



# QUEBEC FIRST NATIONS REGIONAL HEALTH SURVEY - 2008

## Highlights



FIRST NATIONS OF QUEBEC AND LABRADOR  
HEALTH AND SOCIAL SERVICES COMMISSION

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## **Thanks**

We thank all those who helped prepare this portrait of the health status of First Nations of Quebec, especially all the respondents who participated within First Nations communities. We also thank all those who participated at all stages of the survey and in their realization.

Document also available in French titled: *Enquête régionale sur la santé des Premières Nations du Québec - 2008. Faits saillants.*

The masculine in this document is intended to lighten the text, and without prejudice against women.

## FOREWORD

The document "Quebec First Nations Regional Health Survey - 2008. Highlights" is a summary of information from all chapters of the Quebec First Nations Regional Health Survey - 2008 (RHS 2008) written by the research team of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) and external editors. This population survey focuses on the health of First Nations of Quebec in 2008.

The results of RHS 2008 are presented according to five themes:

- 1) Socio-demographic Profile
- 2) Social Wellness
- 3) Behaviours and Lifestyles
- 4) Physical Health
- 5) Health Services.

This document aims to present scientific information intended to provide relevant, credible and culturally validated data on the First Nations of Quebec.





## METHODOLOGICAL NOTE

### *Background*

The First Nations Regional Health Survey (RHS) is a groundbreaking survey in the area of research by and for First Nations. Completely carried out by First Nations, it is an innovative endeavour with respect to the involvement of the communities in the process, ethics and cultural adaptation of research.

The RHS is the first research project to be carried out while completely respecting the principles of ownership, control, access and possession (OCAP). These principles aim to ensure the complete involvement of the First Nations communities in all of the steps of the research.

The governance and coordination of the RHS are ensured by the First Nations Information Governance Centre (FNIGC) at the national level and by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) in Quebec.

This second wave of the RHS was preceded by the wave that took place in 2002 (first wave) as well as by a pilot project (1997). For the past 15 years, the RHS data has contributed to supporting the decision-makers and interveners while contributing to expanding the knowledge on the socio-sanitary situation of the First Nations. We plan on carrying out two phases following this one, which are phase 3 in 2013 and phase 4 in 2016.

1997 Pilot of the RHS	2002 Phase 1 of the RHS	2008 Phase 2 of the RHS	2013 Phase 3 of the RHS	2016 Phase 4 of the RHS
Completed	Completed	Completed		

### *Questionnaire*

Three distinct questionnaires were created for three different age groups (children, youth, adults). These questionnaires were administered in person by 63 First Nations interviewers who were trained for this purpose. In order to prevent the error risks, data entry was performed by the interviewers during the interview using laptop computers. With respect to children less than 12 years of age, the questionnaire was administered to the parent or guardian. The following table summarises the themes addressed according to each age group.

### Themes addressed in the 2008 RHS questionnaires

Themes	Children 0 – 11 years	Youth 12 – 17 years	Adults 18 years and up
Vaccination	✓		
Child care services	✓		✓
Demographic characteristics	✓	✓	✓
Household characteristics	✓	✓	✓
Education	✓	✓	✓
Language and culture	✓	✓	✓
Chronic diseases	✓	✓	✓
Injuries	✓	✓	✓
Dental care	✓	✓	✓
Diabetes	✓	✓	✓
Physical activity	✓	✓	✓
Nutrition and traditional foods	✓	✓	✓
Indian residential schools	✓	✓	✓
Mental health		✓	✓
Community well-being		✓	✓
Smoking		✓	✓
Alcohol and drugs		✓	✓
Sexual health		✓	✓
Access to health care		✓	✓
Traditional medicine		✓	✓
Preventive health care			✓
Housing			✓
Natural caregivers			✓
Depression			✓
Migration			✓
Employment and income			✓
Gambling			✓
Food security			✓
Home care and limitations			✓
Violence			✓
State of health index			✓

A total of 2 691 individual interviews were carried out (87.3% of the sampling that was initially anticipated).

0-11 years: 727 respondents (94.4% of the sampling initially anticipated).

12-17 years: 600 respondents (77.9% of the sampling initially anticipated).

18 years and up: 1 364 respondents (88.6% of the sampling initially anticipated).

## *Data collection period*

The data collection unfolded from September 2008 to February 2010 among the 21 selected communities in the Quebec region.

## *Sampling*

The RHS was carried out using a two-stage stratified sampling.

**First stage:** Classification of the communities from each nation according to their sizes among one of the following stratum: small (between 75 and 299 residents); medium (between 300 and 1499 residents); large (1500 residents and up). The communities required at least 75 residents in order to be eligible. A random selection of the communities was then performed among each of the stratum. With the goal of increasing statistical power, all of the large communities were invited to participate in the RHS. In the event that a stratum was represented by a single community of a given nation, it was automatically invited to participate in the survey.

**Second stage:** Breakdown of the populations of the selected communities according to eight stratum established according to age and gender:

- Stratum 1: 0-11 years/male;
- Stratum 2: 0-11 years/female;
- Stratum 3: 12-17 years/male;
- Stratum 4: 12-17 years/female;
- Stratum 5: 18-54 years/male;
- Stratum 6: 18-54 years/female;
- Stratum 7: 55 years +/male;
- Stratum 8: 55 years +/female.

The individuals in each of the stratum were randomly selected. This selection process was carried out using the band lists of each of the participating communities.

The number of respondents in the sampling was sufficient to allow for verifying the statistical significance of the results observed. As can be read among the survey's chapters, for the majority of the results observed, it is possible to apply the result observed in the sampling to the entire population with a margin of error of less than 5% or, depending on the case, less than 1%.

