

First Nations Regional Health Survey (RHS) Phase 2 (2008/10) Ontario Region Final Report

Ontario Region Report on the Adult, Youth and Children Living in First Nations Communities





Chiefs of Ontario



*First Nations Information
Governance Centre*

EXECUTIVE SUMMARY

The Regional Health Survey (RHS) is considered the foremost national First Nations survey that has produced important innovations in data sharing, ethics and culturally appropriate questionnaire content. In addition, it has invested in individual and institutional First Nations capacity at community, regional, and national levels.

The Ontario Region RHS Phase 2 was initiated in 2008 and completed in the fall of 2010. It sampled First Nation members in twenty-four (24) First Nation communities across Ontario. For the Ontario Region, the target number, or goal, for completed questionnaires was 4,551. Ontario Region collected 2,870 completed questionnaires attaining 63.1% of the targeted sample. The RHS questionnaires were completed by 1,500 adults (18 years of age or older), 600 youth (12-17 years of age), and 770 children (0-11 years of age where the parent/guardian responded).

The findings of this report are organized by topic of the RHS Phase 2 (2008/10) survey tools. The questionnaire themes are listed in Appendix A.

The following highlights key findings presented in this report.

Mental Health

Key findings include:

- Many First Nation adults reported that they felt in balance with the four aspects of their life *most of the time* for physical (49%), emotional (52.5%), mental (51%) and spiritual (47.8%).
-

- A majority of First Nation adults (60.0%) reported having seen or talked to immediate family members about their emotional or mental health in the past 12 months. Many adults also reported *speaking to friends* (59.6%), *another family member* (49.7%) or *a family doctor* (28.4%).
- Half of First Nation adults (50.2%) responded *none of the time* when asked how often they had feelings of depression in the past month. Some First Nation adults reported having feelings of depression *some of the time* (27.6%) or *a little of the time* (15.3%) in the past month.
- In the past year, First Nations men (14.1%) and First Nations women (22.7%) thought about committing suicide. More than half of First Nation adults (53.7%) thought about committing suicide when they were an adolescent 12-17 years of age. Almost two thirds (59.4%) of adults reported that they attempted suicide when they were an adolescent.

Drugs and Alcohol

Key findings include:

- A majority of First Nation adults (62.1%) stated that they had *consumed an alcoholic beverage* in the 12 months prior to the survey with the highest proportion of alcohol consumption in the 18-29 year age group (77.6%).
 - Approximately one in five First Nation adults (20.3%) reported *never having more than five alcoholic drinks* on one occasion while 7.2% of adults reported that they had five or more alcoholic drinks on one occasion *more than once per week*.
-

- Seventy-five (75.0%) percent of First Nation adults have *never used non-prescription cannabis*, while approximately ninety-three (93.2%) percent of First Nation adults have *never used opioids*.
- A few First Nation adults (15.9%) reported that they have *sought treatment for substance abuse/addiction*. Adult males (20.8%) and adult females (10.9%) reporting that they sought treatment.

Employment, Education and Training

Key findings include:

- Approximately half of the First Nation adults (51.6%) who participated in the RHS *did not graduate from high school*; of this population, 16.4% have completed *some post-secondary education*, and 15.0% *have a post-secondary degree/diploma*.
- Half of First Nation adults (50.8%) furthered their education by attending *some type of post secondary education program*.
- A majority of First Nation adults (55.6%) indicated that they are *currently employed* with 50.1% of First Nation adults earning *less than \$20,000 per year or income loss*.

Housing

Key findings include:

- A majority of First Nation adults (65.2%) reported that their household was *in need of some type of repair* and 31.0% reported that their household *needed major repairs*.

- Almost half of First Nation adults (49.6%) reported *mould and mildew present* in their homes.
- 30.9% of First Nation adults consider their main water supply in their home *not safe for drinking*.

Diabetes

Key findings include:

- 21.6% of First Nation adults have been *diagnosed with diabetes*; specifically reporting *type 2* (80.8%), *type 1* (4.1%) or *more than one type of diabetes* (5.6%).
- The most common types of treatment to control diabetes are *prescription medication* (pills; 73.9%), *diet* (67.7%) and *exercise* (50.6%). The most common type of diabetes management including *insulin* (21.4%), *traditional medicines* (11.1%) or *traditional ceremonies/healer* (6.1%).
- In many cases, being diagnosed with diabetes has prompted First Nation adults to *adopt a healthier lifestyle that includes diet and exercise* (82.2%).
- The most prevalent impacts of diabetes reported by First Nation adults are *vision* (e.g. retinopathy, 37.7%), *affected kidney function* (23.2%) and *infections* (14.3%).

Chronic Health Conditions

Key findings include:

- The most frequently reported health conditions among First Nation adults are *high blood pressure, arthritis, allergies and diabetes*.
-

- First Nations adult women were more likely to report being diagnosed with *arthritis* (28.5%), *stomach and intestinal problems* (13.0%) and *thyroid problems* (10.0%); as compared to adult men who reported being diagnosed with *arthritis* (17.7%) *stomach and intestinal problems* (7.7%) and *thyroid problems* (2.7%).

Nutrition and Food Security

Key findings include:

- Some First Nation adults (27.5%) reported *always* or *almost always* consuming a nutritious and balanced diet; 53.1% of adults stated *sometimes* consuming a balanced diet; the remaining adults reported *rarely* (15.6%) or *never* (3.8%) consuming a nutritious and balanced diet.
 - Overall, the proportion of First Nation adults who have *cut the size of their meals or skipped meals* due to lack of money is consistently between 20-25% with the exception of the older population (55+ years old) which is slightly lower. Although only 13.4% of First Nation adults aged 55+ reported *cutting or skipping meals*, almost two thirds (52.9%) indicated they do so almost every month.
-

Acknowledgements

The First Nations Regional Health Survey (RHS) is designed to affirm First Nations' self-determination and governance over the research process within First Nations communities. This report represents the hard work and dedication of all Ontario First Nations, who participated directly and indirectly, towards the betterment of the health and well-being of our Children, Youth, Adults and Elders within our communities.

The Chiefs of Ontario would like to acknowledge the following for their demonstrated commitment, contributions and support in the RHS survey process:

- Donna Loft, Health Program Advisor
- Cynthia King, RHS Interviewer
- Lisa Wabegjig, RHS Interviewer
- Sarah Perrault, RHS/Research Project Manager

Acknowledgement is extended to the Chiefs of Ontario's Health staff:

- Tracy Antone, COO Health Coordinator, who provided guidance throughout this process, and;
- Monica Mixemong, who guided some of the data collection
- Alexander Yurkiewich, RHS Data Analyst
- Cindy Owl, Administrative Assistant

The Chiefs of Ontario also wish to acknowledge the significant contribution that First Nations and Inuit Health (FNIH) made to the Ontario Region RHS 2008/10 process.

Above all, special recognition and acknowledgement is extended to those Ontario First Nations who participated and willingly shared their expertise of community, and their knowledge of the health and well-being within their respective communities – the Children, Youth, Adults, and Elders.

The Chiefs of Ontario would like to acknowledge the analysts and authors of this report, Williams Consulting team members, in particular: Andrea J. Williams, Project Manager/Senior Analyst; Kienan Williams, Manager/Senior Analyst; and Heather Y. Shpuniarsky, Senior Analyst/Researcher.

Yaw^ka

Nya:wen

Meegwetch!

Table of Contents

Introduction	1
Background	1
Methodology	2
Sample Size	4
Weighted Sample	6
Structure of the Report	7
Limitations of the Report	8
Adult Results	11
Demographics	11
Language and Education	12
Employment and Income	16
Household	21
Housing	22
Health Status and Chronic Conditions	26
Diabetes	28
Injury	30
Disability	34
Home Health Care	35
Personal Safety	38
Health Care Access	39
Dental Care	42
Food and Nutrition	43
Food and Security	46
Physical Activity	50
Non Traditional Use of Tobacco	53
Substance Use	56
Gambling	59
Sexual Habits	60
Preventative Health Care	62
Migration	65
Community Wellness	67
Residential Schools	69
Personal Wellness	71
Depression	74
Suicide	76

Table of Contents

Youth Results	79
Demographics	79
Household and Living Environment	79
Language and Education	81
Health Status and Chronic Conditions	84
Health Care Utilization	86
Food and Nutrition	88
Physical Activity	91
Injury	94
Non Traditional Use of Tobacco	96
Substance Use	97
Sexual Habits	98
Personal Wellness	99
Suicide	106
Residential Schools	107
Community Wellness and Traditional Culture	108
Children Results	113
Demographics	113
Household and Living Environment	113
Language and Education	114
General Health	116
Health Conditions	116
Health Care Access	117
Child Immunization	119
Injury	119
Prenatal Health	121
Dental Care	124
Food and Nutrition	127
Physical Activity	129

Table of Contents

Children Results (Cont...)	
Personal Wellness.....	130
Residential Schools.....	132
Childcare Arrangements.....	132
APPENDIX 'A': RHS 2008/Phase 2—Questionnaire Themes.....	134
APPENDIX 'B': FNIGC Questionnaires.....	135

Table of Figures

Figure 1:	Age pyramid of First Nation adults living on-reserve in Ontario	11
Figure 2:	First Nation Adults ability to understand one or more First Nation language(s)	12
Figure 3:	First Nation Adults ability to speak one or more First Nation language(s)	13
Figure 4:	Highest level of education of adults in First Nation communities by age group	14
Figure 5:	First Nation Adults working for pay at the time of the survey by age group	16
Figure 6:	Top reported income sources of First Nation Adults	20
Figure 7:	Number of reported Income Sources by First Nation Adults	20
Figure 8:	Reported repair needs of First Nations households	23
Figure 9:	Home Amenities of First Nation Adults	24
Figure 10:	Health status by age	26
Figure 11:	First Nation Adult Reported Injuries by Age	31
Figure 12:	Types of injuries reported by First Nation Adults	32
Figure 13:	Major causes of injuries reported by First Nation Adults	33
Figure 14:	Limitations reported by First Nation Adults by Age Group	34
Figure 15:	Type of home care provided by First Nation adults	36
Figure 16:	Aggression experienced by First Nation Adults in the past 12 months	38
Figure 17:	Proportion of Adults in the household who have skipped or cut the size of meals due to lack of money by age group	48

Table of Figures

Figure 18:	First Nation Adults participating in physical activity type by gender	50
Figure 19:	First Nation Adults Body Mass Index (BMI) by gender	52
Figure 20:	Smoking status among First Nation adults	54
Figure 21:	Proportion of daily smokers by age group	55
Figure 22:	Frequency of consumption of five or more alcoholic drinks among adults	56
Figure 23:	Number of children that First Nation Adults have given birth to or fathered	61
Figure 24:	Female adult who received a mammogram screening test by age 50	63
Figure 25:	How often First Nation Adults felt in balance in the four aspects of their life	71
Figure 26:	First Nation Adults emotional or mental health support received in the past 12 months	73
Figure 27:	Total number of people living in household with youth	81
Figure 28:	Self-reported youth general health	84
Figure 29:	Time lapse between last consultation with a doctor or community health nurse	86
Figure 30:	Proportion of youth participating in physical activity type by gender	92
Figure 31:	Youth Body Mass Index (BMI) by gender	93
Figure 32:	Reported types of injuries experienced by youth	94
Figure 33:	Major causes of injury for youth	95
Figure 34:	Consumption of 5 or more drinks on one occasion in the past 12 months by gender	97
Figure 35:	Youth responses regarding Emotional Wellness	102
Figure 36:	Ontario First Nation Youth's responses to the Personal Support available	104
Figure 37:	First Nation Youth responses to Community Issues	110
Figure 38:	Proportion of children who can understand or speak a First Nations language by age	114
Figure 39:	Proportion of individuals involved in assisting children understand culture	115
Figure 40:	First Nation Children's general health status	116
Figure 41:	Reported Barriers to Health Care Access for First Nation children with or without chronic health conditions	118
Figure 42:	Proportion of children with reported injury in the past 12 months by age group and gender	119
Figure 43:	Location of injury treatment for children	121
Figure 44:	Proportions of mothers who smoked during pregnancy by education level	122
Figure 45:	Birth weight	123
Figure 46:	Education level of parents whose child was breastfed	124
Figure 47:	Children diagnosed with Baby Bottle Tooth Decay (BBTD) by age group	125
Figure 48:	Types of bottle contents for bottle fed children	126
Figure 49:	Percentage of children participating in physical activity type by gender	129
Figure 50:	Proportion of children in BMI categories by age group	130

Table of Tables

Table 1:	Participating Ontario First Nations	5
Table 2:	Final Total Ontario Sample Size	5
Table 3:	Final Total Ontario Weighted Sample Size	6
Table 4:	First Nation Adults who have training in a health field	15
Table 5:	Job Sectors that First Nation Adults work in	18
Table 6:	First Nation Adults Personal Income	19
Table 7:	First Nation Adults Household Income	21
Table 8:	First Nation Adult responses to meet basic living requirements	22
Table 9:	First Nation Overcrowding by Age Group	25
Table 10:	Proportion of health conditions self-reported by adults	27
Table 11:	What makes First Nation Adults feel healthy	28
Table 12:	Home care services needed and received by Adults	35
Table 13:	Age of Family member or Friend when they entered a long term care facility	37
Table 14:	First Nation Adult experiences with aggression by age	39
Table 15:	Barriers to accessing traditional medicines	39
Table 16:	Barriers to health care access	40
Table 17:	First Nation Adult identified Barriers to Accessing NIHB Services	41
Table 18:	Barriers to dental care access reported by Adults	42
Table 19:	Dental care needs for adults	43
Table 20:	Adult consumption of specific food items	44
Table 21:	Adult consumption of traditional foods	45
Table 22:	Selected food security variables	47
Table 23:	Adult responses to food security statements	49
Table 24:	Adult Substance use in 12 months prior to 2008/10 RHS	58
Table 25:	Adult Gambling Habits	59
Table 26:	First Nation Adult Purpose of Sexual Protection Methods	61
Table 27:	First Nation Adult Screening Tests	62
Table 28:	First Nation Adult Consultation with a Traditional Healer	64
Table 29:	First Nation Adult Main Reason for moving away from their community	66
Table 30:	First Nation Adult Main Reason for returning to their community	66
Table 31:	First Nation Adults living off reserve	67
Table 32:	Proportion of community issues identified by adults	68
Table 33:	Proportion of community strengths identified by adults	68

Table of Tables

Table 34:	Negative impact of residential school on health and well-being	70
Table 35:	Adult responses to statements dealing with control over their life	72
Table 36:	Proportion of adults reporting possible symptoms of depression	75
Table 37:	Adult Suicide Ideation and Attempts	76
Table 38:	Final Total Ontario Youth Sample Size	79
Table 39:	Living Arrangements by Gender	80
Table 40:	Highest level of schooling completed to date	82
Table 41:	Types of learning difficulties at school	83
Table 42:	First Nation Youth educational aspirations	83
Table 43:	Proportion of health conditions self-reported by youth	85
Table 44:	Consultation with health professionals	86
Table 45:	First Nation Youth Screening Tests	87
Table 46:	First Nation Youth Dental Treatment Needs	88
Table 47:	Youth consumption of specific food items	89
Table 48:	Consumption of specific traditional foods in the past 12 months	90
Table 49:	Youth participation in physical activity type by gender	91
Table 50:	First Nation Youth Purpose of Sexual Protection Methods	99
Table 51:	First Nation Youth Recreational Activities (outside of school hours)	100
Table 52:	First Nation Youth Response to Self Affirming Statements	101
Table 53:	First Nation Youth Response to Statements	101
Table 54:	First Nation Youth Emotional or Mental Health Supports	103
Table 55:	First Nation Youth first support for help with:	105
Table 56:	Youth Suicide Ideation and Attempts	106
Table 57:	Youth Residential School	107
Table 58:	Community strengths identified by youth	109
Table 59:	Community challenges identified by youth	110
Table 60:	Final Children Ontario Sample Size	113
Table 61:	Proportion of health conditions reported by children	117
Table 62:	Reported injuries by type experienced by children in the past 12 months	120
Table 63:	Consumption of specific food items	128
Table 64:	Activities children participate in outside of school hours	131
Table 65:	Proportion of hours children spent in child care per week	133

INTRODUCTION

BACKGROUND

The First Nations Regional Health Survey (RHS) is considered the foremost national First Nations health survey that has generated important advancements 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.

The National RHS Phase 2 was initiated in 2008 and completed in the fall of 2010. The national target sample for RHS Phase 2 was 30,000 First Nation individuals in 250 First Nations communities across the ten (10) participating regions in Canada. The sampling approach for this phase has been improved from that of the RHS Phase 1 2002/03 process. In the RHS Phase 2 process, 72.5% of the target sample (30,000) was achieved and in total, 21,757 surveys were collected in 217 First Nations communities.

The questionnaire content underwent extensive reviews and revisions, assessing comparability, non-responses, and redundancies. Based on extensive feedback, the questionnaire content also included new themes being added to the core components. The new themes found in the Adult questionnaire include migration, food security, violence, care giving, depression, the health utilities index and gambling. The new themes found in the Youth questionnaire include community wellness; whereas the new theme in the Child questionnaire is immunization.

Governance for the RHS is provided by the First Nations Information Governance Centre (FNIGC) Board of Directors. The FNIGC Board of Directors consists of representatives from the ten (10) participating First Nations regions.

The First Nations Regional Health Survey is the first national survey implemented explicitly keeping with the First Nations principles of OCAP™ that is, Ownership, Control, Access and Possession. OCAP™ is a trade-mark of the FNIGC, used under license/or used with permission.

