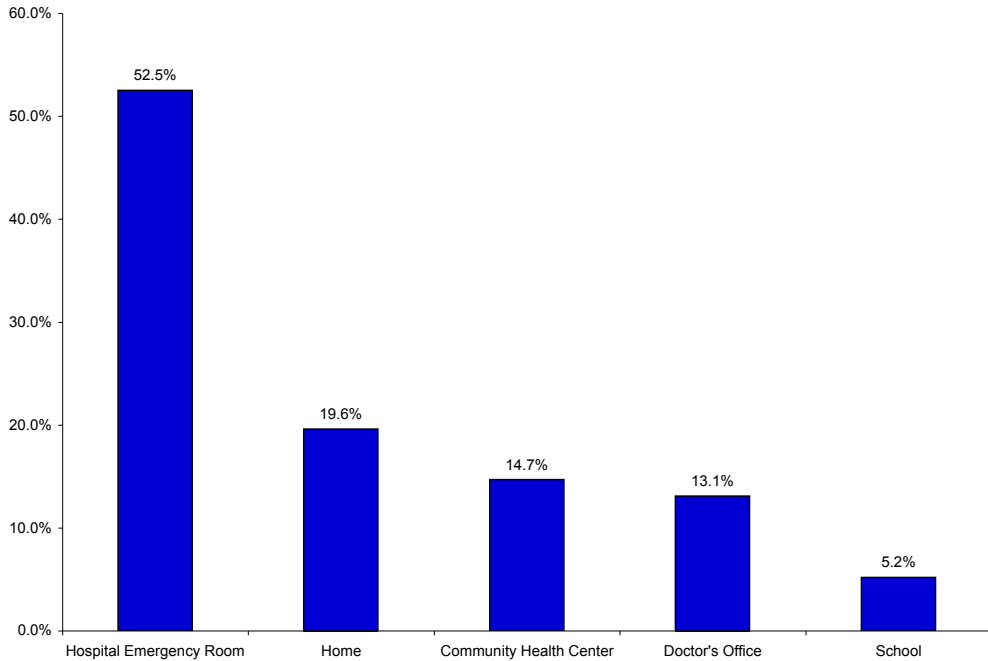
INJURY

Figure 12: Percentage of children with reported injury in the past 12 months by age group and gender



Across all age groups, boys had a higher percentage of injuries and for both genders, older children sustained more of these injuries.

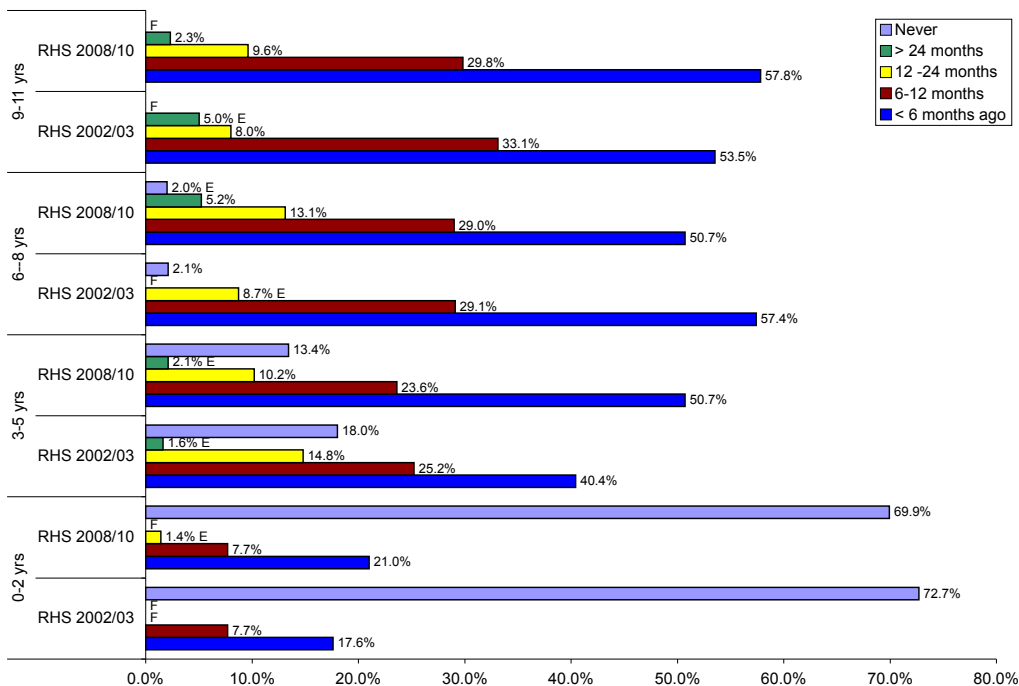
Figure 13: Location of injury treatment for children