### Communities participating in the 2008 RHS

Nation (8)	Size	Community (21)	Sampling	Population	% of the pop. interrogated
Abenaki	Medium	Odanak	50	309	16.2%
Algonquin	Large	Kitigan Zibi	122	1535	7.9%
		Lac Simon	174	1403	12.4%
	Medium	Pikogan	95	567	16.8%
		Timiskaming	86	604	14.2%
		Eagle Village	55	261	21.1%
Atikamekw	Large	Manawan	167	2122	7.9%
		Opitciwan	183	2117	8.6%
	Medium	Wemotaci	118	1307	9.0%
Hurons-Wendat	Medium	Wendake	111	1332	8.3%
Innus	Large	Betsiamites	252	2848	8.8%
		Mashteuiatsh	183	2022	9.1%
		Uashat Mak Mani-Utenam	246	3080	8.0%
	Medium	Matimekush-Lac John	87	729	11.9%
		Natashquan	128	916	14.0%
		Pakua Shipi	50	314	15.9%
		Unamen Shipu	96	1016	9.4%
		Small	Essipit	38	177
Mi'gmaqs	Large	Listuguj	220	2000	11.0%
	Medium	Gesgapegiag	72	608	11.8%
Mohawks	Medium	Kanesatake	94	1328	7.1%
Naskapis	Medium	Kawawachikamach	64	614	10.4%
<b>Total</b>			<b>2691</b>	<b>27209</b>	<b>9.9%</b>



## *Weighting*

All of the data presented in the RHS was weighted in order to provide an estimate with respect to the total First Nations population of Quebec living in the communities.

## *Representation limits for the Mohawk Nation*

Even though the Mohawk Nation in Quebec is made up of Kahnawake, Kanesatake and part of Akwesasne, the only community that participated in the RHS is Kanesatake. Regarding the community of Akwesasne, it was excluded from the sampling plan for the Quebec region because of the fact that the majority of its residents reside on the Ontario side of the provincial border. As for the community of Kahnawake where most of the Mohawk population of Quebec resides, it opted not to participate in the RHS. For these reasons, it is impossible to produce estimates that can be applied to the entire Mohawk Nation of Quebec.

## *Geographic zone*

Some of the RHS data is presented according to geographic zone. This refers to the degree of isolation of the respondents' communities. The degree of geographic isolation is based on a zone system developed by Aboriginal Affairs and Northern Development Canada (AANDC).

Zone 1: The community is located less than 50 km from a service centre with year-round road access.

Zone 2: The community is located between 50 km and 350 km from a service centre with year-round road access.

Zone 3: The community is located over 350 km from a service centre with year-round road access.

Zone 4: The community has no year-round road access to a service centre.

Service centre: The nearest location where the community members must go in order to access service providers, banks and governmental services.



## CHILDREN (0-11)

### 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS

- The largest proportion of children is found in zone 3 (26.5%) and the weakest in zone 1 (18.0%). The Atikamekw contain the greatest proportion of children (27.1%).
- More than half of the children (55.0%) live with both of their biological parents and 32.2% live in a single parent family.
- The Aboriginal Head Start on Reserve was followed by 23.7% of children aged 0 to 4 at the time of this study.
- More than two thirds (67.2%) of children use daily a First Nations language.

### 2. PERSONAL WELL-BEING

- It is observed that 30.2% of the children perform sports one to three times per week as part of a group or by following courses; 51.4% never perform this type of extracurricular activity.
- Among children, 11.5% are part of a group or follow traditional singing, dance or drum courses at least once per week; the majority (79.9%) have never been a part of such a group.

### 3. HEALTH IN FIRST NATIONS COMMUNITIES

- More than one First Nations child in three (39.0%) has been diagnosed by a health professional for one or several health related problems over the course of their lives.
- Asthma and allergies appear as health related problems most often diagnosed among children.
- Twice as many boys (20.6%) than girls (9.1%) must deal daily with asthma.
- The majority of parents (88.1%) believe that their children have “excellent” or “very good” health.

### 4. PORTRAIT OF UNINTENDED INJURIES

- Cuts, scratches or bruises represent the types of injuries most often found among children (51.0%).
- Falls account for the greatest proportion among the causes of injuries. They account for 54.1% of children’s injuries.
- Most injuries occur in the home, street, forest, school and on sports grounds.

## 5. RESIDENTIAL SCHOOLS

- Seventy-nine percent (79.1%) of all children have a direct relationship with someone who attended a residential school.

## 6. FOOD AND PHYSICAL ACTIVITY

### Food and nutrition

- Nearly 90.0% of children consume dairy products every day.
- One third of children consume vegetables several times per day, and more than half consume as many fruits.
- Approximately half (53.4%) of children eat fast foods at least a few times per week.
- Approximately three children in ten aged 0 to 5 (29.5%) and two children in ten aged 6 to 11 (22.0%) eat sweets every day.
- The traditional foods most often consumed by children are land mammals, bannock and other fried breads.
- Sixty percent (60.0%) of parents believe that their children always, or nearly always, have a balanced diet.

### Breast-feeding

- Thirty-five percent (35.4%) of children were breast-fed. In comparison, in Quebec in 2005, 85.1% of babies were breast-fed.
- Among breast-fed children, 37.2% were breast-fed for more than six months.
- More children from zones 1 and 2 were breast-fed than from zones 3 and 4.
- The percentage of children that are breast-fed increases with the household income.

### Food security index

- Thirty-one percent (31.2%) of adults living with children are in a moderate or serious food insecurity situation.
- Nearly half (49.6%) of adults who cohabit with children in zone 4 suffer a food insecurity situation.

### Body weight

- Thirty percent (30.5%) of boys and 31.1% of girls have a BMI indicating obesity while 21.0% of boys and 21.8% of girls are overweight.
- Children living in zones 3 and 4 represent the greatest proportion of those with a BMI corresponding to obesity.

### Physical activity

- Eight children in ten aged 6 to 11 (81.7%) are considered active, 13.6% moderately active and 4.7% inactive. Boys are more active than girls.
- Nearly two children in five (39.8%) watch television more than 90 minutes per day. Thirty-one percent (31.6%) of boys devote more than 90 minute per day to playing video games.

## 7. EARLY CHILDHOOD SERVICES

### Day care services

- Forty-eight percent (47.7%) of children aged 0 to 11 are receive day care services while their parents are at work or school (compared to 50.6% in 2002).
- Among children that receive day care services (including those offered within or outside the home), 44.7% are cared for 9 hours and less per week, and 28.3% between 20 and 40 hours per week.
- It is observed that 44.5% of children aged 0 to 5 attend day care services; only 14.2% aged 6 to 11 benefit from their school's day care services.
- Eighty-eight percent (87.5%) of children aged 0 to 5 and 75.4% aged 6 to 11 are cared for outside of their residence, either with day care services (including either private day care or not, in junior kindergarten or in an early childhood service) or in their school's day care service.
- More boys than girls attend day care services: 65.4% of boys aged 0 to 5 and 52.6% of those aged 6 to 11 are cared outside the home (compared to 55.8% and 47.9% of girls).