As the only national research initiative under complete First Nations control, the RHS process 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. Community participation in all aspects of design collection and analysis continues to ensure that the data is relevant and the governance and accountability mechanisms are appropriate.

METHODOLOGY

In 1995, the First Nations Information Governance Centre (FNIGC), then the Assembly of First Nations' (AFN) First Nations Information Governance Committee, received funding from Health Canada to implement a National First Nations Regional Health Survey (RHS). In 1996, the AFN's Chiefs Committee on Health mandated the RHS nationally. Since then, the RHS has disseminated results from two rounds of data collection and has been recognized as the only national research initiative completely under the control of First Nations (Assembly of First Nations/First Nations Information Governance Committee, March 2007).

The RHS process has evolved considerably since its' pilot survey in 1997. The research methodologies employed for the 2007/08 Ontario RHS Region Report include documentation of in-depth respondent interviews, a literature review, and a technical assessment of the Ontario Region RHS data. The data once collected was encrypted and uploaded directly from the laptops to secure servers held at the FNIGC National office. Williams Consulting, a First Nation family-owned business specializing in research for over 25 years, was contracted by the Chiefs of Ontario (COO) to de-identify, analyze, interpret, and prepare the Ontario Region RHS Report.

The FNIGC National Office ensured that the RHS research methodologies were ethically congruent to the RHS Code of Research Ethics; acknowledging and respecting the rights of self-determination of all First Nations including the right of First Nations' jurisdiction and authority to make their own decisions about research practices within their own communities (FNIGC, February 2007).

For the Ontario Region RHS 2008/10 Phase 2, twenty-four (24) First Nations communities across Ontario actively participated in the RHS process between August 2008 and November 2010. The participating First Nations were given absolute control of the survey dissemination and collection within their communities, resulting in some communities being very meticulous in returning completed consent forms and questionnaires; while other communities experienced difficulties in the RHS roll-out due to high staff turn-over, requiring additional funds for trained fieldworkers, or simply not continuing the second round of the roll out although they did participate in the first round of the RHS roll out.

Most of the trained fieldworkers, or interviewers, were hired by their own communities to deliver and implement Phase 2 of the roll out collecting data by way of laptops and paper surveys. All respondents were given a small incentive for participating in the survey

collection. All interviews were coordinated by the COO's Regional RHS Coordinator, who was trained by the FNIGC National office. The Regional RHS Coordinator also provided support to the trained community fieldworkers throughout the data collection process.

Respecting First Nations and the OCAP™ Principles, the completed Ontario Region RHS 2008/10 report was presented to the First Nations during the COO Health Forum in February 2012.

SAMPLE SIZE

The Ontario Region RHS data collection was conducted between August 2008 and November 2010 in twenty-four (24) First Nations (refer to Table 1). A total of 2,870 three age-specific questionnaires were administered and completed by:

- 1,500 adults, 18 years of age and over,
- 600 youth, 12 to 17 years of age and
- 770 children, 0 to 11 years of age (where the parent/guardian responded).

The communities were randomly selected in a strata and in accordance to their population. These participating First Nations were representative of all regions, sub-regions (e.g. Nations, Tribal Councils) and communities within the Ontario Region. The sampling frame used a two-stage stratified sampling design to obtain a representative sample. The sample was stratified by age/sex and by geopolitical groupings identified as relevant by the First Nation regional organizations.

While the Aboriginal Affairs and Northern Development Canada (formerly known as Indian and Northern Affairs) Registered Status Indians registry files were used to structure the

sampling design; band/community membership lists were used to identify potential individual respondents thereby allowing communities to define their own membership.

Respecting the OCAP™ Principles which allow First Nation communities to make decisions regarding why, how and by whom information is collected, used or shared only those communities that agreed to participate were surveyed.

Table 1: Participating Ontario First Nations

Aundeck-Omni-Kaning	Mohawks of Akwesasne	Thessalon
Batchewana First Nation	Mohawks of the Bay of Quinte	Six Nations of the Grand River
Chippewas of Kettle and Stony Point	Moose Deer Point	Wabigoon Lake Ojibway Nation
Chippewas of the Thames First Nations	Moravian of the Thames	Wahta Mohawk
Eabametoong First Nation	Oneida Nation of the Thames	Walpole Island
Eagle Lake	Rainy River First Nations	Wasauksing First Nation
Fort William	Sagamok Anishnawbek	Whitefish Lake (#224 at Naughton) Atikameksheng Anishnawbek
Lac La Croix	Temagami First Nation	Wikwemikong

Table 2: Final Total Ontario Sample Size

<i>Gender</i>	<i>Adult</i>		<i>Youth</i>		<i>Child</i>	
	Count	Percent (%)	Count	Percent (%)	Count	Percent (%)
Male	654	43.6	282	47.0	402	52.2
Female	846	56.4	318	53.0	368	47.8
Total	1500	100	600	100	770	100

WEIGHTED SAMPLE

The FNIGC used a stratified sample in the RHS Phase 2 (2008/10) survey. The weighted sample of the RHS Phase 2 (2008/10) survey represents a total of 79,903 Ontario First Nation adults, youth and children. ‘*Weighting*’ removes over-representation in a sub-group, or strata, and allows for adjustments in results for non-responses.

Table 3: Final Total Ontario Weighted Sample Size

<i>Gender</i>	<i>Adult</i>		<i>Youth</i>		<i>Child</i>	
	Count	Percent (%)	Count	Percent (%)	Count	Percent (%)
Male	27,608	50.5	4,902	50.4	7,956	51.4
Female	27,083	49.5	4,817	49.6	7,537	48.6
Total	54,691	100.0	9,719	100.0	15,493	100.0

The sample of First Nations’ adults, youth and children in the Ontario Region who completed the 2008/10 RHS Phase 2 survey was then weighted to remove bias from a survey sample formulating results that better projected the target population.

STRUCTURE OF THE REPORT

The findings of this report are organized by the questionnaire themes identified by the FNIGC's RHS Phase 2 (2008/10) survey tools. The report addresses findings from the Adult Survey, followed by findings of the Youth Survey and concludes with findings of the Child Survey. Gender and age differences are reflected in the report where they are found to add meaning or context to the results.

In accordance with mandatory standards and guidelines required for regional reports by the FNIGC, this report includes the following:

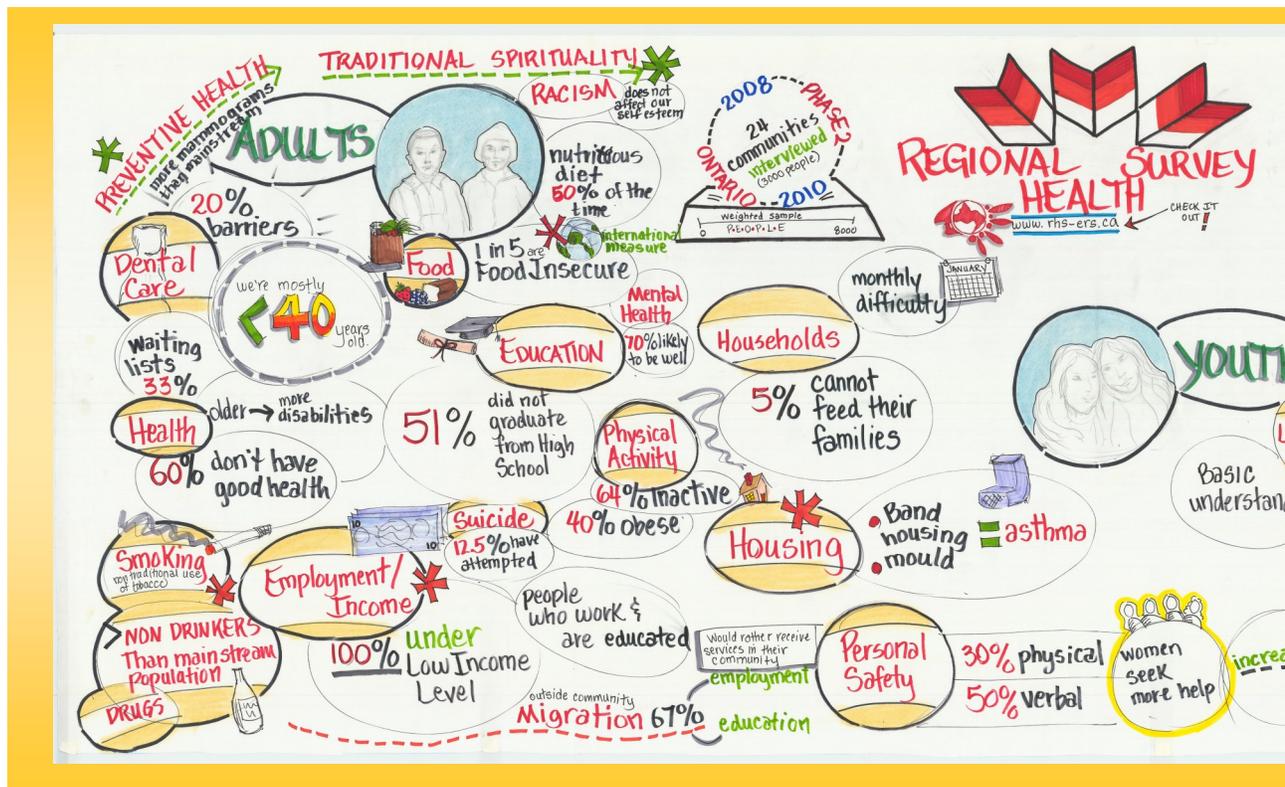
- *'Weighted results'* are used throughout to describe the population while *'un-weighted results'* are only used to describe the sample size.
 - *'Percentages'* are used throughout the report rather than reporting counts. Percentages are often more meaningful than reporting counts as they are computed relative to the whole.
-

LIMITATIONS OF THE REPORT

The findings of the Ontario Region RHS 2008/10 report does not necessary reflect the NAN communities as only one NAN community successfully completed their allocation of survey questionnaires. A primary factor that influenced the low participation of NAN communities was the 2009 H1N1 pandemic. Although only one NAN community completed the RHS process, the data collected provides a glimpse into some of the health issues affecting the First Nations peoples within the NAN territory.

The analysts were unable to make comparisons to the Ontario Region RHS 2002/03 findings at the time; as the 2002/03 report contained un-weighted counts. However, the data is available and at a future time, the Chiefs of Ontario may undertake comparative or regression analysis.

Ontario Region Adult Results



(18 years of age or older)

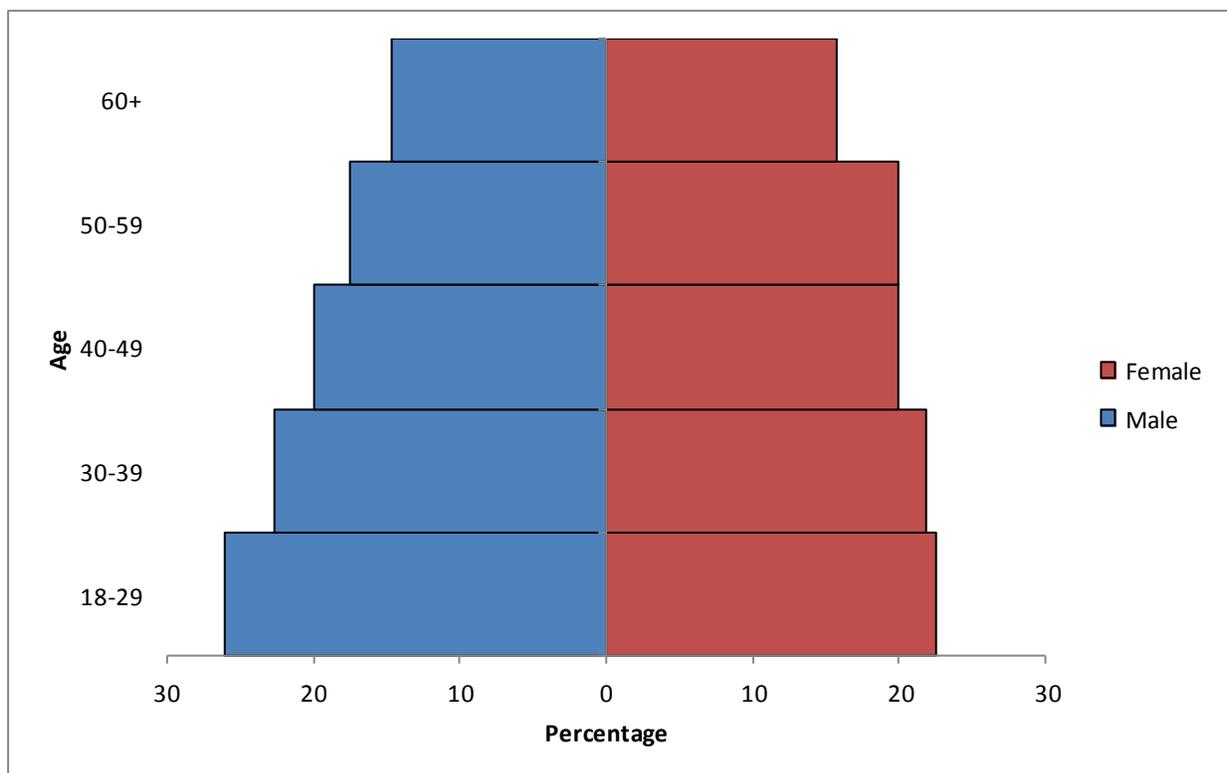


ADULT RESULTS

DEMOGRAPHICS

The Ontario Region 2008/10 RHS population data depicted that the First Nation adult population (aged 18 years and older) is young. Approximately half (48.7%, 95% CI [44.8, 52.7]) of the male adult population is less than 40 years of age; while 14.7% (95% CI [13.0, 16.5]) are 60 years of age or older. Comparably, 44.3% (95% CI [38.2, 50.5]) of the female adult population is under the age of 40 years; and 15.8% (95% CI [14.5, 17.3]) are 60 years or older. Figure 1 indicates the age and gender of First Nations adults living on-reserve in Ontario.

Figure 1: Age pyramid of First Nation adults living on-reserve in Ontario (n=1500)



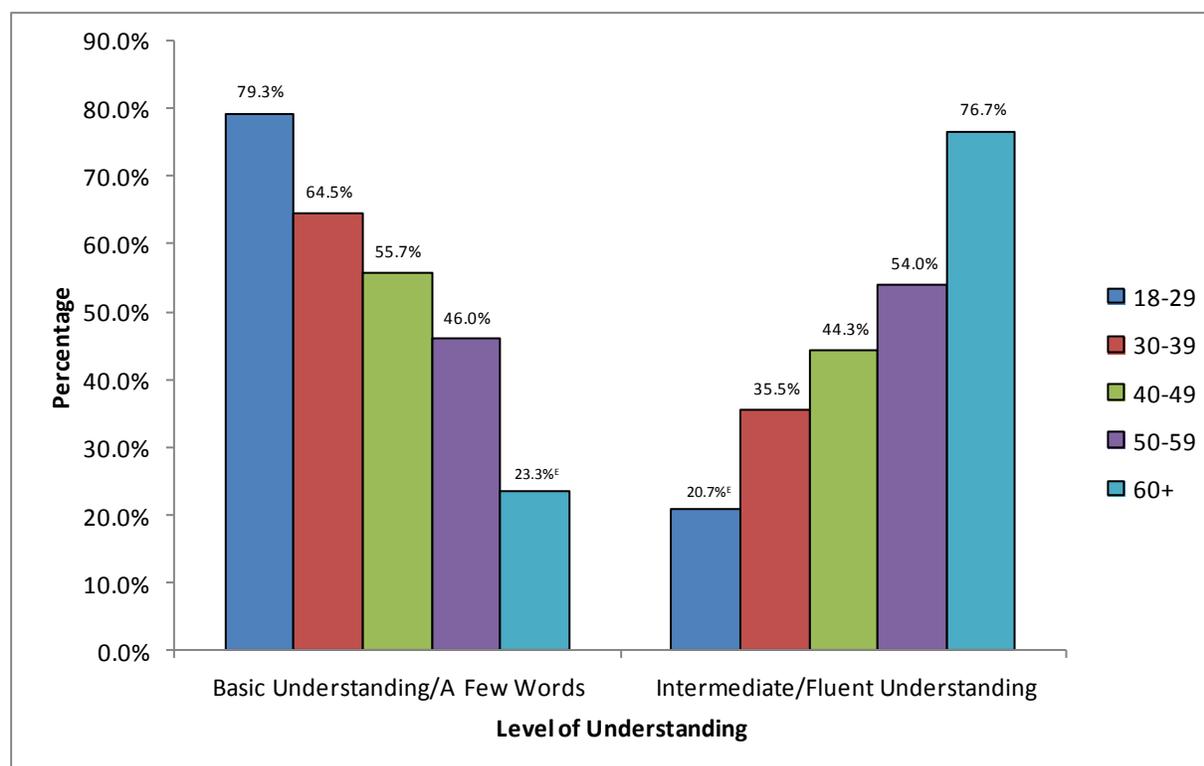
LANGUAGE AND EDUCATION

In the Ontario Region 2008/10 RHS findings, several First Nation adults (23.4%, 95% CI [15.4, 34.0])^E reported using a First Nation language *most of the time* in their daily lives with a majority (62.7%, 95% CI [51.7, 72.4]) understanding or speaking a First Nations language.

Many adults (44.3%, 95% CI [39.6, 49.2]) indicated that their level of understanding was *intermediate or fluent understanding* compared to 55.7% (95% CI [50.8, 60.4]) of First Nation adults who reported that they had *basic understanding or a few words*.