The most frequently reported injuries were minor cuts/scrapes/bruises (45.1%). The most common causes of injury were falls (52%) followed by accidental contact with a personal/animal (14.2%) and bicycle related injuries (10.5%). In addition, 58% of all child injuries were reported to have happened at home. Approximately half of injured children (52.5%) received treatment for their injury in a hospital emergency department.

ORAL HEALTH

Figure 14: Percentage of children who have received dental care by age group (RHS 2002/03 and RHS 2008/10)



F estimate not provided because of extreme sampling variability or small sample size

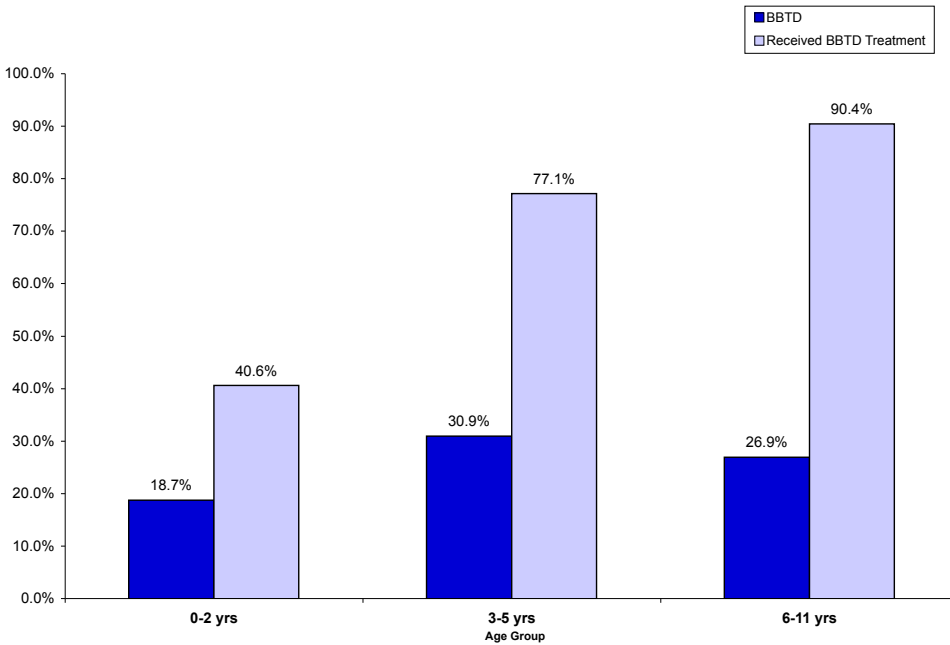
E high sampling variability – interpret estimate with caution

There is an increase in dental care received by First Nations children 0 to 2 years, 3 to 5 years and 9 to 11 years between RHS 2002/03 and RHS 2008/10. For example, 40.4% of 3 to 5 year olds in RHS 2002/03 received dental care in the last 6 months compared to 50.7% in RHS 2008/10.

Among 6 to 11 year old First Nations children, 83.8% received dental care in the last year. This percentage is lower than the equivalent finding for the general Canadian population (91.3%) and for Aboriginals living off-reserve (92.2%)¹.

¹ Source: Health Canada, 2010, Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007–2009, pg. 77, table 9.