### Special needs

- The use or the necessity of using additional resources to fill special needs is observed for 11.0% of the children.
- The special needs most often indicated for those aged 0 to 11 are: 1) physical, sensory, cognitive and learning problems (4.4%); and 2) problems tied to social, cultural, linguistic or familial factors (3.7%).
- Among children aged 0 to 11, it appears that physical, sensory, cognitive and learning problems are observed more for boys (5.5%) than for girls (3.5%). Problems tied to social, cultural, linguistic or familial factors are observed more for girls (4.2%).

## 8. PORTRAIT OF PREVENTATIVE HEALTH CARE

- According to parents, 98.0% of children aged 0 to 11 have received their routine vaccines. Receiving routine vaccines significantly increases with age.

## 9. DENTAL CARE

- Although the first visit to the dentist for a child should occur as of the appearance of the first teeth, or within the first twelve months of life, one third (33.9%) of children aged 0 to 5 have never visited a dentist.
- One child in five (20.7%) aged 11 and less has been affected by the baby bottle syndrome. Although oral health is an important quality of life factor, 22.8% of this group have not been treated.
- The proportion of children affected by the baby bottle syndrome has climbed from 14.8% in 2002 to 20.7% in 2008.
- Although it is known that consuming sweet liquids promotes cavities and that recommendations suggest that only milk and water should be used in a baby bottle, half of the children (51.4%) that use the bottle consume fruit juices. Consuming sweet liquids is more frequent among low income populations.
- One child in five (22.2%) requires fluoride treatment.

## 10. ACCESS TO HEALTH CARE AND SATISFACTION WITH THE SERVICES

- Two main obstacles to having access to health care are mentioned: 14.5% of parents of children believe that the waiting list is too long (compared to 14.9% in 2002), and 9.7% state that there are no physicians or nurses in their region.
- The difficulties tied to access to traditional care is decreasing: in 2002, the difficulties were mentioned by 8.1% of respondents while 4.2% mentioned them in 2008. The same applies to the non-assumption of costs by the Non-Insured Health Benefits Program (NIHB) (3.7% in 2008 and 9.7% in 2002).

## YOUTHS (12-17)

### 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS

- The largest proportion of youths is found among the Naskapi (18.6%) and the smallest among the Abenaki (8.0%).
- Forty-five percent (44.6%) of youths live with their both biological parents and 31.7% of youths live in a single parent family.
- Among those aged 12 to 17, 83.7% attend an educational institution. Among those aged 16 to 17 only, the proportion drops to 67.9%.
- More than half (52.2%) of youths have repeated a school year, and more boys (58.4%) than girls (45.6%) find themselves in this situation.
- Thirty-eight percent (37.7%) of youths mention having had learning problems at school.
- More than six youths in ten (63.0%) regularly speak a First Nations language.

### 2. RESIDENTIAL SCHOOLS

- Nearly seventy percent (69.5%) of all youths have a direct relationship with someone who attended a residential school.

### 3. PERSONAL WELL-BEING

#### Feelings of harmony and control over one's life

- More youths feel in harmony either permanently or most of the time from an emotional perspective in 2008 (76.1%) than in 2002 (66.0%).

#### Social support and network

- A friend (74.6%) is more often called upon than a parent (64.5%) or another family member (64.1%) when talking about their emotional or mental well-being.
- It is observed that 3.7% of youths are part of a group or follow traditional singing, dance or drum courses at least once per week; 85.1% have never been a part of such a group.

- Sixty-six percent (65.9%) of youths state that they do not feel at all alone, while 31.2% state that they feel a little, moderately or quite alone.
- Eighty-one percent (80.6%) of youths state that they always have, or mostly have someone who listens to them when they need to talk.
- Only 2.5% of youths believe that their mental health status is average or bad; 42.5% believe it is excellent.

### Self-esteem and psychological distress

- Ninety-one percent (90.7%) of youths completely agree or agree that over all, there are many things with which they can be proud.
- Eighty-eight percent (88.2%) of youths say they were never victims of any form of abuse or mistreatment during their childhood.
- Twice as many girls than boys have suffered a form of abuse or mistreatment. Girls are also twice as many than boys to have been victims of conjugal violence.
- Sixty-two percent (61.6%) of youths state that they do not feel stressed at all; 30.2% feel a little or moderately stressed.
- Eighty-one percent (80.8%) of youths state that they never had suicidal thoughts during their life while 19.2% state that they have already had such thoughts during their life.
- Girls (25.1%) are significantly more numerous than boys (13.8%) to have already thought about suicide.
- Nearly 8.0% of youths state that they have already attempted suicide.

## 4. COMMUNITY WELL-BEING

- The majority of youths (58.2%) consider family values their community's main strength; traditional activities (48.5%) and traditional language use (40.6%) are the other domains most often mentioned.
- Among youths, 82.1% believe that alcoholism and drug addiction represent the main difficulty in their community. According to the youths, 76.6% of these situations have not progressed at all, or have deteriorated during the twelve months preceding the study.
- Seventy-three percent (73.4%) of youths always or sometimes participate in their community's traditional or cultural activities.



## 5. FOOD AND PHYSICAL ACTIVITY

### Food and nutrition

- Three adolescents in four (73.5%) consume milk products every day.
- Fifty-six percent (56.0%) of youths eat vegetables daily and 71.2% fruits. Girls consume more fruits and vegetables than boys.
- Approximately six youths in ten (62.4%) consume fast foods at least a few times per week.
- Thirty-five percent (35.8%) of youths consume soft drinks daily.
- The traditional foods most often consumed by youths are land mammals, bannock and other fried breads.
- Twenty-eight percent (27.6%) of youths believe they always or mostly have a balanced diet; 16.0% indicate they never or rarely have.

### Body weight

- Twelve percent (11.6%) of boys and 13.4% of girls have a BMI indicating obesity while 29.4% of boys and 23.1% of girls are overweight.
- Sixty-five percent (65.1%) of youths are satisfied with their weight; 13.2% are dissatisfied.