Figure 2: First Nation Adults ability to understand one or more First Nation language(s) (n=925)

Question 12: *How well can you understand the language?*

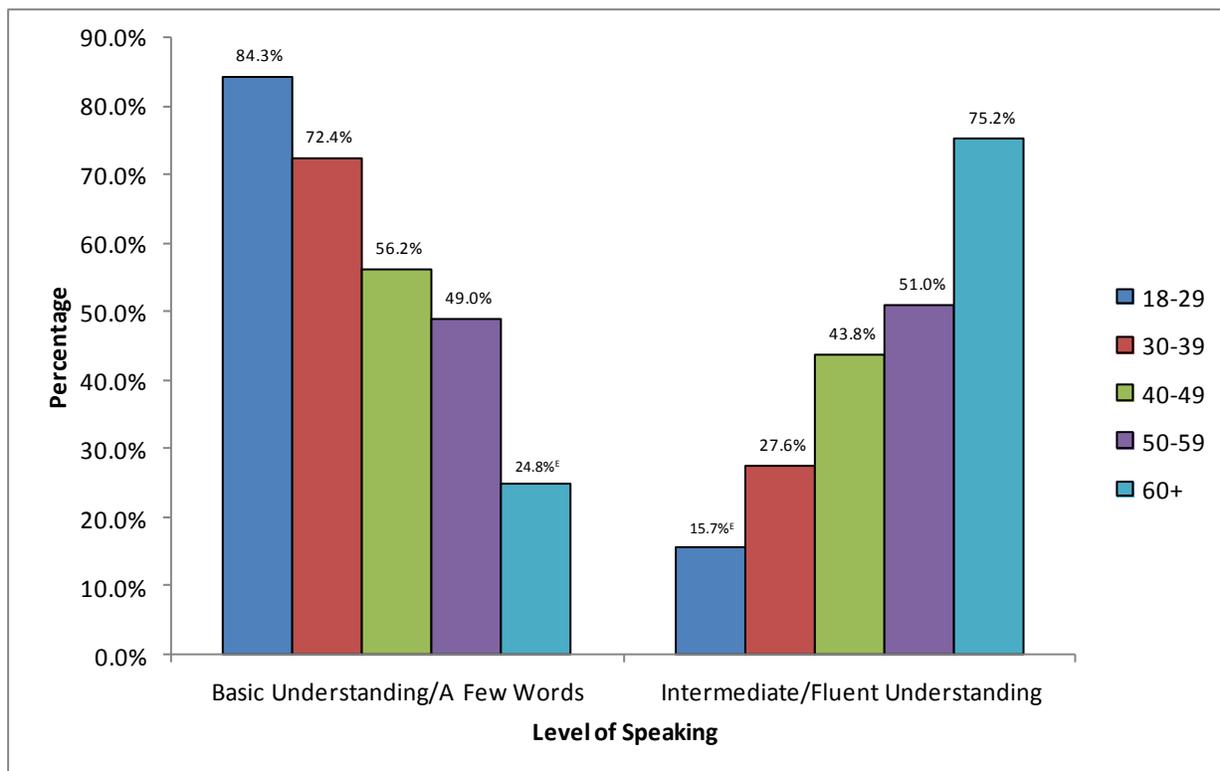


^E High sampling variability. Use figure with caution.

First Nation adults reported less competency at speaking the language with 40.8% (95% CI [35.3, 46.6]) indicating that their ability to speak was *intermediate or fluent level* compared to 59.2% (95% CI [53.4, 64.7]) of First Nation adults who reported that they had *basic level of speech or a few words*.

The proportion of *fluent or intermediate* speakers increased by age group as indicated in the Figure 2 and 3 below. However, the 18-29 years of age group had the highest level of both understanding and speech at the *basic / few words level*.

Figure 3: First Nation Adults ability to speak one or more First Nation Languages (n=900)

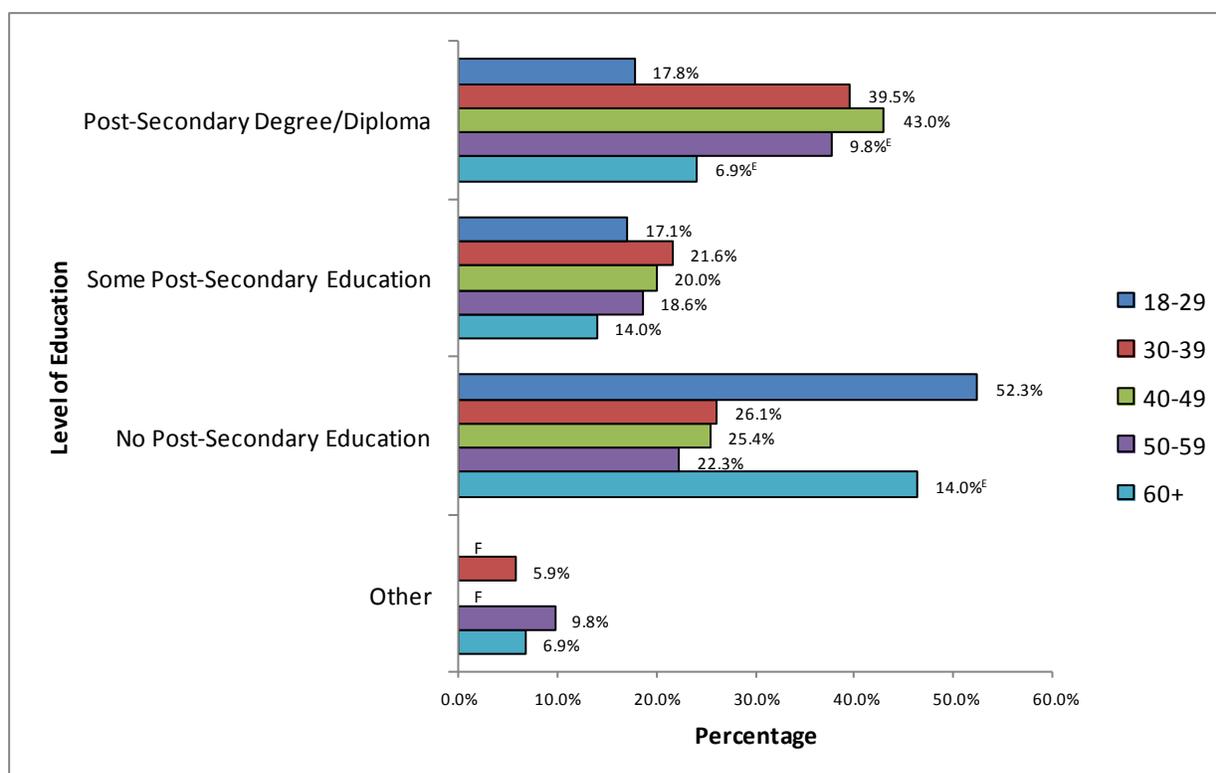


^E High sampling variability. Use figure with caution.

Approximately half of the First Nation adults (51.6%, 95% CI [46.2, 57.0]) surveyed *did not graduate from high school*. Of the population that did not graduate from high school, 16.4% (95% CI [12.8, 17.5]) *completed some post-secondary education*, and 15.0% (95% CI [12.5, 21.3]) *have a post-secondary degree/diploma*. Half of the First Nation adults (50.8%) *furthered their education by attending some type of post-secondary education program*. Female adults (39.3%, 95% CI [34.9, 43.9]) were more likely to *obtain a post-secondary degree/diploma* than male adults (23.0%, 95% CI [19.6, 26.8]). Figure 4 indicates the highest level of education of adults in First Nation communities by age group.

Figure 4: Highest level of education of adults in First Nation communities by age group (n=1496)

Question 16: *Other than elementary and secondary grades (junior high/high school), what other education have you completed?*



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.



Table 4 indicates the percentage of First Nations adults who have training in a health field.

Table 4: First Nation Adults who have training in a health field

Question 18: Was your training in a health field? Health field includes nursing, medicine, lab technician, dentist, epidemiology etc.

	Male (%)	Female (%)	Total (%)
Some trade, technical, or vocational school (n=152)	9.1 ^E	14.2 ^E	10.1 ^E
Some community college or CEGEP (n=170)	24.7 ^E	24.8	24.7 ^E
Some university (n=67)	F	33.8 ^E	27.1 ^E
Diploma or certificate from trade, technical, or vocational school (n=152)	F	35.0 ^E	24.1 ^E
Diploma or certificate from community college, CEGEP, or university (n=326)	23.2 ^E	39.1	34.0
University degree (Undergraduate degree) (n=80)	F	35.4	26.2

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

EMPLOYMENT AND INCOME

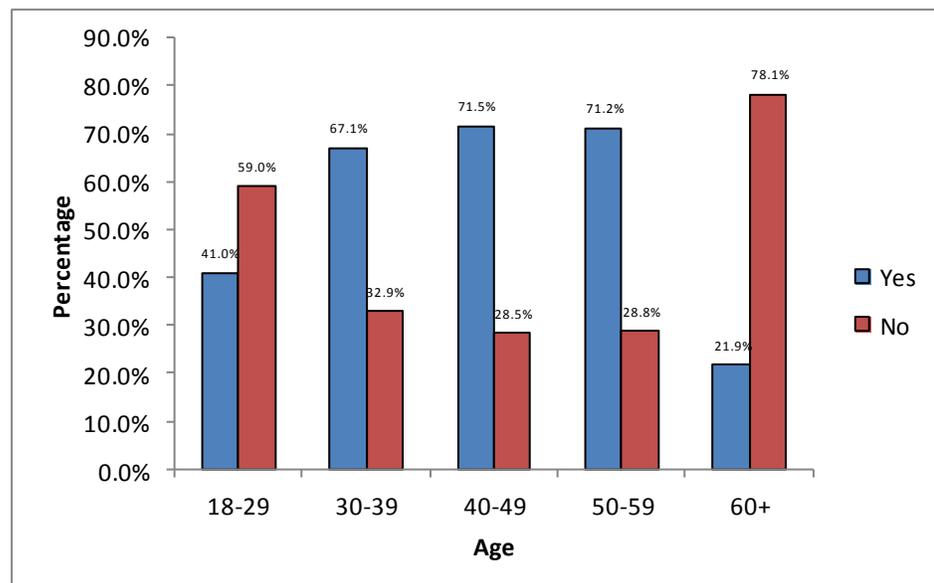
Statistics Canada describes Low Income Cut-Offs (LICOs) as ‘an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family’. The LICOs vary by family size and by size of the community. The FNIGC calculated LICO overestimates and underestimates. Low Income Cut Off statistics were calculated based on information provided in the 2008/10 First Nations RHS. Both measures found that all First Nation adults (99.9%, 95% CI [99.1, 100.0]) that participated in the Ontario Region 2008/10 RHS were persons who were part of low income families, living below the low income cut off measure and thereby at risk of poverty.

In the Ontario Region 2008/10 RHS findings, a majority of First Nation adults (55.6%, 95% CI [49.9, 61.2]) indicated that they currently worked for pay. Slightly more female adults (59.1%, 95% CI [54.7, 63.4]) currently worked for pay compared to male adults (52.2%, 95% CI [44.1, 60.2]). Figure 5 indicates the percentage First Nation adults working for pay at the time of the survey.

Figure 5:
First Nation Adults working for pay at the time of the survey by age group (n=1459)

Question 20:

Do you currently work for pay? (wages, salary, self-employment)



The proportion of First Nation adults who reported being *employed at the time of the survey* was low (41.0%, 95% CI [31.9, 50.7]) for those in the 18 to 29 year age group; however, the percentage rose to 71.5% (95% CI [62.2, 79.2]) for those in the 40-49 age group; and again declined to just 21.8% (95% CI [17.4, 27.1]) for those 60 years of age and over. Of the First Nation adults who indicated that they were *not employed*, 40.5% (95% CI [35.7, 45.4]) responded that they were currently looking for work.

The adults who were *not employed* and *not seeking work* described their situation by indicating: *poor health or disabled* (24.0%, 95% CI [21.0, 27.4]); *retired* (22.8%, 95% CI [18.5, 27.7]); *stay-at-home parent* (15.3%, 95% CI [12.7, 18.3]); *seasonal worker* (11.6%, 95% CI [8.9, 15.0]) and *student* (11.6%, 95% CI [8.6, 15.5]). More female adults (25.7%, 95% CI [20.6, 31.6]) indicated they were *stay-at-home parents* as opposed to male adults (5.8%, 95% CI [3.5, 9.6])^E. Approximately one-sixth of all male adults (17.8%, 95% CI [12.1, 25.3]) indicated they were *seasonal workers*.

Most First Nation adults (85.0%, 95% CI [77.8, 90.2]) reported that they work in their *own First Nation community*, with 2.4% (95% CI [1.5, 3.6])^E working *in another First Nation community* and 9.8% (95% CI [5.7, 16.4])^E working *in a non-First Nation community*.

A majority of First Nation adults (70.2%, 95% CI [62.4, 77.0]) worked *40 or more hours per week*, with 22.8% (95% CI [17.4, 29.2]) working a *30 to 39 hour week*. Male adults (78.7%, 95% CI [73.3, 83.3]) were more likely to work *40 or more hours per week* compared to female adults (61.5%, 95% CI [50.3, 71.7]); whereas more female adults (29.9%, 95% CI [21.6, 39.8]) were likely to work *30 to 39 hours per week* compared to male adults (15.8%, 95% CI [12.3, 20.1]). Table 5 indicates the job sectors that First Nation adults work in.

^E High sampling variability. Use figure with caution.

Table 5: Job Sectors that First Nation Adults work in (n=762)Question 25: *What job sector do you work in?*

	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Health Care and Social Assistance	12.5	29.0	21.1
Educational Services	8.2 ^E	16.1	12.3
Construction	23.5	F	11.8
Public Administration	4.1 ^E	8.6	6.5
Other Services (except Public Administration)	8.1 ^E	2.0 ^E	4.9 ^E
Retail	F	4.8 ^E	4.8 ^E
Transportation and Warehousing	F	F	4.0 ^E
Administrative Support; Waste Management and Remediation Services	F	5.6 ^E	3.4 ^E
Agriculture, Forestry, Fishing, and Hunting	5.4 ^E	F	2.7 ^E
Information	F	3.1 ^E	2.3 ^E
Utilities	4.0 ^E	F	2.3 ^E
Professional, Scientific, and Technical Services	F	1.8 ^E	2.1 ^E
Accommodation and Food Services	F	3.4 ^E	2.0 ^E
Finance and Insurance	F	2.7 ^E	1.9 ^E
Management of Companies and Enterprises	F	1.7 ^E	1.9 ^E



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Table 6 shows that 24.6% (95% CI [21.9, 27.6]) of First Nation adults reported a personal income of *less than \$10,000 or income loss*, whereas 50.1% (95% CI [44.0, 56.1]) of First Nation adults reported a personal income of *less than \$20,000 per year or income loss*. Approximately seven percent (7.1%, 95% CI [5.3, 9.3]) of First Nation adults made *more than \$50,000 in that year*.

Table 6: First Nation Adults Personal Income (n=1191)

Question 26: For the previous year (ending December 31, 2007), Please think of your total personal income, before deductions from all sources. We are asking for the total sum of all the money you made in the past year.

	Male (%)	Female (%)	Total (%)
<\$10,000 or income loss	26.5	22.8	24.6
\$10,000-\$14,999	14.2	14.9	14.5
\$15,000-\$19,999	11.5	10.3	10.9
\$20,000-\$24,999	10.8 ^E	11.1	10.9
\$25,000-\$29,999	7.8 ^E	9.8	8.8
\$30,000-\$39,999	11.3	15.4	13.4
\$40,000-\$49,999	9.9 ^E	9.7 ^E	9.8
\$50,000 and over	8.1 ^E	6.0	7.1

Figure 6 outlines the top most frequently cited sources of income for First Nation adults. The most commonly reported source of income was from *paid employment* (59.9%, 95% CI [56.0, 63.7]), followed by *child tax benefits* (31.1%, 95% CI [28.2, 34.1]) and *social assistance* (25.6%, 95% CI [20.0, 32.0]).

^E High sampling variability. Use figure with caution.