Figure 15: Percentage of children diagnosed with and received treatment for Baby Bottle Tooth Decay (BBTD) by age group

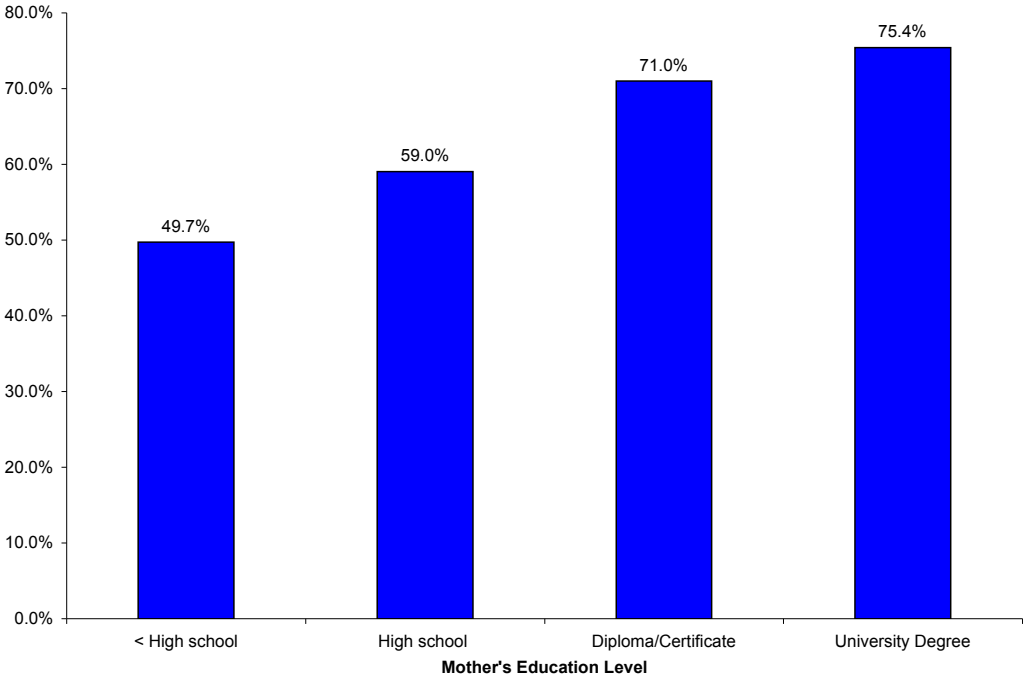


Of the infants surveyed (0–2), 18.7% had their teeth affected by Baby Bottle Tooth Decay (BBTD) compared to 11.9% in RHS 2002/03; 30.9% of the 3 to 5 year old First Nations children had been affected by BBTD and 26.9% of 6 to 11 year olds had a history of BBTD. Of the infants with BBTD, 40.6% were treated for the condition, while the majority of preschoolers (77.1%) and school-aged children (90.4%) were also treated for BBTD.

Furthermore, 36.2% of 3 to 5 year olds and 41.9% of 6 to 11 year olds needed dental fillings in RHS 2008/10 compared to 28.4% and 32.5% in RHS 2002/03, respectively. Finally, 71.1% of 9 to 11 year old First Nations children were in need of a check-up and preventive care and 14.3% required orthodontic care at the time of the survey.