### Physical activity

- Among youths, 70.6% are active, 9.7% are moderately active and 19.7% are inactive. Male youths are more active than female youths.
- Forty-one percent (41.1%) of youths watch television more than 90 minutes per day and more than one third spend as much time on the computer.

## 6. SMOKING

### Among youths

- One third of persons aged 12 to 14 smoke; among these, 57.6% smoke regularly and 42.2% occasionally.
- In comparison with 2002, the proportion of smokers is slightly smaller but statistically significant among those aged 15 to 17.

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- The average age for smoking a first cigarette among the respondents is 11.7 years among those aged 12 to 14, compared to 20.8 years among those aged 65 and over.
  - Twenty-eight percent (27.7%) of those aged 12 to 17 smoke from 10 to 19 cigarettes daily.

### Among those aged 12 and over

- More than half (55.4%) of those aged 12 and over indicated that they smoked cigarettes at the time of the study; 76.0% smoke regularly and 24.0% smoke occasionally.
- Tobacco consumption does not vary with gender in a statistically significant manner, but women are more susceptible than men to smoke daily (43.8% vs. 40.0%) or occasionally (14.0% vs. 12.2%).
- Among smokers, seven in ten respondents (69.7%) indicate that they do not have a smoke free environment.
- The average age for smoking a first cigarette is 15 years.
- The average age for women to smoke their first cigarette is slightly less than men, 14.5 years compared to 15.8 years.
- There are twice as many men (34.1%) than women (17.5%) who state that they smoke an average of 20 cigarettes or more per day.
- There are significantly twice as many smokers than non-smokers that feel sometimes or almost never in balance with respect to physical, emotional, mental and spiritual aspects.
- Among persons having had suicidal thoughts during their life, significantly twice as many are smokers compared to non-smokers.
- More than half of the women who were pregnant at the time of the study stated that they smoked daily or occasionally during their pregnancy.
- Among one non-smoker in two who quit smoking, the main reason for quitting is the choice of a healthy lifestyle. This choice is indicated by 45.0% of women and 53.8% of men.
- The majority (80.3%) of ex-smokers opted for “quitting cold-turkey or using willpower alone” as the method to stop smoking.

## 7. ALCOHOL, DRUGS AND GAMBLING

- Thirty-five percent (35.0%) of youths aged 12 to 14 admitted consuming alcohol in the year preceding the study.
- A decrease is noted in the proportion of drinkers among youths aged 15 to 17 between 2002 and 2008, decreasing from 81.7% to 71.6%.
- Among those aged 12 to 14, about one youth in four (24.8%) has consumed drugs within the last year; among those aged 15 to 17 the figure rises to more than one youth in two (54.8%).
- About one youth in two (51.3%) has consumed cannabis and 11.6% cocaine during the year preceding the study.
- Among youths aged 12 to 17, a slight decrease in the consumption of cannabis but an increase in the consumption of cocaine can be noted between the 2002 and 2008.
- Among youths aged 15 to 17 that consume cannabis, 38.4% consume some every day. Among those that consume cocaine, 22.5% consume some on a weekly or daily basis.

## 8. SEXUAL HEALTH

### Among youths

- During the twelve months preceding the study, 60.7% of youths admitted already having had sexual relations, 5.5% reported never having had any and 33.8% refused to answer.
- The use of condoms decreases with age. Nevertheless, approximately 16.0% of participants aged 12 to 14 never use a condom.
- Youths, as opposed to other age groups, are less inclined to take screening tests, particularly the HIV test.

### Among participants aged 12 and over

- The proportion of respondents who report having sexual relations tends to increase with age, both for women and for men.
- The proportion of men that declared having at least three sexual partners during the 12 months preceding the study was significantly twice as much as the women (11.8% versus 5.0%).
- Approximately 2.2% of respondents consider themselves homosexual or bisexual (2.8% among women compared to 1.7% among men). The proportion reaches its maximum among participants aged 18 to 24 (3.2%).

- Approximately 69.0% of men, compared to 68.7% of women, stated having not used a condom during the 12 months preceding this study.
- Among respondents having more than one partner during the 12 months preceding the study, 15.2% of men compared to 11.9% of women stated that they have never used a condom.
- Apparently the different geographic zones include very high proportions of persons who stated never having used a condom during sexual relations, notably in zone 1 (62.0%) and in zone 4 (62.6%).
- When the respondents were asked “What is the main reason you do not use a condom”, one answer predominates: they have a regular partner (32.3%).
- Significantly more women than men stated having taken screening tests for sexually transmitted infections (STI) or the human immunodeficiency virus (HIV).
- An analysis across generations shows a tendency for youths to have their first child earlier and earlier as compared to their elders.

## 9. HEALTH IN FIRST NATIONS COMMUNITIES

- The majority of youths have a positive perception of their health: 64.0% consider their health as “excellent” or as “very good”.
- Forty-four percent (44.1%) also believe that their health has improved or remained the same (46.5%) as it was the year preceding the study. Approximately one youth in ten (9.4%) believe that their health is worse than the year preceding the study.
- Nearly one youth in two (47.0%) stated that they suffered from a health problem diagnosed by a health professional over the course of their lives.
- As noted with the children, asthma and allergies are at the top of the list of diagnosed health problems among both male and female youths.

### Recommended practices for maintaining health<sup>1</sup>

- Nearly one youth in four (23.6%) indicates that they apply no practices to maintain their health; one youth in five (19.4%) states that they use only one practice.
- Nearly seven percent of adolescents (6.8 %) reported not practicing any of the approaches proposed in the questionnaire to maintain its health; one youth in four (23.6 %) indicates that they apply no practices to maintain their health.

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<sup>1</sup> The following practices were among the response choices: a healthy diet, regularly practicing physical or sport activities, a minimum of stress, a general balance, a good social support, sleeping/resting well, and being happy.

## 10. PORTRAIT OF UNINTENDED INJURIES

- As noted with the children, cuts, scratches or bruises represent the types of injuries most often found among youths (38.1%), followed by major sprains (35.2%).
- Most injuries occur in the home, street, forest, school and on sports grounds.
- Falls account for the greatest proportion among the causes of injuries. They account for 44.3% of youths injuries.
- Twenty-eight percent (28.0%) of youths aged 12 to 14 were injured during the 12 months preceding the study compared with 24.3% of those aged 15 to 17.