Figure 6: Top reported income sources of First Nation Adults

Question 27: *During the previous year (December 31, 2007), did you receive income from any of the following source? We will ask you about each income source, though some may not apply. Please provide an answer for each income source.*

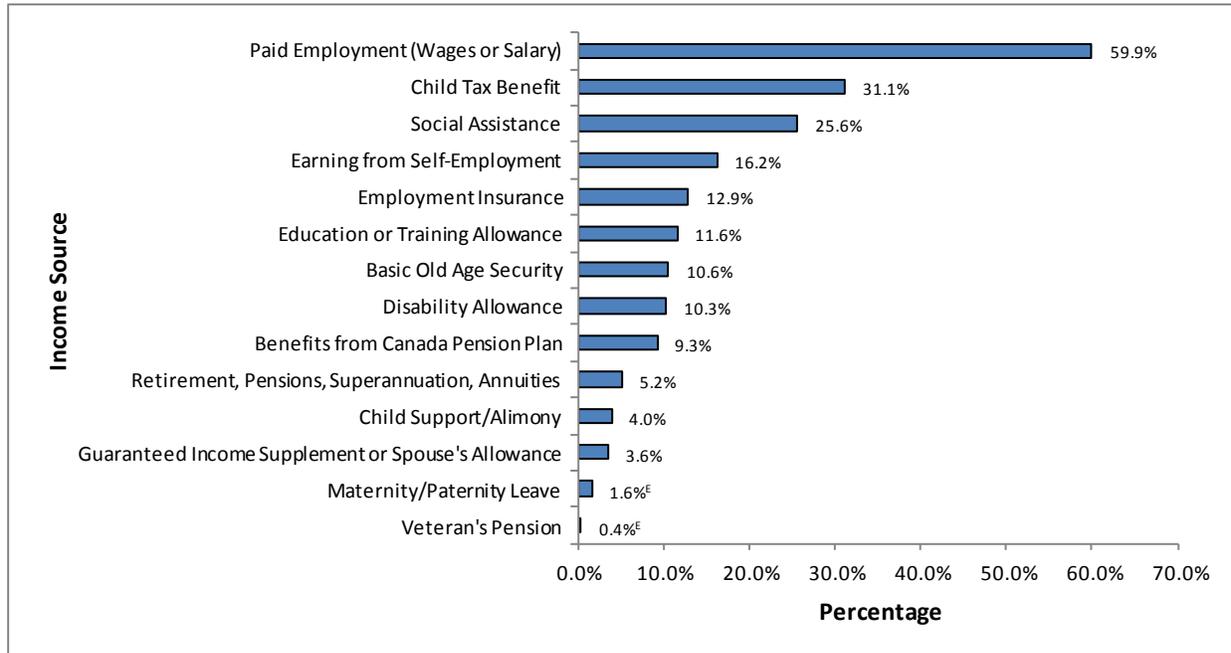
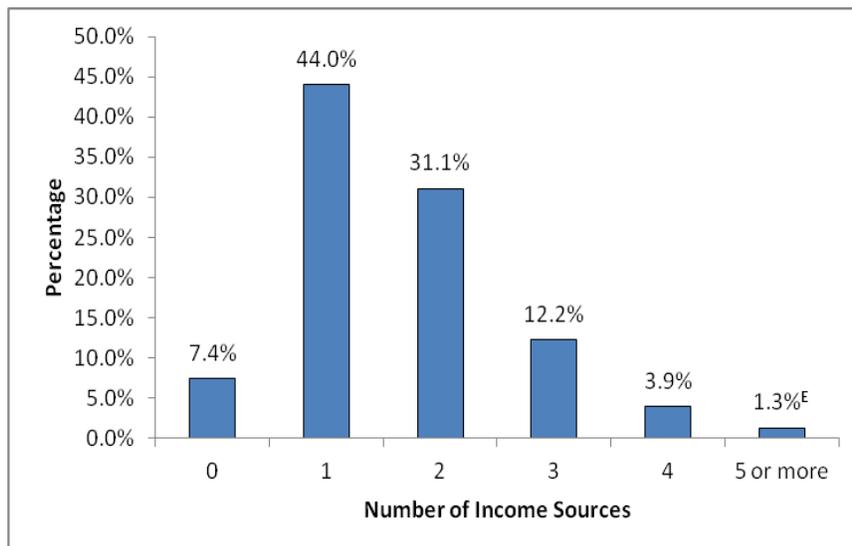


Figure 7 indicates that many First Nation adults (44.0%, 95% CI [41.0, 47.2]) reported one income source while 31.1% (95% CI [28.1, 34.4]) cited two income sources.

Figure 7: Number of reported Income Sources by First Nation Adults (n=1388)



^E High sampling variability. Use figure with caution.

HOUSEHOLD

The First Nation adult respondents indicated a majority of households (73.1%, 95% CI [70.0, 76.0]) had *four or less* household members, 46.9% (95% CI [44.7, 49.2]) had *two adults* in the household, 22.7% (95% CI [20.2, 25.4]) of the households had only *one adult*, and 18.1% (95% CI [15.8, 20.5]) of the households had *three adults*. When asked ‘*how many children live in this household*’, the adult respondents indicated that 39.3% (95% CI [33.7, 45.2]) of households had no children under the age of 18 years residing in their household; 20.9% (95% CI [16.9, 25.5]) had *one child* residing in their household, 18.1% (95% CI [15.4, 21.1]) had *2 children* residing in the household, 9.9% (95% CI [8.0, 12.3]) had *3 children* residing in the household, 7.3% (95% CI [5.4, 9.8]) had *4 children* residing in the household, and 4.4% (95% CI [3.3, 6.0]) had *5 or more children* residing in their household. Table 7 indicates First Nation adults’ household income.

Table 7: First Nation Adults Household Income (n=1039)

Question 31: For the previous year (December 31, 2007), please think of your total household income, before deductions from all sources. We are asking for the total sum of all the money you and the other earners in your household made in the past year. Which income range does it fall under?

The data indicated that a majority of First Nation adults were able to meet their basic living requirements (Table 8). Female adults (23.5%, 95% CI [19.7, 27.8]) reported that they had to struggle to provide food *a few times a year* more often than male adults (16.5%, 95% CI [13.9, 19.6]).

	Male (%)	Female (%)	Total (%)
<\$10,000 or income loss	11.1	9.4 ^E	10.2
\$10,000-\$14,999	9.1 ^E	7.7 ^E	8.4
\$15,000-\$19,999	9.9 ^E	9.0	9.4
\$20,000-\$24,999	8.5 ^E	10.9	9.7
\$25,000-\$29,999	10.5 ^E	9.5	9.9
\$30,000-\$39,999	10.5	14.0	12.3
\$40,000-\$49,999	10.8 ^E	13.5 ^E	12.2
\$50,000-\$59,999	9.4	9.2	9.3
\$60,000-\$69,999	5.1 ^E	5.1 ^E	5.1 ^E
\$70,000-\$79,999	5.0 ^E	3.1 ^E	4.0 ^E
\$80,000 and over	10.2 ^E	8.7	9.4

Female adults (30.7%, 95% CI [26.8, 34.8]) also reported more difficulty with utilities *a few times a year* more often than male adults (24.1%, 95% CI [20.0, 28.9]). Female adults (13.3%, 95% CI [10.4, 16.8]) also noted that childcare costs were a struggle *a few times a year* more frequently than male adults (7.7%, 95% CI [4.8, 12.0])^E.

^E High sampling variability. Use figure with caution.

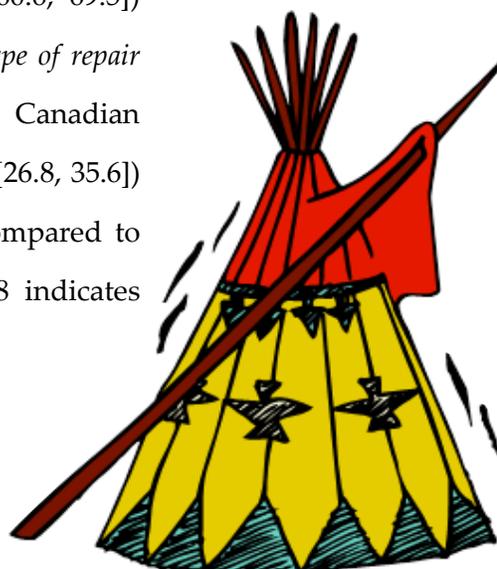
Table 8: First Nation Adults responses to meet basic living requirements

Question 32: In the past 12 months, did you ever struggle to meet the following basic living requirements? (i.e. have to borrow money, miss bill payments to satisfy your basic living needs).

	No (cannot cover all costs) (%)	A few times a year (%)	Monthly (%)	More than once a Month (%)
Food (n=1330)	63.2	20.0	9.3	7.6
Shelter (n=1260)	78.6	11.3	6.7	3.5 ^E
Utilities (heat, electricity) (n=1310)	59.7	27.5	8.5	4.4 ^E
Clothing (n=1260)	72.9	18.6	5.4	3.1 ^E
Transportation (n=1233)	65.5	20.1	7.0	7.5
Childcare (n=793)	82.3	10.5	3.9 ^E	F

HOUSING

A majority of First Nation adults (65.2%, 95% CI [60.6, 69.5]) reported that their household was in need of *some type of repair* compared to a quarter (25.7%) of the general Canadian population.¹ Some First Nation adults (31.0%, 95% CI [26.8, 35.6]) reported that their household needed *major repairs* compared to 10.2% of the general Canadian population.¹ Figure 8 indicates repair needs of First Nation households.



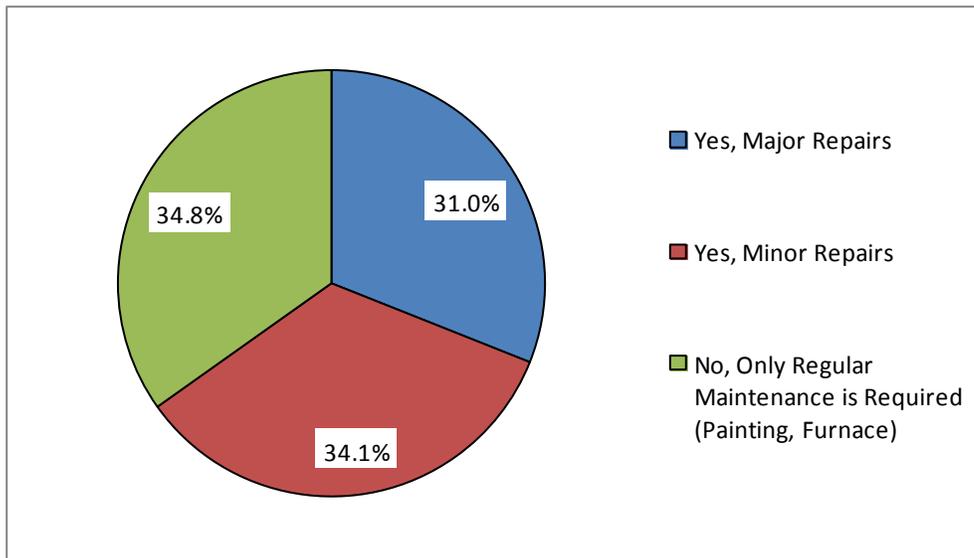
¹ Source: Statistics Canada, Income Statistics Division, CANSIM, table (for fee) 203-0019 and Catalogue no.62F0026MIE.

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.



Figure 8: Reported repair needs of First Nation households
Question 37: *Is this dwelling in need of repairs?*

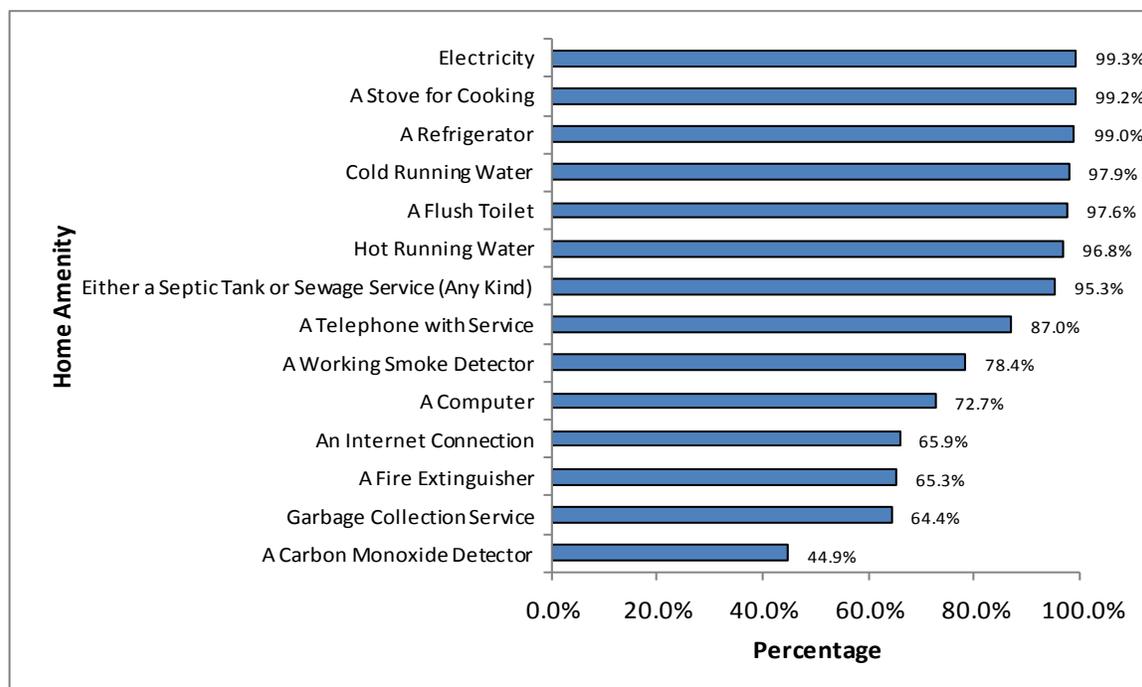


Almost half of First Nation adults (49.6%, 95% CI [45.9, 53.4]) reported *mold and mildew* present in their homes.

Figure 9, below, illustrates that the majority of First Nation adults surveyed reported having basic amenities in their homes.

Figure 9: Home Amenities of First Nation Adults

Question 36: Does your home have?



The majority of First Nation adults (74.0%, 95% CI [59.5, 84.7]) identified that the water supply for their household is *piped in*. A few adults (14.8%, 95% CI [10.1, 21.3])^E reported that their water supply came from a *well*. When asked if they consider the main water supply in their home *safe for drinking year round*, 30.9% (95% CI [24.3, 38.5]) of adults replied *no*. Most First Nation adults (73.6%, 95% CI [67.9, 78.7]) indicated that they used bottled water or boiled tap water (6.7%, 95% CI [5.3, 8.5]) for drinking water.

^E High sampling variability. Use figure with caution.

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 3.6 compared to 2.5 occupants per house in the general Canadian population. For the purposes of data analysis in the 2008/10 RHS, the FNIGC defines the house crowding index as *'if there is more than one person per room then the house is considered crowded'*. This definition is consistent with the Canadian Community Health Survey (CCHS).²

When determining overcrowding, First Nation adults were asked the question *'how many rooms are there in your home?'*, specifically the kitchen, bedrooms, living rooms and finished basement rooms. They were asked not to include bathrooms, halls, laundry rooms, and attached sheds. Table 9 illustrates that there was *more overcrowding* in the 18-34 years of age group (22.6%, 95% CI [17.1, 29.2]) than the 35-54 (14.4%, 95% CI [11.5, 17.9]) years of age and 55+ years of age (3.8%, 95% CI [2.7, 5.2]).

Table 9: First Nation Overcrowding by Age Group (n=1438)
 Question 28: *How many children live in this household?* Question 29: *Including yourself, how many adults usually live in this household?* Question: 35: *How many rooms are in your home?*

	<i>18 – 34 Years of age (%)</i>	<i>35 -54 Years of age (%)</i>	<i>55+ years of age (%)</i>	<i>Total (%)</i>
One or less person per room: <i>Not Crowded</i>	77.4	85.6	96.2	85.1
More than one person per room: <i>Crowded</i>	22.6	14.4	3.8	14.9

^E High sampling variability. Use figure with caution.
² Source: Statistics Canada, 2006 Census of Population.

HEALTH STATUS AND CHRONIC CONDITIONS

Within the Ontario Region 2008/10 findings for First Nation adults, many First Nation adults (39.6%, 95% CI [36.3, 42.9]) self-reported that they enjoyed *excellent/very good* health. The older population were less likely to self-report *excellent/very good* health as compared to the younger population (Figure 10).

Figure 10: Health status by age

Question 42: *In general, would you say that your health is?*

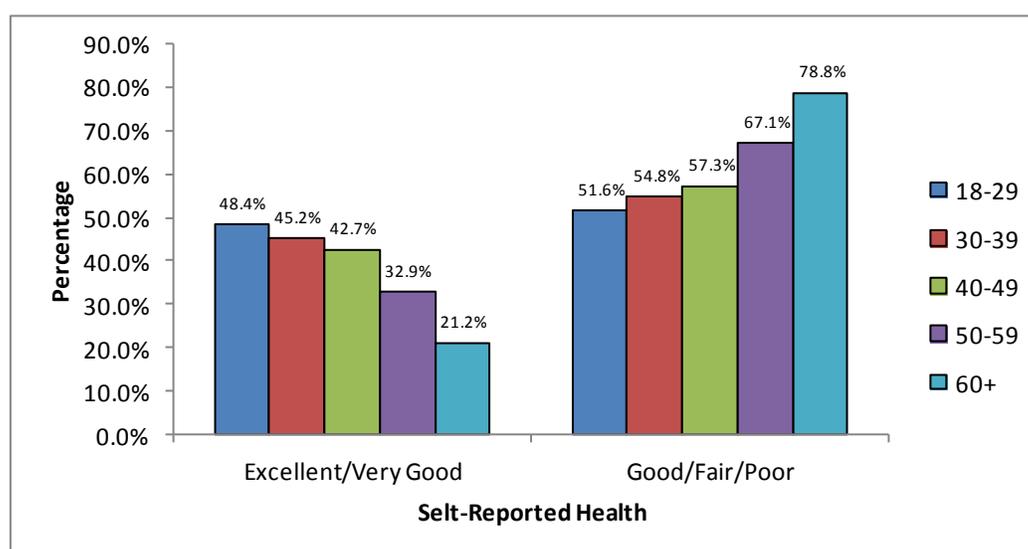


Table 10 shows the proportion of health conditions self-reported by First Nation adults. The more frequently self-reported health conditions were *high blood pressure*, *arthritis*, *allergies* and *diabetes*. *Chronic back pain*, *stomach and intestinal problems*, as well as *heart disease* were also frequently self-reported by adults. First Nation adult women were more likely to report that they had been diagnosed with *arthritis* (28.5%, 95% CI [24.8, 32.5]), *stomach and intestinal problems* (13.0%, 95% CI [11.1, 15.2]) and *thyroid problems* (10.0%, 95% CI [8.2, 12.2]) compared to adult males who reported *arthritis* (17.7%, 95% CI [15.1, 20.6]), *stomach and intestinal problems* (7.7%, 95% CI [5.8, 10.0]), and *thyroid problems* (2.7%, 95% CI [1.8, 3.9])^E.

^E High sampling variability. Use figure with caution.