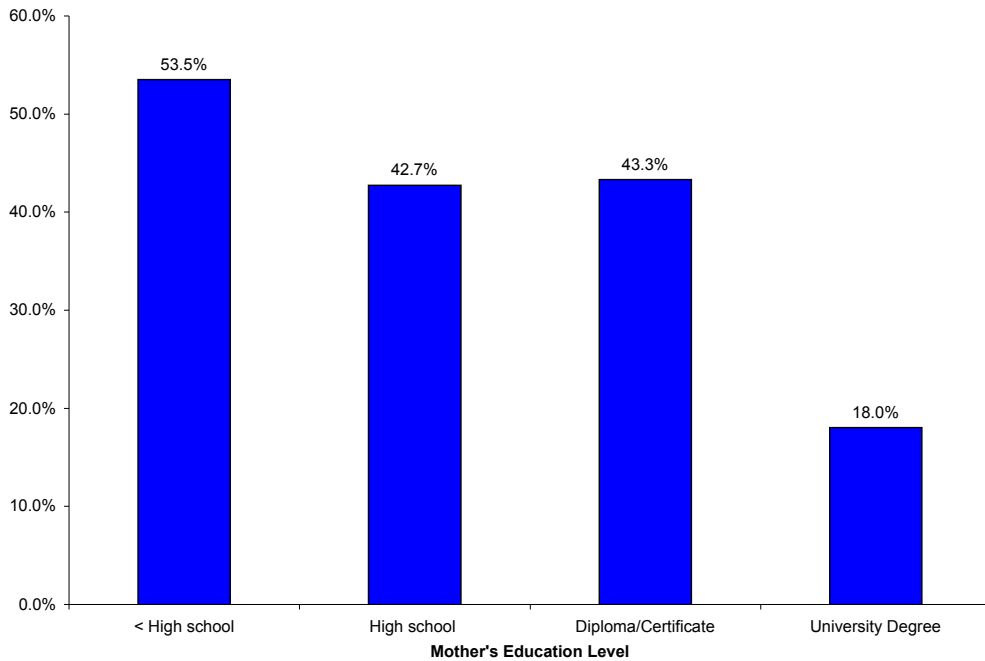
PRENATAL HEALTH

Figure 16: Percentage of children breastfed by mother's education level



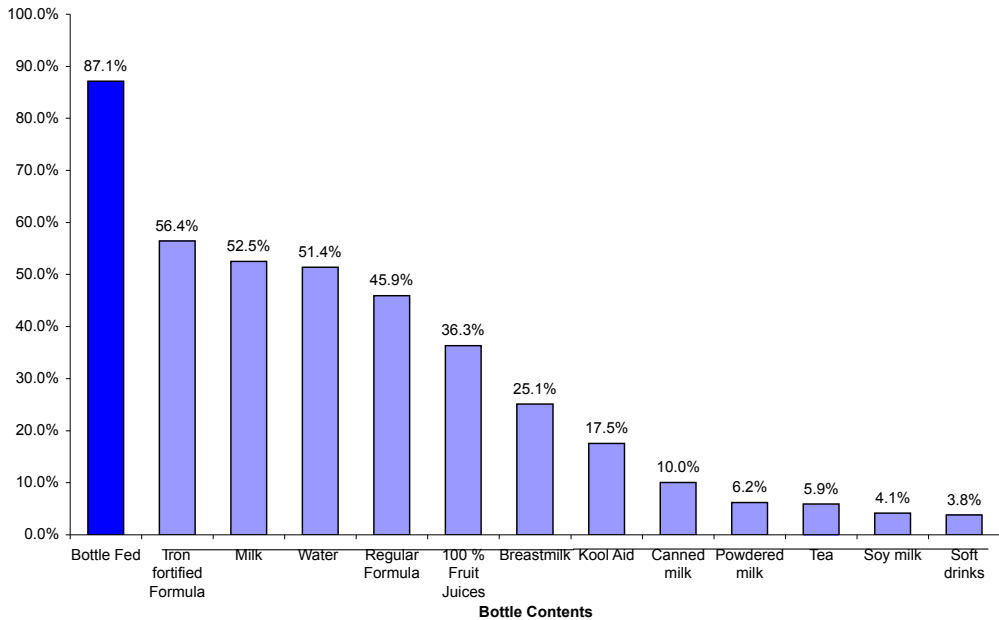
As the education level of mothers increased, the percentage of children who had been breastfed also increased (Figure 16). Roughly 50% of mothers with less than a high school education breastfed their children, compared to 71% with a diploma/certificate and 75.4% of mothers with a university degree. Overall, 57.5% of children were breastfed in the RHS 2008/10 compared to 60.3% in RHS 2002/03.

Figure 17: Percentage of mothers who smoked during pregnancy by education level



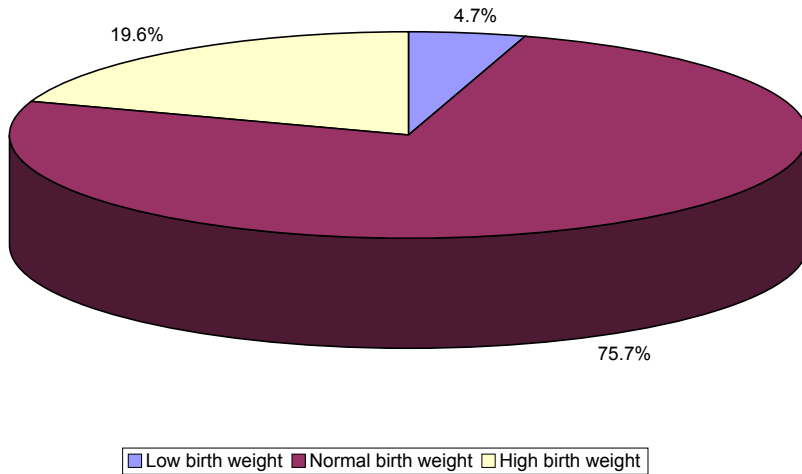
The education level of mothers also played a significant role in other prenatal health factors, such as smoking during pregnancy (Figure 17). 53.5 percent of mothers who smoked during pregnancy had less than a high school education, whereas 42.7% of mothers with a high school diploma smoked during pregnancy. A significant drop in smoking during pregnancy was observed in mothers with a university degree or higher (18%).