## 11. EARLY CHILDHOOD SERVICES

- The majority of youth girls having already given birth indicated not having used maternal and child health services, with the exception of pregnancy follow-ups of which 78.7% of these respondents benefited.
- Among youth girls having already given birth, the other maternal and child health services mostly used are: 1) preparing for delivery (43.4%), 2) encouraging involvement from the fathers (37.0%), and 3) prenatal classes (37.0%).
- Youth girls having already given birth and living in zones 1 and 2 most frequently use maternal and child health services.

## 12. PORTRAIT OF PREVENTATIVE HEALTH CARE

- The proportion of those aged 12 to 14 having taken an eye exam (32.0%), a complete physical examination (23.1%), and a blood glucose test (13.5%) are higher than for those aged 15 to 17.
- Among youths aged 15 to 17, 8.0% had cholesterol tests and 26.3% were tested for blood pressure.
- Among youth girls, 61.0% stated having received the vaccine against the human papilloma virus (HPV) during the 12 months preceding the study; 64.6% among these are aged 15 to 17.
- It is observed that 8.1% of youth girls aged 12 to 14 and 35.6% of those aged 15 to 17 stated having taken a Papanicolaou (Pap) test during the 3 most recent years preceding the study.
- It is observed that 63.5% of youths consulted a physician or visited a community health centre during the last year, while 8.4% required the services of a psychologist or a mental health service. Within the population of

youths, the need for the services of a physician increases significantly among girls.

### 13. DENTAL HEALTH

- Dental injuries are more frequent among youths than among any other age group.
- One youth in five (21.3%) has had dental problems or pain during the month preceding the study. More girls (82.9%) than boys (72.0%) live with this situation.
- It is among youths aged 12 to 17 that orthodontic needs are the highest: 6.6% of them indicate this need.

### 14. ACCESS TO HEALTH CARE AND SATISFACTION WITH THE SERVICES

- It is observed that 12.5% of youths stated that they never consulted a physician or a community health nurse during the 12 months preceding the study.
- Seventy-nine percent (78.8%) of youths stated that they never consulted a traditional healer; this applies equally to the boys and girls.
- Eleven percent of youths indicated that they were hospitalized during the 12 months preceding the study. Among these, 9.1% were boys and 12.9% were girls.



## ADULTS (18 AND OVER)

### 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS

- The adult population median age is 41.0 years.
- Adults aged 18 to 65 represent 66.4% of the Quebec First Nations population. Individuals aged over 65 represent 6.2% and those aged over 85 represent 0.4% of the population.
- Slightly more than one quarter (26.8%) of adults cohabit with more than 4 persons while 10.0% live alone.
- More than half (53.6%) earned an income<sup>2</sup> inferior to \$20,000 while 1.7% earned more than \$70,000 during the year preceding the study. As for household income, more than one third (34.2%) earned less than \$20,000.
- Less than half (45.2%) of adults are employed. Among those not employed, one in five is currently looking for employment.
- One adult in five (20.5%) has received unemployment insurance benefits during the year preceding the study while nearly one third of adults received social welfare.
- Less than half of adults hold a high school diploma. Eighty-two percent (82.4%) of those aged 65 and over do not have a high school diploma.
- More than two thirds of adults speak a First Nations language daily.

### 2. HOUSING

#### Type of housing

- An increase is observed in persons who live in residences belonging to the band council. Although these persons represented 48.7% in 2002, they represent 61.2% of the population in 2008.
- The percentage of persons who are the owners of their residence generally increases with age, income and education.
- Owners and tenants (residences not belonging to the band) are found almost exclusively in urban areas (zone 1).

#### Basic infrastructure and amenities

- The proportion of adults reporting the possession of different amenities in their residence generally increases with household income and education.
- Information technology amenities (computer, Internet connection) are less present in the more isolated areas.

<sup>2</sup> In the RHS 2008, income corresponds to gross income (household or individual).

### Residence size and quality

- The proportion of persons living in overcrowded residences is 8.8% in 2008. In 2002, this proportion was 9.4% (however the difference between the 2002 and 2008 proportions is not statistically significant).
- The number of persons per household has increased by 0.1 between 2002 and 2008. Such an increase can raise by 40.0% the risk of the occurrence of two cases or more of tuberculosis within a community.
- The percentage of persons living in a residence needing major repairs increased from 24.7% in 2002 to 27.5% in 2008.
- Overcrowding in a residence generally tends to decrease when age, income and education increase.
- Major renovation needs generally tend to decrease when income and education increase.
- Major renovation needs generally tend to increase with geographic isolation.
- Among the residences owned by the band council, 13.3% are overcrowded and 34.1% require major renovations.

### Mold

- More than one third (34.4%) of residences showed traces of mold in 2008, which is essentially the same as in 2002 (34.3%).
- Overcrowded residences and those requiring renovations are much more numerous in showing traces of mold.
- Among the residences owned by the band council, 41.4% show traces of mold.
- The proportion of persons affected by asthma, allergies and tuberculosis is greater in residences showing traces of mold.

### Water quality

- More the one quarter (26.4%) of the respondents indicated that their main source of water was not drinkable year round, compared to 27.1% in 2002.

## 3. MIGRATORY HABITS

### Migrants' profile

- Nearly half (45.5%) of those aged 18 and over stated having already lived outside their community.
- The proportion of persons having migrated outside their community generally decreases with age.



- The proportion of persons having migrated outside their community increases with education.
- More First Nations' adults migrate outside their community when the community is located close to an urban centre.

### Migration reasons

- Work and school are the main reasons mentioned to justify migrating outside of the community.
- Familial and cultural reasons are the main reasons mentioned for returning to the community.

### Migration location and time spent outside the community


- A large proportion (65.9%) of migrants left their community to live in a city (58.7% in a city in Quebec and 7.2% in a city in another province).
- Approximately three quarters of migrants left their community for one or more years before returning (40.4% migrated for a period of one to five years and 35.0% for a period of more than five years).
- Slightly less than one quarter of migrants (24.4%) indicated that it happened for them to live outside of and return to their community more than once per year.