Table 10: Proportion of health conditions self-reported by adults

Question 45: Have you been told by a health care professional that you have any of the following health conditions?

<i>Health Condition</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
High Blood Pressure (n=1448)	25.9	28.5	27.2
Arthritis (n=1457)	17.7	28.5	23.1
Allergies (n=1457)	16.5	29.3	22.8
Diabetes (n=1451)	19.7	23.6	21.6
Chronic Back Pain (excluding Arthritis) (n=1461)	18.5	15.3	16.9
Asthma (n=1455)	8.9	14.0	11.4
Stomach and Intestinal Problems (n=1446)	7.7	13.0	10.3
Heart Disease (n=1442)	10.1	7.9	9.0
Hearing Impairment (n=1451)	10.9	5.6 ^E	8.3
Thyroid Problems (n=1452)	2.7 ^E	10.0	6.3
Cataracts (n=1449)	4.3	5.7	5.0
Learning Disability (n=1444)	5.9 ^E	4.1 ^E	5.0
Osteoporosis (n=1447)	2.3 ^E	6.6 ^E	4.4 ^E
Psychological or Nervous Disorders (n=1452)	3.6 ^E	4.5	4.1
Rheumatism (n=1447)	3.6 ^E	3.7 ^E	3.6 ^E
Chronic Bronchitis (n=1452)	1.6 ^E	5.5 ^E	3.6 ^E
Blindness or Serious Vision Problems (n=1456)	3.7	2.3 ^E	3.0
Cancer (n=1450)	1.7 ^E	3.3 ^E	2.5 ^E
Cognitive or Mental Disability (n=1449)	F	1.6 ^E	2.2 ^E
Glaucoma (n=1450)	F	2.9 ^E	2.1 ^E
Effects of Stroke (Brain Hemorrhage) (n=1454)	2.1 ^E	1.9 ^E	2.0
ADD or ADHD (n=1443)	2.8 ^E	F	1.9 ^E
Tuberculosis (n=1448)	F	1.1 ^E	1.2 ^E
Emphysema (n=1455)	1.1 ^E	1.0 ^E	1.1 ^E
Epilepsy (n=1454)	F	F	1.0 ^E
Liver Disease (excluding Hepatitis) (n=1451)	0.8 ^E	1.1 ^E	0.9 ^E
Hepatitis (n=1453)	F	F	0.6 ^E

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

A number of health conditions increased in frequency with age as made evident in the 60 years or older age group results: *cancer* (6.9%, 95% CI [5.1, 9.3]); *vision problems* (8.5%, 95% CI [6.6, 11.0]); *glaucoma* (9.0%, 95% CI [6.2, 13.0])^E; *osteoporosis* (12.5%, 95% CI [8.5, 18.1])^E; *thyroid problems* (12.7%, 95% CI [10.1, 16.0]); *stomach and intestinal problems* (12.7%, 95% CI [11.0, 20.2]); *hearing impairment* (23.7%, 95% CI [18.4, 30.0]); *cataracts* (28.4%, 95% CI [23.5, 33.9]); *heart disease* (29.3%, 95% CI [24.5, 34.6]); and *high blood pressure* (58.9%, 95% CI [51.7, 65.7]). Table 11 demonstrates what makes First Nation Adults feel healthy.

Table 11: What makes First Nation Adults feel healthy (n=552)

Question 44: What makes you feel healthy?

	Male (%)	Female (%)	Total (%)
Good diet (low fat, fruits and vegetables etc.)	67.0	76.8	71.7
Sleep / Proper rest	67.7	72.0	69.8
Regular exercise / Active in sports	66.1	62.5	64.3
Good social supports	59.0	65.4	62.1
Happy, content	60.3	63.4	61.8
In balance	51.2	55.3	53.2
Reduced stress	47.0	56.7	51.7

DIABETES

In the Ontario Region 2008/10 RHS findings, 21.6% (95% CI [18.7, 24.8]) of First Nation adults reported that they have *been* diagnosed with diabetes. Of those adults who reported they have been diagnosed with diabetes, most have *Type 2* (80.8%, 95% CI [76.7, 84.3]) while several have *Type 1* (4.1%, 95% CI [2.7, 6.1])^E or *more than one type of diabetes* (5.6%, 95% CI [2.9, 10.5])^E. A number of adults (7.3%, 95% CI [4.3, 12.3])^E did not identify what type of diabetes they had been diagnosed with. Some of the female adults indicated that they were first diagnosed with diabetes of any type when they were pregnant (19.0%, 95% CI [14.8, 24.0]).

^E High sampling variability. Use figure with caution.

The majority of adults (88.6%, 95% CI [84.1, 92.0]) indicated that they were *undergoing treatment* for diabetes. Adult males (92.2%, 95% CI [82.3, 96.8]) reported undergoing treatment for diabetes more often than adult females (85.6%, 95% CI [79.2, 90.2]). The most common types of treatment or measure used to control diabetes were *prescription medication (pills)* (73.9%, 95% CI [69.0, 78.2]), *diet* (67.7%, 95% CI [60.5, 74.1]) and *exercise* (50.6%, 95% CI [42.9, 58.4]). Adult males (80.4%, 95% CI [71.0, 87.4]) reported using more *prescription medication (pills)* to control diabetes than females (68.4%, 95% CI [62.0, 74.1]). Some First Nation adults managed their diabetes with *insulin* (21.4%, 95% CI [16.2, 27.6]), *traditional medicines* (11.1%, 95% CI [7.8, 15.7])^E or *traditional ceremonies/healer* (6.1%, 95% CI [3.3, 10.7])^E.

Many of the adults reported having their blood sugars checked *one or more times a day* (56.4%, 95% CI [51.4, 61.1]). Adult males (62.9%, 95% CI [48.7, 75.2]) reported checking their blood sugars on a daily basis more frequently than adult females (51.1, 95% CI [42.2, 60.0]). Some of the adults reported checking their blood sugar between *two to 13 times in the past two weeks* (24.2%, 95% CI [19.4, 29.6]) whereas others reported *not having their blood sugar checked in the past two weeks* (19.5%, 95% CI [15.3, 24.4]).

In most cases, the impact of diabetes prompted First Nation adults to adopt a healthier lifestyle to include *diet and exercise* (82.2%, 95% CI [77.9, 85.9]). Diabetes impacted *vision* (e.g. retinopathy; 37.7%, 95% CI [30.2, 45.8]), *affected kidney function* (23.2%, 95% CI [16.3, 32.0]) and *increased infections* (14.3%, 95% CI [9.4, 21.1])^E. First Nations adult males reported being impacted by diabetes more often by changes in their *circulation* (40.8%, 95% CI [25.1, 58.6])^E compared to women (28.1%, 95% CI [19.6, 38.4]), have the feeling in their *hands or feet affected by such things as neuropathy* (males 43.4%, 95% CI [30.1, 57.7]; females 29.1%, 95% CI [22.7, 36.6]) or in their *lower limbs* (males 34.4%, 95% CI [23.1, 47.8])^E; females 20.7%, 95% CI [15.6, 27.0]).

^E High sampling variability. Use figure with caution.

A majority of First Nation adults with diabetes reported *attending a diabetes clinic* or *seeing someone for diabetes education* such as a doctor, nurse or other sources (52.0%, 95% CI [44.9, 59.0]). The most common reason indicated by adults for *not attending a clinic* or *receiving diabetes education* was that they *no longer required diabetes education as they already have the information they need* (42.3%, 95% CI [33.1, 52.0]). First Nation adults (20.2%, 95% CI [12.3, 31.3])^E indicated that they *chose not to attend a diabetes clinic* or *seeing someone for diabetes education*. First Nation adults identified difficulties accessing diabetes education because they did not have a *diabetes clinic available in their area* (8.6%, 95% CI [5.8, 12.6])^E; *did not have sufficient information where to go* for more information (7.6%, 95% CI [4.7, 12.1])^E; or due to *transportation costs* (5.1%, 95% CI [3.0, 8.4])^E.

INJURY

When responding to the question '*have you been injured in the past 12 months?*', 21.3% (95% CI [18.9, 24.0]) of First Nation adults reported that they had been injured in the twelve-month period prior to the survey (Figure 11). Of those First Nation adults who reported being injured, higher proportions of injuries were found among the 18-29 age group (26.4%, 95% CI [20.6, 33.2]) compared to adults in the 60 years of age or older age group (17.6%, 95% CI

^E High sampling variability. Use figure with caution.

[13.7, 22.3]). Adult males (23.9%, 95% CI [20.4, 27.7]) were more likely to report being injured than adult females (18.7%, 95% CI [16.0, 21.7]).

Figure 11: First Nation Adult Reported Injuries by Age (n=1463)

Question 54: *Have you been injured in the past 12 months?*

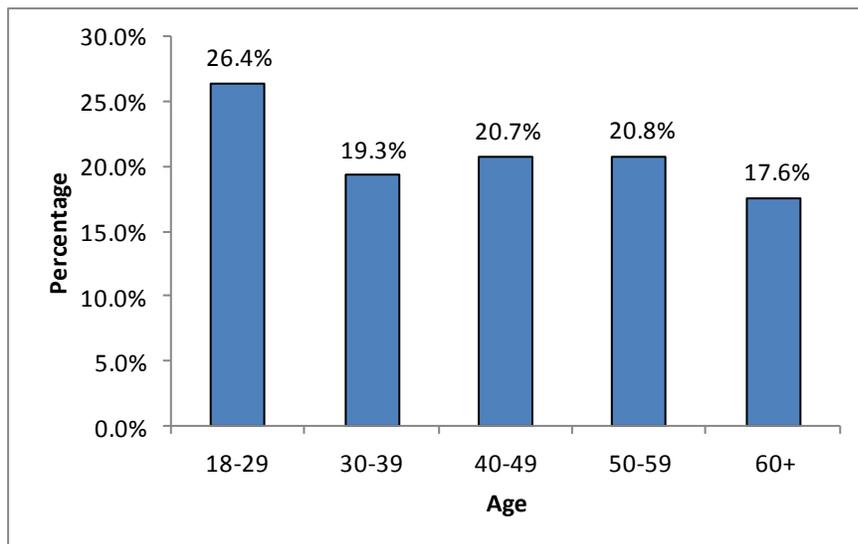


Figure 12 illustrates the three most common types of injury experienced by First Nation adults. These were *major sprain or strain* (34.1%, 95% CI [27.9, 40.9]), *major cuts, scrapes or bruises* (25.3%, 95% CI [20.0, 31.4]), and *broken or fractured bones* (23.4%, 95% CI [19.0, 28.5]).

Figure 12: Types of injuries reported by First Nation Adults (n=297)

Question 55: What type of injury(ies) did you have?

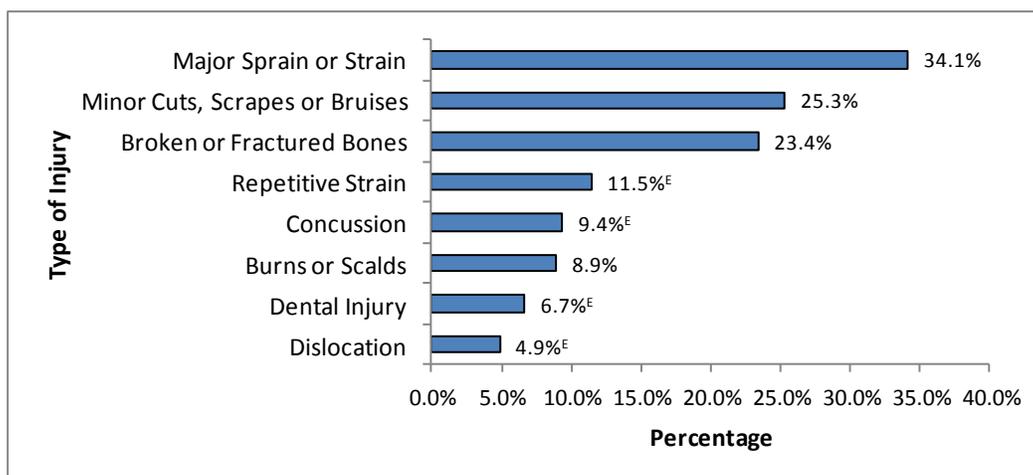
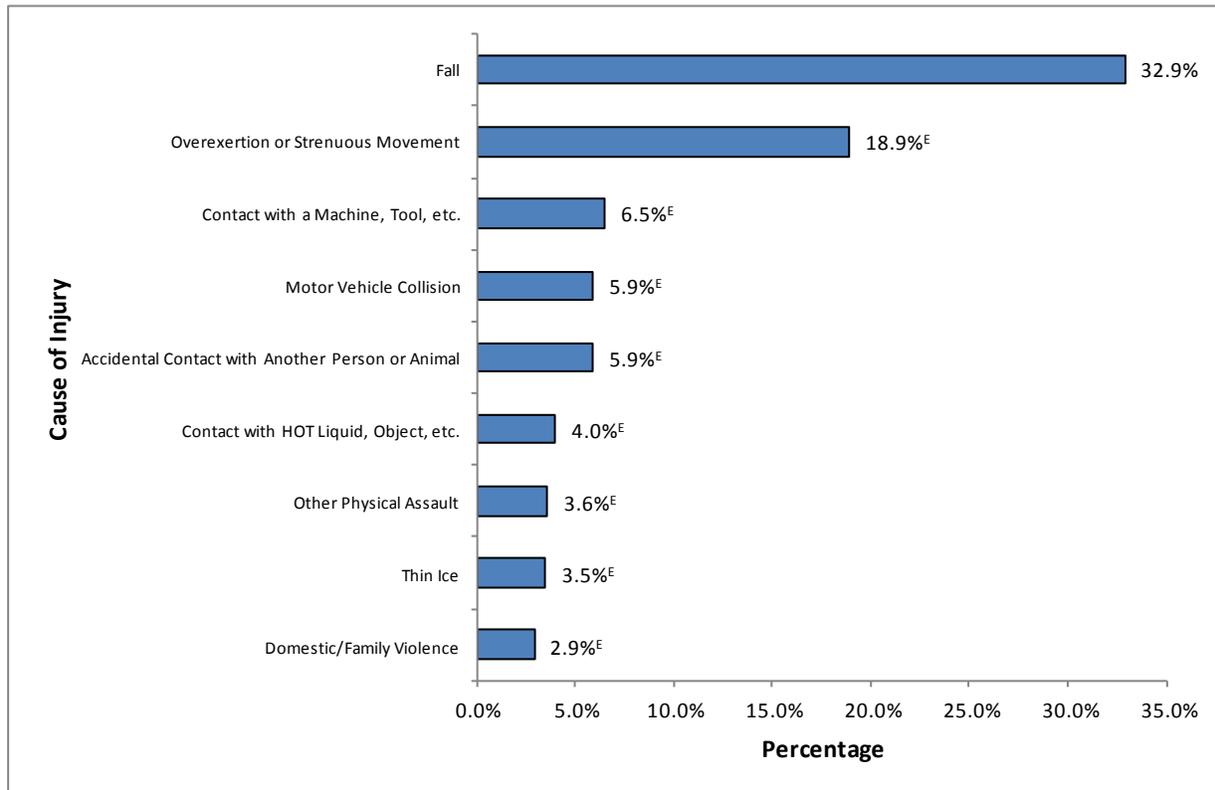


Figure 13 illustrates the most common locations for injuries amongst adults. The four most common locations where First Nation adults self-reported injuries occurred were *at home* (50.4%, 95% CI [42.9, 57.9]), on the *street, highway or sidewalk* (16.4%, 95% CI [12.3, 21.5]), or *at sports fields/facilities of schools* (14.7%, 95% CI [11.2, 19.1]). Some of the injuries occurred during *sports or physical exercise* (26.2%, 95% CI [21.2, 31.8]), during *unpaid work/chores around the house* (24.8%, 95% CI [19.6, 30.8]), or during *leisure or hobby activities* (18.8%, 95% CI [13.6, 25.5]). First Nation adults reported the injuries were caused by *falls or trips* (32.9%, 95% CI [23.8, 43.6]) or *overexertion/strenuous movement* (18.9%, 95% CI [12.0, 28.4])^E. *Domestic or family violence* occurred in 2.9% (95% CI [1.7, 4.8])^E of the reported injuries and *other physical assault* in 3.6% (95% CI [2.2, 5.8])^E of reported accidents.

^E High sampling variability. Use figure with caution.

Figure 13: Major causes of injuries reported by First Nation Adults (n=297)

Question 55: What caused the injury(ies)?



Many of the First Nation adults reported receiving treatment for their injuries at the *hospital emergency room* (40.8%, 95% CI [33.7, 48.3]). Some sought medical treatment at the *doctor's office* (21.5%, 95% CI [16.7, 27.3]). A few obtained medical treatment for their injuries at a *walk-in clinic* (15.3%, 95% CI [11.1, 20.6]), home (12.8%, 95% CI [7.4, 21.3])^E or *community health centre* (9.8%, 95% CI [6.4, 14.6])^E. Several First Nation adults (13.6%, 95% CI [8.2, 21.8])^E self-reported that they *did not seek any medical treatment*.

The vast majority of injuries *did not occur while under the influence* (85.0%, 95% CI [79.6, 89.1]) as self-reported by First Nations adults. Alcohol was reported to have had an influence in the cause of injuries 12.4% (95% CI [8.6, 17.7])^E of the time.

^E High sampling variability. Use figure with caution.