Figure 18: Types of bottle contents for bottle fed children



Of the 87.1 % of children who were bottle fed at some point in their early childhood, 56.4% were given iron fortified formula, 52.5% milk and 51.4% water. Less than one in three of children were given 100% fruit juice whereas roughly one in five children were given Kool-Aid and 3.8% of children were given soft drinks in their bottles.

Figure 19: Distribution of birth weight



Approximately two-thirds (75.7%) of First Nations newborns were within normal the normal weight range, lower than the national level². Only 5% of First Nations infants were born at a low birth weight (low and very low combined), compared to 6% of 2005 national level³, whereas the incidence of high birth weight was higher for First Nations children (19.6%) versus the national average⁴ of 12.3%.

² Source: Government of Canada, 2008, *The well-being of Canada's Young Children*, pg. 13.

³ Source: Ottawa, Statistics Canada, 2008, *Live birth, by birth weight (less than 2,500 grams) and sex, Canada, provinces and territories, annual (2004-2005)*, CANSIM Table, 102-4509.

⁴ Source: Government of Canada, 2008; *The well-being of Canada's Young Children*, pg. 13.

List of Participating Communities by Region

ALBERTA

Alexander First Nation
Atikameg-Whitefish Lake First Nation
Bigstone Cree Nation
Blood Tribe - Kainai
Dena Tha' First Nation
Driftpile - Cree Nation
Duncan's First Nation
Enoch Cree Nation
Ermineskin - Cree Nation
Kapawe'no First Nation
Louis Bull Tribe
Paul First Nation
Piikani Nation
Samson Cree Nation
Sucker Creek First Nation
Tsuu T'ina Nation

BRITISH COLUMBIA

Adams Lake
Campbell River First Nation
Canim Lake
Cape Mudge Band
Chawathil First Nation
Chehalis Indian Band
Chemainus First Nation
Cowichan Tribes
Fort Nelson First Nation
Gitanyow Band Council
Gitsegukla Band Council
Gitwangak Band Council
Glen Vowell Band
Hagwilget Village Council
Heiltsuk Nation

Hupacasath First Nation
Katzie First Nation
Kispiox First Nation
Kwadacha Band
Lake Babine Nation
Metlakatla Governing Council
Moricetown
Mount Currie Band Council
Nadleh Whut'en Band
Nanoose First Nation
Okanagan Indian Band
Sechelt Indian Band
Sliammon First Nation
Soowahlie Indian Band
Spallumcheen Indian Band
Takla Lake First Nation
Tla-o-qui-aht First Nations
Tsartlip First Nation
Tseshaht First Nation
Ucluelet First Nation
Williams Lake Indian Band

MANITOBA

Barren Lands First Nation
Berens River First Nation
Black River First Nation
Bloodvein First Nation
Brokenhead Ojibway Nation
Ebb and Flow First Nation
Fisher River Cree Nation
Garden Hill First Nation
Keeseekoowenin Ojibway Nation
Kinojeoshtegon First Nation
Long Plain First Nation
Mathias Colomb First Nation

Misipawistik Cree Nation
Nisichawayasihk Cree Nation
Northlands Denesuline First Nation
Norway House Cree Nation
Opaskwayak Cree Nation
O-Pipon-Na-Piwin Cree Nation
Peguis First Nation
Pinaymootang First Nation
Pine Creek Anishinabe Nation
Roseau River Anishinabe First Nation
Sagkeeng First Nation
Sandy Bay Ojibway First Nation
Sayisi Dene First Nation
Skownan First Nation
Tataskweyak Cree Nation
War Lake First Nation
Waywayseecappo First Nation
Wuskwi Sipiik First Nation