### Influence of migration on identity and culture

- The proportion of persons who are victims of racism is greater among migrants (26.2%) than among those never to have left their community (10.8%).
- The proportion of persons using a First Nations language daily is smaller among migrants (55.1%) than among those never to have left their community (77.2%).
- The proportion of persons that have the capacity to speak or to understand a First Nations language is smaller among migrants (71.7%) than among those who never left their community (83.7%).
- It does not appear to be a link between participation in the community's cultural events and having migrated or not.

## 4. RESIDENTIAL SCHOOLS

- Nearly twenty-seven percent (26.4%) of adults mentioned having attended a residential school during their life.
- The main negative effects felt by former attendees of residential schools during their stay are: separation from the family (40.2%), separation from the community (34.3%), severe discipline (29.9%), cultural identity loss (28.9%) and verbal and psychological abuse (26.8%).

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- While the proportion of non-attendees having had suicidal thoughts during their life is 22.0%, this percentage climbs to 32.8% among former attendees. With respect to suicide attempts, 9.3% of non-attendees have attempted suicide, compared to 22.0% among former attendees.

## 5. PERSONAL WELL-BEING

### Feelings of harmony and control over one's life

- From an emotional, mental and spiritual perspective, those aged 35 and over feel more in harmony than those from younger age groups.
- Among adults, the indicator for control over one's life tends to increase with geographic isolation.

### Social support and network

- The majority of adults turn towards a friend (70.1%), immediate (69.3%) or extended family (58.6%) rather than a health professional when looking for support.
- Eighty percent (79.7%) of adults state that they always or mostly have someone who shows them love and affection, compared to 18.3% of adults who state that they never or rarely do.

### Violence and psychological distress

- Twenty-eight percent (27.5%) of adults admit to being victims of any form of abuse or mistreatment during their childhood, and nearly 30.0% admit to being victims of conjugal violence.
- Significantly more than twice the number of women (38.5%) than men (18.3%) state they were victims of conjugal violence.
- According to the Kessler scale (K10)<sup>3</sup>, 74.7% of those aged 19 and over have a weak to moderate psychological distress index, while 25.3% have a high psychological distress index.
- Twenty-six percent (26.4%) of adults have already considered suicide during their life. Those aged 25 to 44 are more susceptible than the other age groups to have considered it during their life.

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<sup>3</sup> The Kessler scale is a tool that measures the level of a population's psychological distress used in population surveys.

## 6. COMMUNITY WELL-BEING

- Familial values (58.1%) are most often considered by adults as their community's main strength. Traditional activities (35.5%) and traditional language use (34.6%) are also mentioned the most.
- The majority of adults (84.3%) consider alcoholism and drug addiction as the main difficulty their community must deal with, followed by limited employment opportunities (53.8%) and housing (53.6%).
- Eighty-five percent (85.4%) of adults stated that the presence of street gangs is an increasing phenomenon in their community. Insufficient financing (83.4%) and alcoholism and drug addiction (79.6%) are aspects also mentioned as having the least amount of progress, or having deteriorated during the year preceding the study.
- Twenty-six percent (25.8%) of those aged 65 and over believe that the loss of the culture is the main problem in their community.
- Sixty-eight percent (68.3%) of adults always or sometimes participate in their community's cultural or traditional activities.

## 7. FOOD AND PHYSICAL ACTIVITY

### Food and nutrition

- Sixty-nine percent (69.0%) of adults consume milk products every day.
- One third (31.0%) of adults consume fruits and vegetables several times per day. The women consume a greater proportion than the men.
- Nearly four adults in ten (37.5%) consume soft drinks every day and half (51.0%), consume fast food several times per week.
- The traditional foods most often consumed by adults are land mammals, bannock and other fried breads.
- Thirty-eight percent (38.4%) of adults believe they always or mostly have a balanced diet; 10.9% believe they never or rarely do.
- The more adults have a good perception of the state of their health, the more they judge their diet to be balanced.

### Food security index

- One adult in four (24.8%) lives in moderate to serious food insecurity. In Quebec, in 2004, 8.1% of adults lived in moderate to serious food insecurity.
- Adults living in zone 4 have the greatest proportion of food insecurity than those living in the other geographic zones.

### Body weight

- Twenty-two percent (21.7%) of adults have a BMI indicating a normal weight, 33.0% have excess weight and 40.6% suffer from obesity.
- The BMI of adults is proportional to geographic isolation.

### Physical activity

- Nearly half (49.4%) of adults are active, 15.8% are moderately active and 34.8% are inactive. Men are more active than women.
- Six adults in ten (60.0%) watch television, read, play bingo, play video games, or work on a computer between 60 to 90 minutes per day.

## 8. SMOKING

- Adults aged 25 to 44 include the greatest proportion of regular smokers (50.4%) compared to other age categories.
- In comparison with 2002, the proportion of smokers showed a slight statistically significant decrease among those aged 18 to 24. However, those aged 45 to 64 showed a slight statistically significant increase.
- It is among adults with a household income less than \$20,000 per year that the greatest proportion of smokers (57.5%) is noted.
- Adults with less education have a greater risk of smoking.

## 9. ALCOHOL, DRUGS AND GAMBLING

### Alcohol consumption

- The greatest proportion of alcohol users is found among those aged 18 to 34 (84.6%). The number of daily drinkers increases with age and household income.
- Both men and women report drinking in similar proportions.
- More men drink on a daily basis than women.
- Among alcohol users aged 18 to 64, between 15.0% and 20.0% admitted to consuming excessive amounts of alcohol on a weekly or daily basis. Men, individuals aged 18 to 54, those living in zone 4 and those whose household income falls within the high or the low range had the highest proportion indicated an excessive consumption.

## Drug use

- The greatest drug use (56.4%) was found among those aged 18 to 34. The prevalence of drug use then decreases with age.
- Drug use is linked with low income, lack of a high school diploma and living in a more isolated zone.
- The types of drugs most often consumed are cannabis, cocaine, and amphetamines. Cocaine use is less frequent in zones that are difficult to access (zone 4).
- Cocaine use has increased since 2002 climbing from 7.7% users to 16.6% in 2008.
- Individuals aged 18 to 34 include the greatest proportion of cannabis (43.6%) and cocaine (29.4%) users.
- Cannabis is mostly consumed used on a daily basis and cocaine on an annual basis.