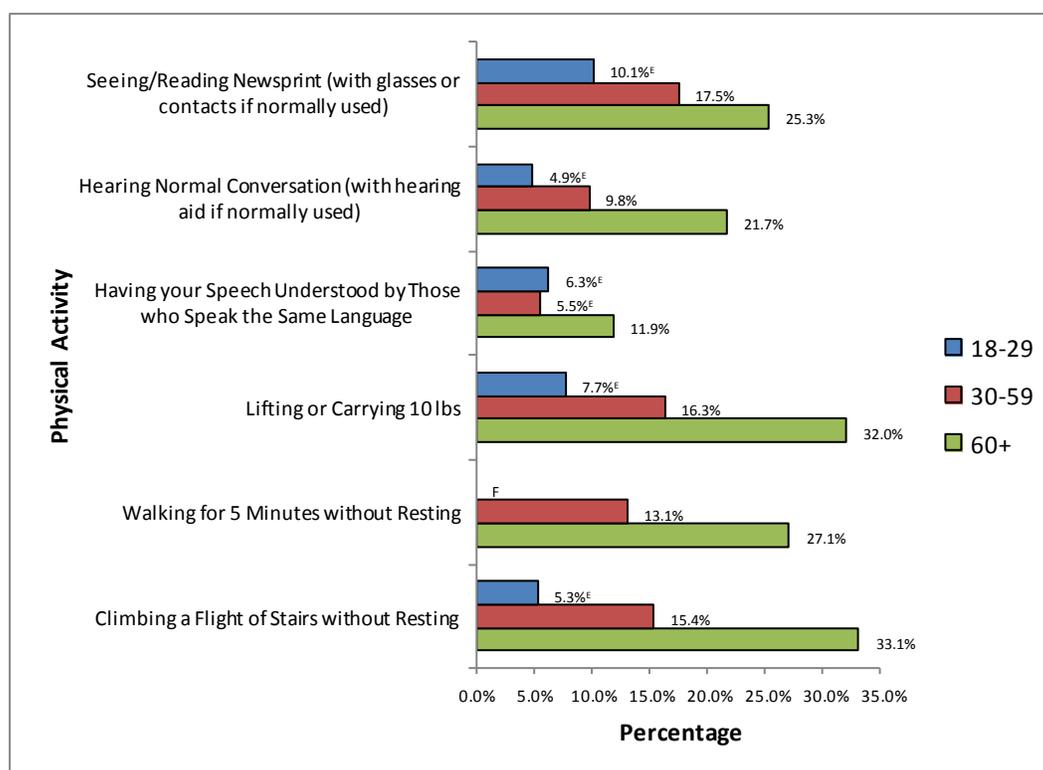
DISABILITY

In response to the question 'are you limited in the kinds or amount of activity you can do at home, work or otherwise because of a physical or mental condition, or a health problem?', 12.9% (95% CI [11.4, 14.6]) First Nation adults reported that they were often limited and sometimes limited (19.3%, 95% CI [15.5, 23.8]) as a result of a physical condition, mental condition, or a health problem.

Activity limitations increased according to age group with 31.9% (95% CI [26.9, 37.4]) of adults 60 years of age and older reporting that are *often* limited in activities compared to the 40-49 year age group (11.2%, 95% CI [7.5, 16.2])^E. Figure 14 indicates physical limitations reported by First Nation adults.

Figure 14: Limitations reported by First Nation Adults by Age Group

Question 63: Do you have difficulties with any of the following activities?



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

HOME HEALTH CARE

First Nation adults reported on whether they believed they currently needed home care services or that they were currently receiving home care services as a result of a physical condition or health problem.

The Ontario Region 2008/10 findings indicated that several adults reported they currently needed *home maintenance services* (15.7%, 95% CI [13.6, 18.2]), *light housekeeping services* (12.7%, 95% CI [11.3, 14.3]), *meals prepared or delivered* (4.4%, 95% CI [3.4, 5.7]), *care from a nurse* (3.5%, 95% CI [2.5, 4.9]), or *personal care* (2.5%, 95% CI [1.8, 3.3]).

For those adults who self-reported currently receiving home care services (Table 12), 73.4% (95% CI [62.2, 82.3]) of adults indicated currently receiving *care from a nurse; light housekeeping services* (57.1%, 95% CI [48.0, 65.7]), *meals prepared or delivered* (54.7%, 95% CI [44.3, 64.7]), *personal care services* (44.8%, 95% CI [32.6, 57.6]), and *home maintenance services* (38.5%, 95% CI [32.2, 45.2]).

Table 12: Home care services needed and received by First Nation Adults

Question 78: Because of a physical condition or health problem, do you believe you currently need any of the following services at home?

	<i>Yes, this is needed (%)</i>	<i>Yes, this service is currently received (%)</i>
Light housekeeping	12.7	57.1
Home maintenance	15.7	38.5
Care from a nurse	3.5	73.4
Personal care (grooming, washing, etc)	2.5	44.8
Meals prepared or delivered	4.4	54.7

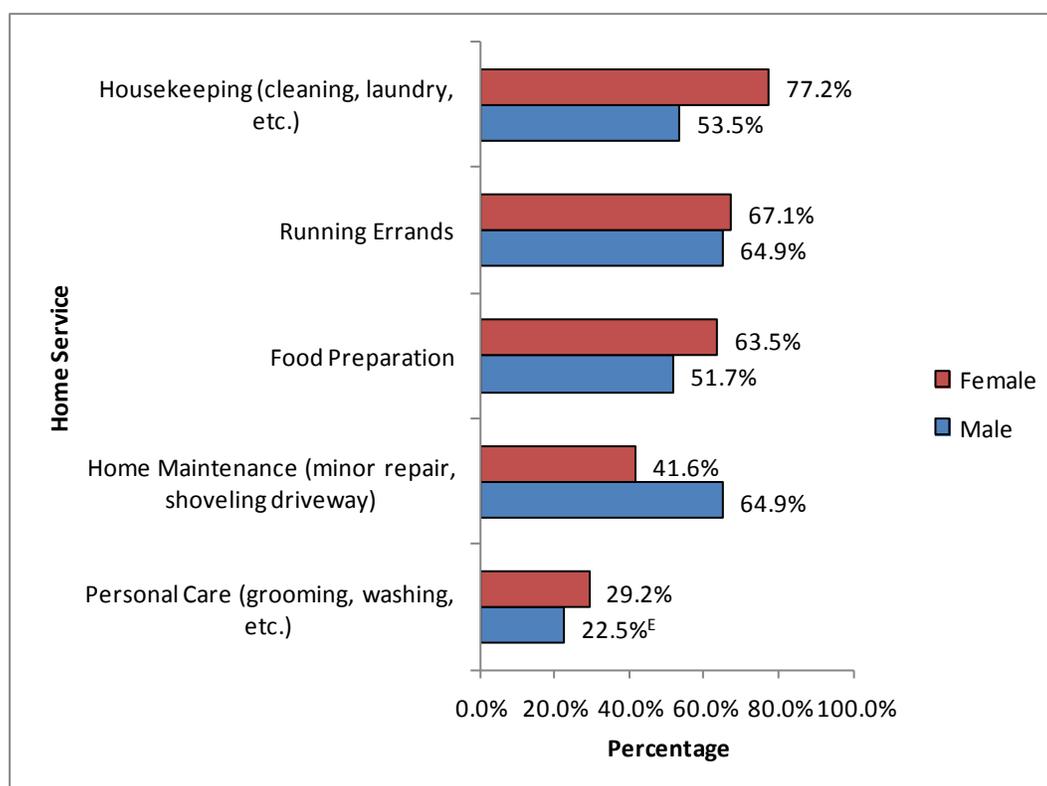
Of the First Nation adult respondents participating in the Ontario Region 2008/10 RHS, 18.9% (95% CI [15.9, 22.2]) of First Nation adults indicated that they provided help with homecare (e.g., dressing, bathing, meals, housekeeping, and travel) for a family member or friend because of a chronic condition or a disability.

The younger age groups, specifically, the 18 to 29 years age group (21.6%, 95% CI [17.7, 26.0]), and the 30 to 59 years age group (19.3%, 95% CI [15.7, 23.5]), reported helping with home care more often than the older age group 60 or more years of age (12.8%, 95% CI [9.1, 17.6]).

The most frequent types of home care provided to friends or family members as self-reported by First Nation adults are identified in Figure 15, below.

Figure 15: Type of home care provided by First Nation adults

Question 81: *What type of care do you provide?*



^E High sampling variability. Use figure with caution.

When asked ‘how many hours a week do you provide?’ for home care services, First Nation adults indicated they provided between 60 to 79 hours per week (1.7%, 95% CI [0.9, 3.5])^E, less than 60 hours a week (95.0%, 95% CI [92.3, 96.8]), and more than 80 hours a week (3.2%, 95% CI [1.9, 5.5])^E.

When asked ‘do you have an immediate family member that has been placed in a long-term care facility that is located outside of the community or off-reserve?’, 6.2% (95% CI [4.5, 8.4]) of First Nation adults identified having an immediate family member placed in a long-term care facility located outside of the community or off reserve.

Table 13 illustrates the age of the immediate family member at the time they entered a long term care facility.

Table 13: Age of family member or Friend when they entered a long term care facility (LTC) (n=95)

Question 81: *How old was your immediate family member when they entered a long-term care facility?*

<i>Age of family member/friend entering LTC facility</i>	<i>(%)</i>
Less than 60 years old	7.2 ^E
60-69 years of age	18.8 ^E
70-79 years of age	31.6 ^E
80-89 years of age	24.5 ^E
90+ years of age	7.7 ^E

When First Nations adults were asked to provide *the main reason the immediate family member was in a long-term care facility*, the identified main reasons corresponded to the need for 24-hour nursing care for age-related health conditions or general health deterioration where services could no longer be provided at home.

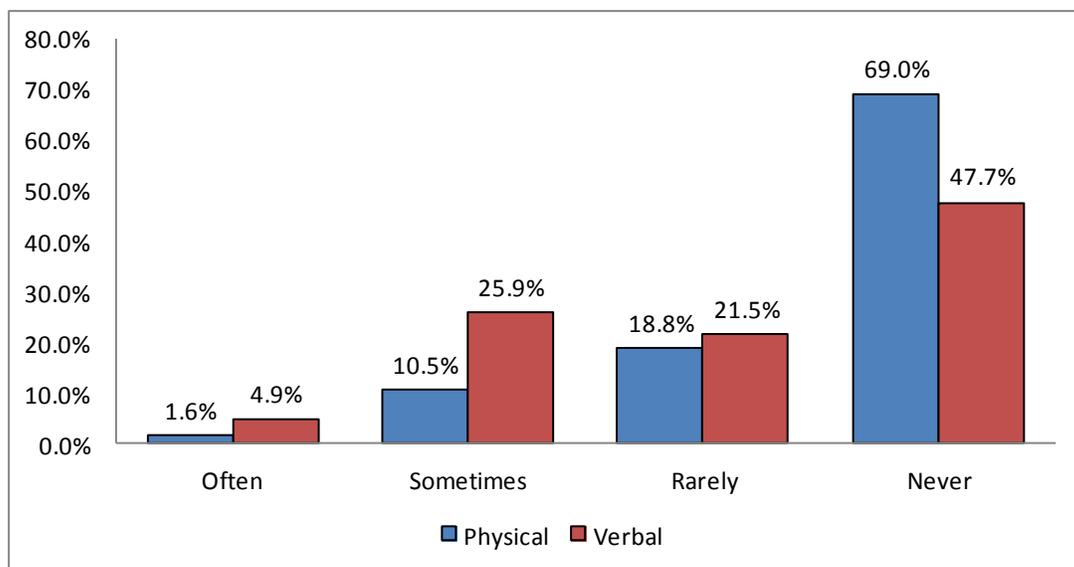
^E High sampling variability. Use figure with caution.

PERSONAL SAFETY

In the Ontario Region 2008/10 RHS findings, First Nation adults identified whether they had experienced physical or verbal aggression in the twelve months prior to completing the survey (Figure 16). Some adults (31.0%, 95% CI [27.1, 35.1]) reported experiencing *physical aggression*. Out of this figure, male adults (33.5%, 95% CI [28.3, 39.2]) and female adults (28.5%, 95% CI [25.0, 32.3]) reported experiencing *physical aggression*.

Many First Nation adults (52.3%, 95% CI [48.5, 55.9]) reported experiencing *verbal aggression* in the past 12 months (Figure 16). Out of this figure, male adults (52.9%, 95% CI [45.7, 60.1]) and female adults (51.6, 95% CI [48.6, 54.6]) reported experiencing *verbal aggression*.

Figure 16: Aggression experienced by First Nation Adults in the past 12 months
Question 86: *Have you experienced physical aggression in the past 12 months?*



Female adults (28.1%, 95% CI [21.3, 36.1]) reported *seeking help to deal with the aggression* more often than male adults (13.7%, 95% CI [9.3, 19.7])^E. Of those First Nation adults who self-reported experiencing physical and verbal aggression, these experiences decreased with age (Table 14).

^E High sampling variability. Use figure with caution.

Table 14: First Nation Adults experiences with aggression by age

	<i>18-29 year olds (%)</i>	<i>30-39 year olds (%)</i>	<i>40-49 year olds (%)</i>	<i>50-59 year olds (%)</i>	<i>60+ years of age (%)</i>
Physical aggression (n=1396)	52.5	31.3	30.2	19.2	12.4
Verbal aggression (n=1397)	72.0	56.5	55.4	40.1	25.7

HEALTH CARE ACCESS

When asked ‘do you use traditional medicines?’, 45.9% (95% CI [50.4, 57.7]) of the First Nation adult respondents affirmed that they used traditional medicines.

Table 15 below illustrates the adult identified barriers to accessing traditional medicines. Most adults (73.4%, 95% CI [68.4, 77.9]) indicated that they had *no difficulties* when trying to access traditional medicines. Of those adult respondents (26.6%, 95% CI [22.1, 31.6]) who used traditional medicines but had difficulties accessing traditional medicines, the most common reasons are indicated below.

Table 15: Barriers to accessing traditional medicines (n=654)

Question 90: Have you had any of the following difficulties when trying to access traditional medicines?

<i>Adult identified barriers to accessing traditional medicines</i>	<i>Males (%)</i>	<i>Females (%)</i>	<i>Total (%)</i>
Do not know where to get them	8.6 ^E	14.8 ^E	11.8 ^E
Not covered by non-insured health benefits (Health Canada)	F	F	7.7 ^E
Do not know enough about them	4.3 ^E	9.2 ^E	6.8
Not available through health centre	F	8.7 ^E	6.0 ^E
Too far to travel	F	8.3 ^E	5.7 ^E
Can't afford it	F	4.7 ^E	3.3 ^E

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

First Nation adults were asked ‘during the past 12 months, have you experienced any of the following barriers to receiving health care?’ with a listing of ‘access barriers’. Table 16 provides the adult identified barriers to accessing health care. The most common barriers encountered by adults were *waiting lists* (33.8%, 95% CI [30.1, 37.8]) and *lack of coverage by Non-Insured Health Benefits* (26.9%, 95% CI [23.4, 30.6]).

Table 16: Barriers to health care access

Question 92: *During the past 12 months, have you experienced any of the following barriers to receiving health care?*

<i>Adult identified barriers to accessing health care</i>	<i>Males (%)</i>	<i>Females (%)</i>	<i>Total (%)</i>
Waiting list too long (n=1386)	30.1	37.5	33.8
Not covered by Non-insured Health Benefits (NIHB) (n=1346)	21.3	32.3	26.9
Could not afford direct cost of care, service (n=1343)	20.2	22.7	21.4
Felt health care provided was inadequate (n=1337)	17.6	23.7	20.6
Doctor or nurse not available in my area (n=1403)	19.6	21.5	20.6
Prior approval for services under NIHB was denied (n=1344)	16.3	21.9	19.1
Could not afford transportation costs (n=1369)	15.2	17.9	16.5
Felt service was not culturally appropriate (n=1299)	14.7	17.7	16.2
Difficulty getting traditional care (e.g. healer, medicine person, or elder) (n=1322)	11.6	15.6	13.6
Unable to arrange transportation (n=1391)	12.1 ^E	14.4	13.3
Service was not available in my area (n=1310)	13.3	13.0	13.2
Chose not to see health professional (n=1316)	12.8	11.0	11.9
Health facility not available (e.g. nursing station or hospital) (n=1397)	12.6	10.9	11.7
Could not afford childcare costs (n=1312)	7.4	6.1 ^E	6.8

When responding to the question regarding access to Health Canada’s Non-Insured Health Benefits (NIHB) program, many First Nation adults (61.0%, 95% CI [54.3, 67.3]) reported they

^E High sampling variability. Use figure with caution.

did not have any difficulties accessing NIHB; however, when asked about the types of NIHB services that were difficult to access *dental care* (16.3%, 95% CI [12.4, 21.2]) and *medication* (12.5%, 95% CI [9.1, 16.9]) were the two most common difficulties encountered by adults (See Table 17).

Table 17: First Nation Adult identified Barriers to Accessing NIHB services (n=1497)

Question 93: Have you had any difficulties accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB) provided to status First nations through Health Canada?

<i>Adult identified difficulties accessing specific NIHB Services</i>	<i>Males (%)</i>	<i>Females (%)</i>	<i>Total (%)</i>
Dental care	12.4	20.3 ^E	16.3
Medication	8.3 ^E	16.7	12.5
Vision care (e.g. glasses)	5.0 ^E	11.8 ^E	8.4 ^E
Transportation services or costs (air or road)	5.9 ^E	6.6	6.3 ^E
Escort travel	5.1 ^E	6.3	5.7 ^E
Other medical supplies (i.e. walker, crutches)	F	2.8 ^E	2.5
Hearing aid	F	2.2 ^E	1.5 ^E

When responding to the question ‘over the past 12 months, how often has your primary healthcare provider (family physician/RN/nurse practitioner) changed?’, 71.4% (95% CI [64.9, 77.1]) of First Nation adults reported that their primary healthcare provider stayed the same. Some First Nation adults (13.4%, 95% CI [11.2, 16.0]) reported their healthcare provider changed once and 15.2% (95% CI [11.3, 20.1]) of adults reported that their primary healthcare provider changed two or more times.