NEW BRUNSWICK

Eel Ground First Nation
Elsipogtog (Big Cove) First Nation
Esgenoopetitj (Burnt Church) First Nation
Kingsclear First Nation
Madawaska Maliseet First Nation
Saint Mary's First Nation
Woodstock First Nation

NEWFOUNDLAND

Miawpukek

NORTHWEST TERRITORIES

Aklavik Indian Band
Behchoko First Nation
Deh Gah Gotie Dene Council
Deninu K'ue First Nation

Fort Good Hope
Gwichya Gwich'in Council
Jean Marie River First Nation
Katloodeeche First Nation
Liidlii Kue First Nation
Lutsel K'e Dene Band
Nahanni Butte
Tetlit Gwich'in Council
Tulita Dene
Wekwee'ti Council
Wha Ti First Nation
Yellowknives Dene First Nation

NOVASCOTIA

Acadia
Annapolis Valley
Bear River
Chapel Island First Nation
Eskasoni
Glooscap First Nation
Membertou
Millbrook
Paq'tnkek First Nation
Pictou Landing
Shubenacadie
Wagmatcook
Waycobah First Nation

ONTARIO

Aundeck-Omni-Kaning
Batchewana First Nation
Chippewas of Kettle and Stony Point First Nation
Chippewas of the Thames First Nation
Eabametoong First Nation
Eagle Lake
Fort William
Lac La Croix
Mohawks of Akwesasne
Mohawks of the Bay of Quinte
Moose Deer Point

Moravian of the Thames
Oneida Nation of the Thames
Rainy River First Nations
Sagamok Anishnawbek
Six Nations of the Grand River
Temagami First Nation
Thessalon
Wabigoon Lake Ojibway Nation
Wahta Mohawk
Walpole Island
Wasauksing First Nation
Whitefish Lake
Wikwewikong

PRINCE EDWARD ISLAND

Lennox Island

QUEBEC

Atikamekw d'Opitciwan
Betsiamites
Conseil de la Première Nation Abitibiwinni
Conseil des Atikamekw de Wemotaci
Eagle Village First Nation-Kipawa
Kitigan Zibi Anishinabeg
La Nation Innu Matimekush-Lac John
Les Atikamekw de Manawan
Listuguj Migmaq Government
Micmacs of Gesgapegiag
Mohawks of Kanesatake
Montagnais de Natashquan
Montagnais de Pakua Shipi
Montagnais de Unamen Shipu
Montagnais du Lac St-Jean
Naskapi of Quebec
Nation Anishnabe du Lac Simon
Nation Huronne Wendat
Odanak
Timiskaming First Nation
Innu Takuaiakan Uashat Mak Mani-Utenam
Innu Essipit

SASKATCHEWAN

Big River First Nation
Birch Narrows Dene Nation
Canoe Lake Cree First Nation
Clearwater River Dene Nation
Cowessess First Nation
Day Star First Nation
Fishing Lake First Nation
Flying Dust First Nation
George Gordon First Nation
Hatchet Lake Denesuline Nation
Island Lake First Nation
James Smith Cree Nation
Kahkewistahaw First Nation
Keeseekoosewane First Nation
Key First Nation
Kinistin First Nation
Lac La Ronge Indian Band
Little Pine First Nation
Mistawasis First Nation
Mosquito Grizzly Bear's First Nation
Muscowpetung First Nation
Muskeg Cree Nation
Muskoday First Nation
Muskowekwan First Nation
One Arrow First Nation
Onion Lake First Nation
Poundmaker First Nation
Red Earth Cree First Nation
Red Pheasant First Nation
Saulteaux First Nation
Sturgeon Lake First Nation
Sweetgrass First Nation
Thunderchild First Nation
White Bear First Nation
Yellow Quill

YUKON

Champagne and Aishihik First Nations
Carcross/Tagish First Nation

First Nation of Na-cho Nyak Dün
Kluane First Nation
Kwanlin Dun First Nation
Liard First Nation
Little Salmon/Carmacks First Nation
Ross River Dena Council
Selkirk First Nation
Ta'an Kwäch'än Council
Teslin Tlingit Council
Tr'ondëk Hwëch'in
Vuntut Gwitchin First Nation
White River First Nation



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First Nations Information
Governance Centre

Le Centre de Gouvernance de
L'information des Premières Nations