## Gambling

- It is observed that 68.4% of adults have gambled during their life.
- A greater proportion of women (74.0%) than men (62.8%) admitted to having gambled.
- Seventeen percent (16.8%) of adult respondents have already borrowed money to gamble.
- Twelve percent (12.1%) have gambled over their means and 8.4% have had financial or personal problems due to gambling.

## Psychosocial factors associated with substance use

- More substance use is observed among persons with mental health troubles or those having experienced certain traumatism (violence, abuse, alcohol, foster care placement).

## Cumulative risk behaviours

- More than half of adults aged 18 to 34 simultaneously drink and use drugs (51.6%). They represent the group that accumulates risk behaviors the most.

## Services use

- Forty-two percent (42.4%) of adult respondents have used the services of the NNADAP<sup>4</sup> in the year preceding the study. Among them, nearly 70% were satisfied enough or very satisfied.

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<sup>4</sup> National Native Alcohol and Drug Abuse Program.

- The more isolated the area in which an individual lives, the more the individual is likely to have looked for treatment and been admitted in a treatment centre.
- Nearly one quarter of those aged 35 to 54 and approximately one in five aged 18 to 34 have already looked for treatment, and the large majority of those admitted were also equally distributed between these two groups.

## 10. SEXUAL HEALTH

- Eighty percent (80.0%) of the respondents reported having sexual relations during the 12 months preceding the study, 1.6% reported not having any, and 18.4% refused to answer.
- The proportion of sexually active respondents having multiple partners (three partners or more) during the 12 months preceding the study significantly decreases with age.

## 11. HEALTH IN FIRST NATIONS COMMUNITIES

- Less than half of the adults (46.5%) believe their health is “excellent” or “very good” while the proportion is 60.0% among Quebecois and Canadians.
- Among those aged 18 to 34, more than one adult in two (55.3%) believe their health is excellent or very good. The proportion is below 50.0% among those aged 35 to 54.
- Only one third (34.3%) of adults aged 55 to 64 believe their health is “excellent” or “very good” and this proportion represents no more than one quarter (26.3%) among those aged 65 and over.

### Health problems

- It is observed that 58.0% of adults state that they suffer from diverse medical problems, compared to 63.0% in 2002.
- High blood pressure (22.9 %), diabetes (17.5 %) under all its forms but mainly type 2, allergies (13.6 %), chronic back pain (12.4 %), arthritis (11.8 %), stomach and intestinal problems (11.3 %) are the health problems most indicated by adults.
- More women than men state they suffer from one or more health problems.
- As of age 55, the proportion of persons stating they suffer from high blood pressure, arthritis, cataracts, diabetes or heart problems greatly increases.
- As age increases, adults run greater risks of being diagnosed with chronic diseases. Among those aged 35 to 54, the prevalence of high blood pressure is 6.4 times greater than among those aged 18 to 34. Among those aged

55 to 64, the prevalence of high blood pressure is multiplied by 10.6, and multiplied by 12.5 among those aged 65 and over.

- As age increases, adults run greater risks of being diagnosed with chronic diseases. Among those aged 35 to 54, the prevalence of high blood pressure is 6.3 times greater than among those aged 18 to 34. Among those aged 55 to 64, the prevalence of high blood pressure is multiplied by 11.0 (45.2 %) compared to those aged 18 to 34 and multiplied by 12.1 among those aged 65 and over.

### Recommended methods for maintaining health

- More than three quarters of the adults (77.7%) state that they have adopted two methods or more in their life to maintain their health and 15.6% of adults have adopted at least one. Nevertheless, 7.8% of adults state that they do not practice any methods for maintaining their health.
- Adults that state they practice one method to maintain their health choose in 25.0% of the cases a healthy diet, state they regularly practice physical exercise (23.5%) and mention looking for physical, emotional, mental and spiritual balance in their lives (19%).

## 12. DIABETES

- It is observed that 17.5% of adult respondents, nearly one adult in five, stated they were diagnosed with diabetes. The diagnosed types of diabetes includes, 13.5% are of type 2 (T2D), which is the type most often noted.
- Among women, the prevalence of type 2 diabetes has increased, climbing from 16.4% in 2002 to 16.9% in 2008.
- Men are more influenced by this disease. Since 2002, the prevalence of type 2 diabetes has increased 5.5%, climbing from 12.5% in 2002 to 18.0% in 2008.
- The difference in the prevalence in type 2 diabetes between the First Nations and the Quebecois is increasing: the prevalence of type 2 diabetes among First Nation women is 10.7% higher and remains stable compared in 2002 (10.9%). Among men, the difference is 9.9% and it has almost doubled between 2002 and 2008.
- The prevalence of type 2 diabetes in zone 4 is higher than the one found in zones 1, 2, and 3.
- As of age 41, type 2 diabetes diagnosis count for less than half (40.3%) of all diagnosis made. Among those aged between 55 and 64, (31.9%) and those aged 65 and over (37.7%), one person in three has been diagnosed with diabetes.
- Taking oral hypoglycaemic drugs represents the number one treatment (80.5%) while dietary habit measures are mentioned by one diabetic in two (49.2%).

- Only one diabetic adult in four (24.6%) mentions controlling, multiple times per day, their blood glucose level. Nearly one quarter of diabetics (23.4%) have never controlled their blood glucose level.
- Obesity is strongly associated with the start of several chronic diseases, particularly T2D: 40.6% of First Nation adults have a BMI associated with obesity while 33.1% have a BMI associated with an excess of weight.
- More than three diabetics in four (77.1%) believe that being diabetic motivated them to adopt a healthier lifestyle. However, barely one diabetic in two (49.2%) applies a healthier diet, and only 38.9% have integrated physical activities into their way of life.
- Nearly one third (30.5%) of diabetics experience effects on the sensations perceived by their hands and feet and 24.1% state that they note effects on their sight.

### 13. PORTRAIT OF UNINTENTIONAL INJURIES

- Fifteen percent (14.6%) of adults stated they suffered injuries during the 12 months preceding the study.
- The proportion of injuries significantly decreases with age, with 19.1% among those aged 18 to 34, 12.5% among those aged 35 to 54, 8.2% among those aged 55 to 64 and 5.6% among those aged 65 and over.
- Injuries affect approximately twice as many men as women (19.2% compared to 9.9%), with the exception of those aged 65 and over, where 8.3% of women injured themselves compared to 2.7% of men.
- Falls account for 36.5% of adult injuries.
- Sport activities and physical exercise as well as leisure activities are most often tied to injuries.
- Cuts, scratches and bruises represent the most frequent type of injury (36.2%), followed by major sprains (33.5%).