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

DENTAL CARE

At the time of the 2008/10 RHS, 79.9% (95% CI [77.6, 81.9]) of First Nation adults self-reported receiving dental care *within two years* prior to the survey, 43.7% (95% CI [40.5, 46.9]) reported receiving dental care *less than six months* prior to the survey, and 20.7% (95% CI [18.6, 22.9]) of adults receiving dental care *within six to 12 months*. Almost all First Nation adults (91.6%, 95% CI [89.1, 93.5]) reported having *one or more of their own teeth*. Some First Nation adults (28.1%, 95% CI [25.4, 31.1]) reported wearing *full or partial dentures, false teeth, bridges or dental plates to replace missing permanent teeth*.

When responding to the question '*have you had any of the following difficulties accessing dental care?*', First Nation adults attributed *service not covered by NIHB* (21.4%, 95% CI [17.1, 26.4]) and *long waiting lists* (20.3%, 95% CI [16.1, 25.3]) as barriers to access dental care (Table 18).

Table 18: Barriers to dental care access reported by Adults

Question 98: *Have you had any of the following difficulties accessing dental care?*

	Male (%)	Female (%)	Total (%)
Service not covered by NIHB (n=1341)	18.0	24.8	21.4
Waiting list too long (n=1379)	20.5	20.1	20.3
Direct cost of care (n=1351)	17.0	18.1	17.5
Felt dental services were inadequate (n=1268)	16.3	18.5	17.4
Dental services not available in my area (n=1390)	16.5	17.4	16.9
Prior approval for services under NIHB was denied (n=1342)	13.5	18.3	15.9
Transportation costs (n=1357)	11.4 ^E	12.8	12.1
Other cost (n=1278)	5.1	5.4	5.3
Childcare costs (n=1319)	4.4 ^E	4.2	4.3

A majority of First Nation adults identified *dental maintenance* (63.2%, 95% CI [58.0, 68.1]) and *cavities filled or other restorative work* (39.2%, 95% CI [35.1, 43.3]) as the types of dental treatments they currently needed (Table 19).

^E High sampling variability. Use figure with caution.

Table 19: Dental care needs for adults

Question 99: What type of dental treatment do you currently need?

Type of dental treatment currently needed by adults	Male (%)	Female (%)	Total (%)
Maintenance (e.g. check-ups or teeth cleaning) (n=1122)	60.2	66.2	63.2
Cavities filled or other restorative work (e.g. fillings, crowns, bridge) (n=1122)	36.2	42.1	39.2
None (n=1497)	25.1	23.2	24.2
Prosthetics (e.g. denture, including repair and maintenance) (n=1122)	15.9	14.8	15.3
Fluoride treatment (n=1122)	11.7 ^E	14.2	13.0
Extractions (taking teeth out) (n=1122)	13.2	9.7	11.5
Periodontal (gum) work (n=1122)	9.0 ^E	8.5 ^E	8.7 ^E
Urgent care (dental problems requiring immediate attention) (n=1122)	6.3 ^E	4.3 ^E	5.3
Orthodontic work (e.g. braces) (n=1122)	2.2 ^E	3.9 ^E	3.0

FOOD AND NUTRITION

In the 2008/10 RHS findings, some First Nation adults (27.5%, 95% CI [24.7, 30.6]) reported that they *always* or *almost always* consume a nutritious and balance diet while the majority (53.1%, 95% CI [50.6, 55.6]) of First Nation adults stated that they *sometimes* do. Several First Nation adults either *rarely* (15.6%, 95% CI [13.7, 17.7]) or *never* (3.8%, 95% CI [2.9, 4.9]) eat a balanced and nutritious diet.

^E High sampling variability. Use figure with caution.

Table 20, below, shows that many First Nation adults (38.4%, 95% CI [34.7, 42.1]) reported consuming *bread, pasta, rice and other grains several times a day* with a further 36.7% (95% CI [34.4, 39.0]) consuming this food group *once a day*. Some First Nation adults (26.3%, 95% CI [23.0, 29.8]) consumed *juice several times a day* with 28.2% (95% CI [24.7, 32.0]) doing so *once a day*. This was a similar pattern for the intake of *fruit (excluding fruit juice)* with 25.3% (95% CI [22.2, 28.6]) of adults eating *fruit several times a day* and 31.4% (95% CI [29.1, 33.9]) eating *fruit once a day*. First Nation adults (25.2%, (95% CI [22.1, 28.7]) consumed *protein (beef, chicken, pork, fish, eggs, beans, tofu) several times a day* and 46.0% (95% CI [42.1, 50.0]) stating they consumed *protein once a day*.

The data indicated that the *55 years of age and older* adult age group consumed less *protein several times a day* (17.2%, 95% CI [14.2, 20.8]) compared to the consumption of protein several times a day (32.5%, 95% CI [27.6, 37.9]) reported in the *18 to 34 years age group*.

Table 20: Adult consumption of specific food items

Question 100: *On average, how often do you eat or drink the following foods?*

<i>How often do you eat or drink the following:</i>	<i>Several times a day (%)</i>	<i>Once a day (%)</i>	<i>A few times a week (%)</i>	<i>About once a week (%)</i>	<i>Never / hardly (%)</i>
Water (n=1455)	61.4	23.3	11.3	2.0	2.0
Bread, pasta, rice, and other grains (n=1455)	38.4	36.7	20.0	3.9	1.0 ^E
Juice (n=1444)	26.3	28.2	23.1	9.8	12.6
Fruit (excluding fruit juice) (n=1453)	25.3	31.4	30.2	9.8	3.3
Protein (beef, chicken, pork, fish, eggs, beans, tofu) (n=1452)	25.2	46.0	24.1	4.0	0.6 ^E
Vegetables (n=1457)	22.5	41.7	26.4	6.0	3.3
Milk and milk products (e.g. yogurt, cheese) (n=1457)	21.6	39.2	24.7	7.6	6.9
Soft drinks/pop (n=1443)	21.5	21.4	24.5	13.6	19.0
Fast food (e.g. burgers, pizza, hotdogs, french fries) (n=1446)	3.5 ^E	9.2	29.6	36.8	20.9

^E High sampling variability. Use figure with caution.

When responding to the question ‘in the past 12 months, how often did someone share traditional food with your household?’, one in five adults (21.3%, 95% CI [17.6, 25.6]) reportedly had someone *often* share traditional food with their household in the 12 months prior to the survey. An additional 62.7% (95% CI [58.6, 66.8]) of adults reported that this occurred *sometimes* and 15.9% (95% CI [14.1, 17.9]) of adults reported *never* having traditional food shared with their household. Table 21 indicates the consumption of traditional foods reported by First Nation adults.

Table 21: Adult consumption of traditional food

Question 101: On average, how often do you eat or drink the following foods?

<i>In the past 12 months, how often have you eaten the following foods</i>	<i>Not at all (%)</i>	<i>A few times (%)</i>	<i>Often (%)</i>
Bannock, Fry bread (n=1391)	12.0 ^E	61.2	26.8
Fresh water fish (n=1449)	23.3	56.2	20.5
Berries or other wild vegetation (n=1389)	24.9	55.2	19.9
Corn soup (n=1388)	29.4	51.0	19.6
Land based animals (moose, caribou, bear, deer, bison, etc) (n=1450)	34.9	50.6	14.5
Wild rice (n=1381)	46.4	45.4	8.2
Game birds (goose, duck, etc) (n=1441)	64.7	29.1	6.2 ^E
Salt water fish (n=1428)	70.7	24.2	5.0 ^E
Other water based foods (shellfish, eels, clams, seaweed, etc) (n=1438)	77.4	19.9	2.7
Small game (rabbit, muskrat, etc) (n=1428)	78.5	19.1	2.3 ^E
Sea-based animals (whale, seal, etc) (n=1434)	96.8	2.9 ^E	0.3 ^E



^E High sampling variability. Use figure with caution.

When responding to the statement ‘we couldn’t afford to eat balanced meals in the household in the past 12 months’, the younger adults in the age category 18 to 29 years and the older adults in the age category 55+ reported *less difficulty* affording to eat balanced meals (Table 22). These two age categories also reported that they were *less likely to be hungry due to a lack of money* (Table 22).

Table 22: Selected food security variables

Question 105: Next Statement: ‘We couldn’t afford to eat balanced meals’. Was that statement often sometimes, or never true for your household in the past 12 months?

Question 108: In the past 12 months, were you ever hungry but didn’t eat because there wasn’t enough money for food?

<i>Couldn’t afford to eat balanced meals (in the past 12 months)</i>				
<i>Age Group</i>	<i>18-29 years of age (%)</i>	<i>30-39 years of age (%)</i>	<i>40-49 years of age (%)</i>	<i>50-59 years of age (%)</i>
Often true	13.9	14.9	13.1	8.9
Sometimes true	32.8	34.6	35.0	25.1
<i>Were you ever hungry but didn’t eat due to lack of money for food (in the past 12 months)</i>				
Reporting “Yes”	22.2	21.6	19.7	11.6

When asked the question ‘in the past 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?’, the proportion of First Nation adults who reported skipping or cutting the size of meals due to lack of money was 22.6% (95% CI [17.3, 29.1]) for those aged 18-29, 25.2% (95% CI [20.1, 31.0]) for those aged 30-39, 23.8% (95% CI [19.6, 28.5]) for those aged 40-49, 14.5% (95% CI [10.1, 20.5]) for those aged 50-59 and 13.1% (95% CI [8.8, 19.1])^E for those aged 60+.

A pattern appears when examining only those who said *yes to skipping or cutting meals*. Although, only 13.4% of the older adults in the age category 55+ reported *skipping or cutting meals*, more than half of these respondents (52.9%, 95% CI [39.2, 66.2]) self-reported that they do so *almost every month*. This is slightly higher than the proportion across all other age groups: 18-24 years of age (45.9%, 95% CI [32.8, 59.5]); 25-39 years of age (49.5, 95% CI [41.4, 57.7]); and, 40-54 years of age (40.5, 95% CI [32.6, 48.9]), as illustrated in Figure 17.

^E High sampling variability. Use figure with caution.

Figure 17: Proportion of Adults in the household who have skipped or cut the size of meals due to lack of money by age group (n=1403)

Question 108: *In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?*

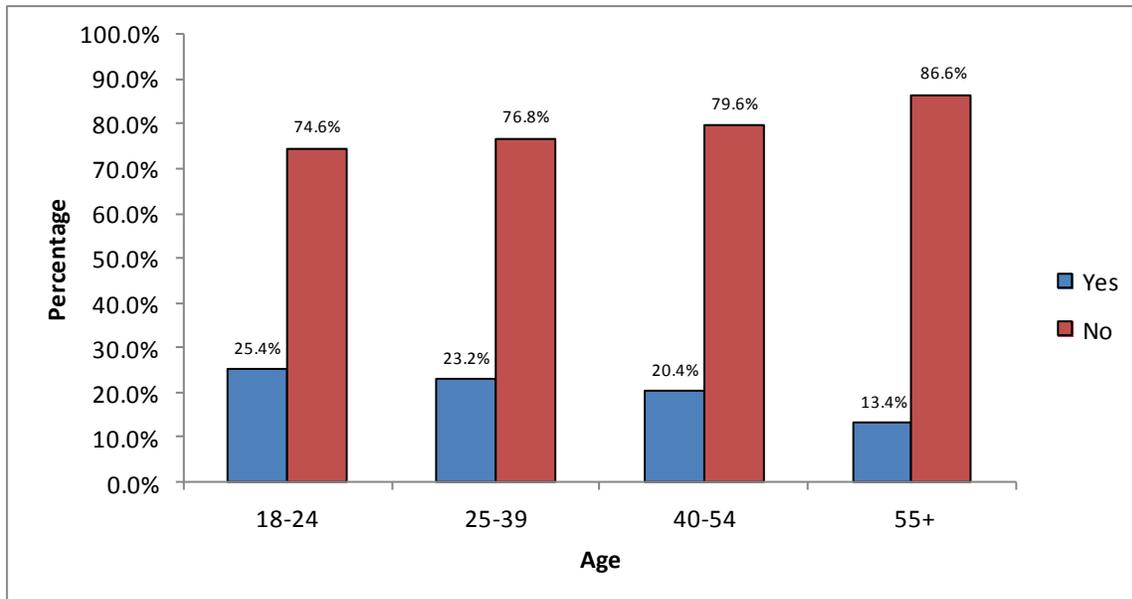


Table 23, illustrates the First Nation adult responses to food security statements provided in the 2008/10 RHS Adult questionnaire.



Table 23: Adult responses to food security statements

- Question 103: *In the past 12 months, how often did someone share traditional food with your household?*
 Question 104: *The first statement is “The food that we bought just didn’t last and we didn’t have the money to get more’.*
 Question 105: *‘Next statement: ‘We couldn’t afford to eat balanced meals’.*
 Question 106: *In the past 12 months, did you or other adults in your household ever cut the size of your meals ` or skip meals because there wasn’t enough money for food?*
 Question 110: *The first statement is: ‘You had to rely on only a few kinds of low-cost food (e.g. macaroni, rice) to feed your child/children because you were running out of money to buy food.’*
 Question 111: *The next statement is: ‘You couldn’t feed your child/children a balanced meal, because you couldn’t afford it’.*
 Question 112: *The final statement: ‘The child was not eating enough because you (the primary care giver) just couldn’t afford enough food.’*

<i>Adult responses to statements about food security</i>	<i>Often %</i>	<i>Sometimes %</i>	<i>Never %</i>
How often did you or other adults cut the size of meals or skip meals? (n=247)	46.6	36.9	16.5
In the past 12 months, how often did someone share traditional food with your household (n=1405)	21.3	62.7	15.9
In the last 12 months, you had to rely on only a few kinds of low-cost food (e.g. macaroni, rice) to feed your child/ children because you were running out of money to buy food. (n=632)	13.0	32.6	54.4
We couldn't afford to eat balanced meals (n=1393)	12.7	30.2	57.1
The food that we bought just didn't last and we didn't have money to get more (n=1390)	11.5	29.8	58.7
You couldn't feed your child/children a balanced meal, because you couldn’t afford it. Was that statement often, sometimes, or never true for your household in the last 12 months (n=627)	10.9	23.9	65.1
The child was not eating enough because you (the primary care giver) just couldn't afford enough food. Was that statement often, sometimes, or never true for your household in the last 12 months (n=622)	5.0 ^E	16.8	78.1

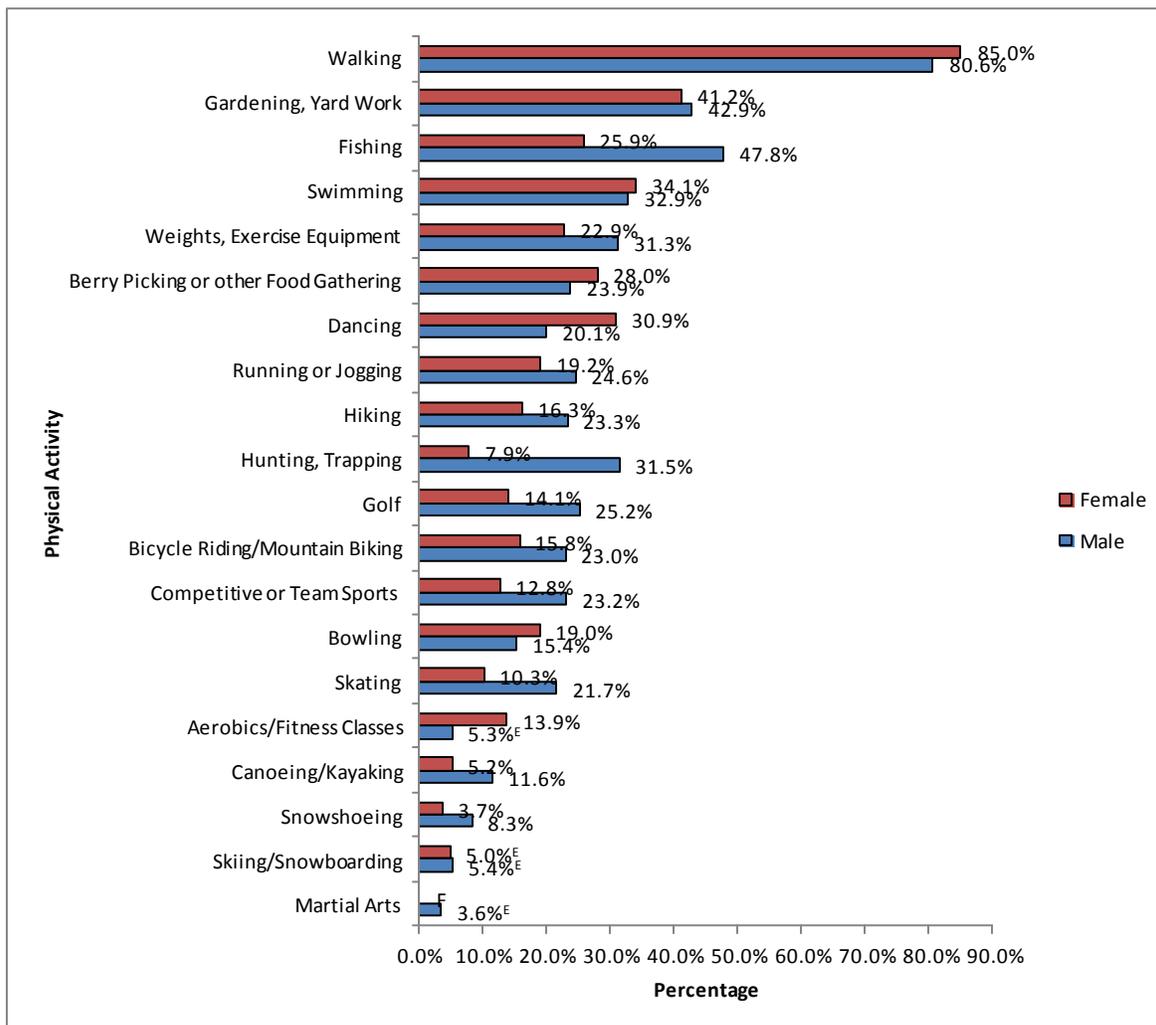
^E High sampling variability. Use figure with caution.