### 14. EARLY CHILDHOOD SERVICES

- Among women aged 18 and over having already given birth, the majority indicated that they did not use maternal and child health services, with the exception of pregnancy follow-ups of which 84.2% of those aged 18 to 34 and 63.4% of those aged 35 to 54 benefited.
- Among adult women, the other maternal and child health services most often used are: 1) home visits (36.8%), 2) nutritional care (32.5%), and 3) prenatal classes (27.5%).
- Women living in zones 1 and 2 are noted to more frequently use maternal and child health services.



## 15. PORTRAIT OF PREVENTATIVE HEALTH CARE

- The proportion of adults who took medical tests or examinations significantly increases with age.
- More than half of the women (55.7%) declared having taken a blood pressure test, 48.0% a blood glucose test, 46.8% a complete physical examination, 42.4% a cholesterol test and 41.4% an eye exam.
- Among men, 53.1% took a blood pressure test, 53.1% a blood glucose test, 43.4% a complete physical examination, 42.3% a cholesterol test and 42.2% an eye exam.
- The proportion of adults stating they had routine examinations during the 12 months preceding the study significantly increases with education.
- Among men aged 40 and over, the proportion of individuals stating they had a prostate specific antigen test (or PSA test) during the 12 months preceding the study significantly increases with age. The group of elderly aged 65 and over records the greatest proportion with 72.4%.
- More than half (56.9%) of women aged 40 and over took a mammogram during the 24 months preceding the study. The proportion of women having taken a mammogram significantly increases with age.
- Women aged 18 to 34 (67.1%) and those aged 35 to 54 (68.3%) stated they received a Papanicolaou (Pap) test during the 3 most recent years preceding the study.

## 16. DENTAL HEALTH

- It is observed that 15.9% of the adults do not have a minimum of one permanent tooth, whereas Statistics Canada data shows that 6.0% of Canadians no longer have natural teeth.
- Half (56.9%) of adults aged 65 and over no longer have natural teeth compared to 40.0% of Quebec's population of the same age group.
- Five percent of those aged 55 and over have never consulted a dentist.
- First Nations adults were proportionally less numerous than the Canadian population in general to have consulted a dentist during the year preceding this study, while a yearly visit is recommended.
- The geographic isolation factor seems to have an impact on the access and use of services. Nine adults in ten living in a difficult to access community (zone 4) reported needing dental care.
- One adult in five encountered at least one obstacle to obtaining dental care.
- The main obstacles to obtaining dental care are not tied to the costs associated with receiving the service but access to the service itself.



## 17. HOME CARE

- Nearly half of adults aged 18 and over (46.1%) who believe they need home care actually benefit from it.
- Although the use of home care services, in addition to the need for it, increases as a function of age; 5.1% of those aged 18 to 54 reported having the need for this and represents 15.7% of the recipients.
- Two thirds (66.3%) of persons who receive home care are aged over 65.
- Nearly half (48.2%) of those aged 75 and over receive home care compared to 32.0% of those aged 65 to 74 and 8.1% of those aged 55 to 64.
- The median age at the moment of placement within a long-term care facility outside the community is 68.
- Nearly one person in five (17.4%) aged 18 and over, who state they need home services and report often having physical or mental constraints or health problems limiting the nature or number of their domestic, professional or other activities, do not benefit from these services.
- The geographic isolation factor seems to have an impact on the use of home care services. The difference in use of the services is much greater in zones more geographically isolated than in communities situated in urban zones.
- More than three quarters (78.1%) of home care service recipients aged 18 and over declared having two or more chronic health problems. The chronic health problems most reported are high blood pressure, arthritis and diabetes.
- Chronic diseases and neurological injuries are the two main cases for placement in a long-term care facility outside of the communities.
- Nearly half (48.5%) of persons providing home care to a relation or an immediate family member are aged 35 to 54 and slightly more than half (56.6%) are women.
- Approximately one informal caregiver in five (19.9%) provides home care more than 20 hours per week, 5.4% more than 40 hours per week.
- Half (51.6%) of persons that provided care or help to a friend or family member had access to support from their community's services.

## 18. ACCESS TO HEALTH CARE AND SATISFACTION WITH THE SERVICES

- The majority of adults (56.3%) believe they have the same level of access to health services than the Canadian population (compared to 45.0% in 2002).

- Since 2002, the two main obstacles in receiving health care remained the same and seem amplified: 1) the waiting lists are too long (26.4% in 2002 and 27.9% in 2008) and 2) the lack of physicians and nurses in their region (with 13.9% in 2002 and 15.7% in 2008).
- Adults aged 55 to 64 expressed most often that they encountered obstacles to access health services.
- A significant decrease is observed in the use of traditional medicine: in 2008, it was used by 31.8% of adults, compared to 37.8% in 2002.
- Forty-two percent (41.5%) of adults who used traditional medicine are aged 55 to 64.
- In 2002 and 2008, for the health services offered by the Non-Insured Health Benefits Program (NIHB), the main difficulty remains access to medications: in 2002, 17.6% of adults believed their access to be difficult, in 2008, the figure is 13.2%.
- The majority of adults (58.3%) state they did not have access to a primary health care professional; 12.4% also indicated that they changed professionals twice or more.
- Among adults, 28.0% indicated having changed primary health care professionals more than twice. The frequent change of primary health care professionals appears to be associated with the lack of physicians or nurses.
- Adults most often hospitalized during the 12 months preceding the study are aged 65 and over (21.5%); 19% are aged 55 to 64.
- Adults who most often mentioned being hospitalized have an income inferior to \$20,000 per year (21.0%).
- Seventy-seven percent (76.7%) state that they were very satisfied or satisfied with the health care offered in their community; 9.7% indicated that they were unsatisfied or very unsatisfied.



FIRST NATIONS OF QUEBEC AND LABRADOR  
HEALTH AND SOCIAL SERVICES COMMISSION