PHYSICAL ACTIVITY

Walking (82.8%, 95% CI [79.5, 85.6]), gardening/yard work (42.0%, 95% CI [36.3, 48.0]), fishing (36.9%, 95% CI [32.3, 41.8]), and swimming (33.5%, 95% CI [29.6, 37.8]) were more frequently reported as physical activities by First Nation adults. Figure 18 shows the physical activity type by gender breakdown for adults.

Figure 18: First Nation Adults participating in physical activity type by gender (n=1497)

Question 113: In the past 12 months, which of the following have you participated in?



^E High sampling variability. Use figure with caution.

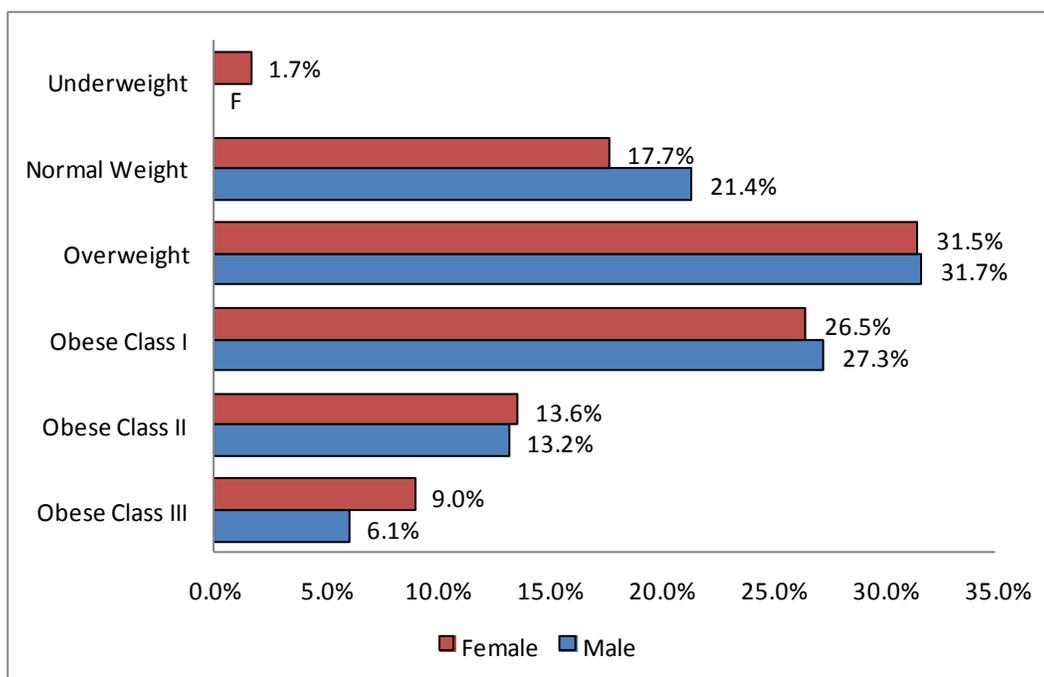
^F Suppressed due to extreme sampling variability or low cell count.

A majority of First Nation adults (64.8%, 95% CI [60.0, 69.4]) were considered *inactive*; 24.0% (95% CI [20.3, 28.0]) were considered *active*; and, 11.2% (95% CI [9.1, 13.7]) were considered *moderately active*. Male adults (30.3%, 95% CI [25.1, 36.1]) were more likely to be active than female adults (17.5%, 95% CI [14.3, 21.1]).

The *Canadian Guidelines for Body Weight Classification in Adults* describe a body weight classification system for adults 18 years and over (excluding pregnant and lactating women) that identifies health risk associated with body weight in individuals and in populations. One of these systems is the *body mass index* or BMI. The BMI is calculated using a ratio of weight-to-height and is an indicator of health risk linked with being underweight and overweight (Health Canada, 2005). It is important to note that the BMI are only one part of a health risk assessment; and to clarify health risk, other factors need to be considered.

In the *Personal Information Section* of the 2008/10 RHS Adult questionnaire, respondents were asked to disclose their height and weight. The results for height and weight self-reported by First Nation adults showed that one in five adults (19.6%, 95% CI [17.1, 22.4]) were in the *normal* weight category or within the normal BMI range. Only 1.0% (95% CI [0.6, 1.7])^E of First Nations adults are *underweight*. More than one-quarter of First Nation adults are considered *overweight* (31.6%, 95% CI [28.7, 34.6]), 26.9% (95% CI [25.0, 28.9]) are *obese class I*, 13.4% (95% CI [11.1, 16.2]) are *obese class II*, and 7.5% (95% CI [5.2, 10.7])^E are *obese class III* (Figure 19).

^E High sampling variability. Use figure with caution.

Figure 19: First Nation adults Body Mass Index (BMI) by gender

When asked to describe the routine of a typical day, some adult respondents indicated that their daily routine involved *walking or other moderate activities for at least 60 minutes every day* (31.2%, 95% CI [28.0, 34.6]) or involved *walking or other moderate activities for 35-59 minutes every day* (32.2%, 95% CI [29.7, 34.7]). Some First Nation adults reported *spending most of the day sitting but do at least 30 minutes of physical activity at least once a week* (23.9%, 95% CI [21.6, 26.4]) whereas a few adults indicated *sitting most of the day and being rarely active* (12.7%, 95% CI [10.1, 15.7]).

In response to the question ‘during the past week, how much time in an average day did you spend watching TV, reading, playing bingo/video games or working at your computer (outside or work day/school day)?’, many First Nation adults reported on average spending more than 1.5 hours a day watching TV, reading, playing bingo/video games or working at a

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

computer (54.3%, 95% CI [51.1, 57.4]). Some First Nation adults reported spending between 1 to 1.5 hours a day (19.5%, 95% CI [16.8, 22.5]) or less than one hour a day (26.2%, 95% CI [23.3, 29.3]).

NON TRADITIONAL USE OF TOBACCO

The Ontario Region 2008/10 RHS data indicated that most First Nation adults started smoking during their teenage years with 74.6% (95% CI [70.4, 78.4]) indicating that they started *smoking by the time they were sixteen years of age*.

When asked the question '*at the present time, do you smoke cigarettes?*', more than one third (38.6%, 95% CI [34.5, 42.9]) of First Nation adults self-identified as *daily smokers* with an additional 10.9% (95% CI [8.9, 13.2]) self-identifying as *occasional smokers* (Figure 20). In comparison, Statistics Canada (2010) reported that 17.1% of the general Canadian population (2007-2008) are daily smokers.⁴

⁴Source: Statistics Canada, Health Indicator Maps, catalogue no. 82-583-XIE, Vol. 2010, No.1 (CANSIM Table 105-0502)

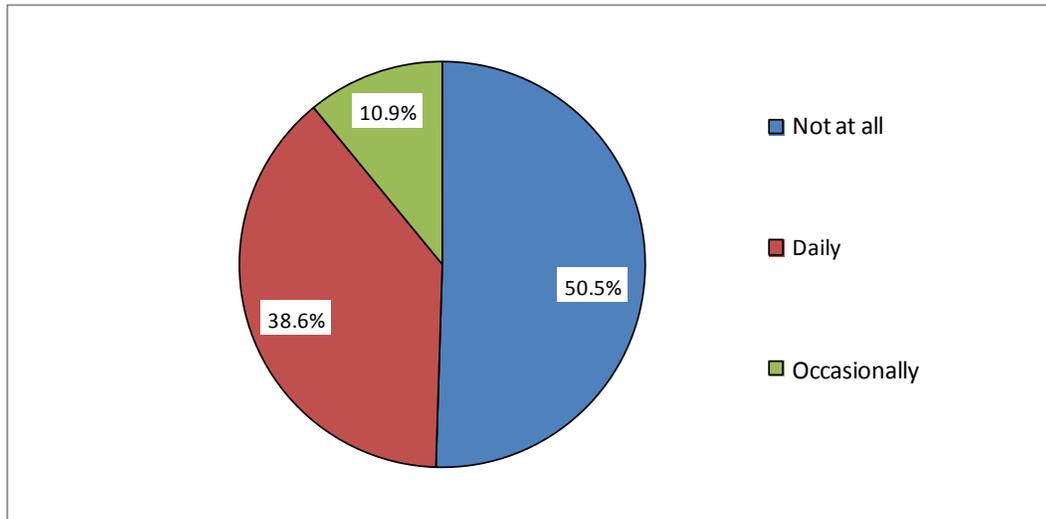
Figure 20: Smoking status among First Nation adults (n=1458)Question 118: *At the present time, do you smoke cigarettes?*

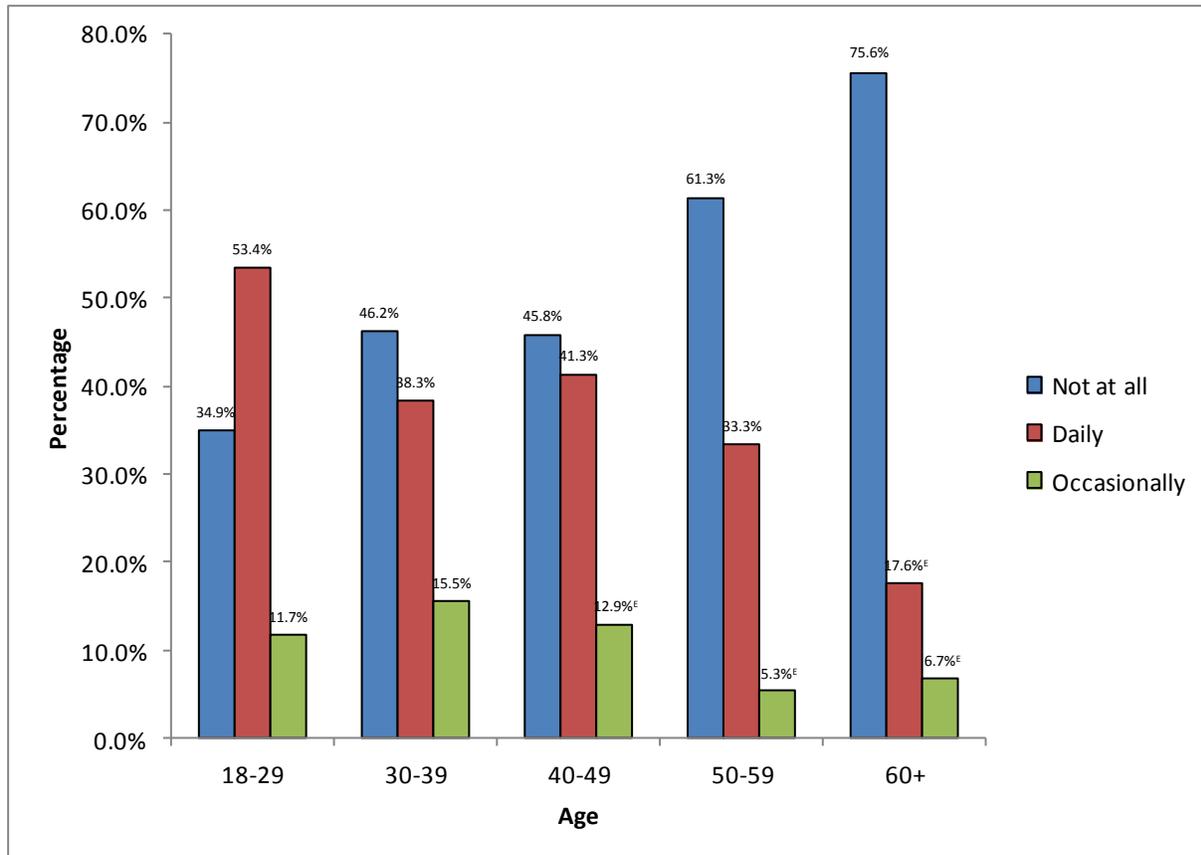
Figure 21 indicates the proportion of daily smokers by age group. First Nation adults in the *18-29 years of age* group indicated on average smoking more often on a *daily basis* (53.4%, 95% CI [46.7, 60.0]) compared to the *30-39 years of age* group (38.3%, 95% CI [31.5, 45.7]), the *40-49 years of age* group (41.3%, 95% CI [34.3, 48.6]), the *50-59 years of age* group (33.3%, 95% CI [28.0, 39.2]) and the *60 years or older* age group (17.6%, 95% CI [12.1, 25.0])^E. According to the findings and as indicated in Figure 21, young First Nation adults *aged 18 to 29 years* reportedly have the highest proportion of daily smokers (53.4%, 95% CI [46.7, 60.0]).



^E High sampling variability. Use figure with caution.

Figure 21: Proportion of daily smokers by age group

Question 118: *At the present time, do you smoke cigarettes?*



In the 12 months prior to the 2008/10 RHS, 19.4% (95% CI [12.1, 29.7])^E of adults who self-identified as current smokers or ex-smokers indicated that they had *attempted to quit smoking*. The RHS findings indicated that the 18-29 years of age group were *more likely to attempt to quit smoking* (47.5%, 95% CI [29.2, 66.4])^E compared to the 30-59 years of age group (18.9%, 95% CI [10.3, 32.2])^E.

A majority of First Nation adults (non-smokers, ex-smokers, and current smokers) (71.7%, 95% CI [69.1, 74.2]) indicated having a *smoke-free home*.

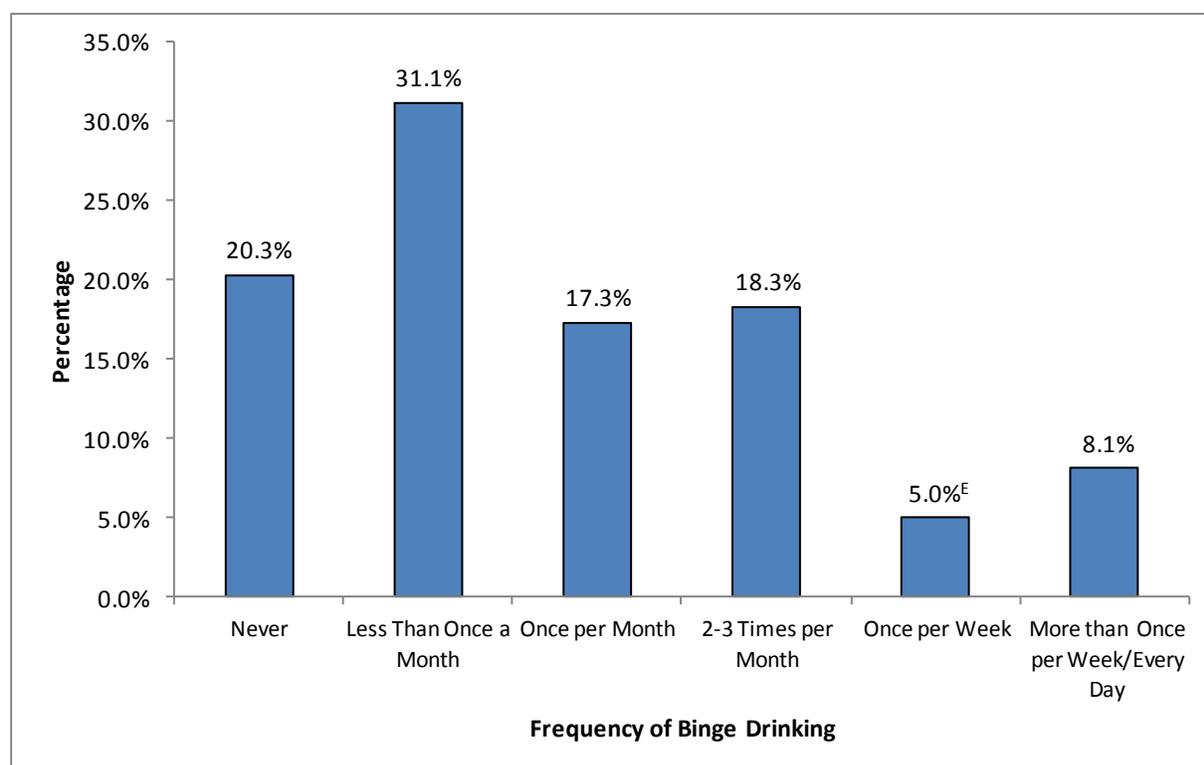
^E High sampling variability. Use figure with caution.

SUBSTANCE USE

In the Ontario Region 2008/10 RHS findings, 62.1% (95% CI [57.8, 66.3]) of First Nation adults stated that they had *consumed an alcoholic beverage in the 12 months* prior to the survey. Male adults reported this 65.0% (95% CI [60.4, 69.4]) compared to female adults (59.3%, 95% CI [53.4, 64.9]). The findings indicated that the younger age category, 18-29 year olds (77.6%, 95% CI [73.0, 81.5]), were more likely to report *consuming an alcoholic beverage in past twelve months* compared to the older age category, 60 years of age (40.0%, 95% CI [34.0, 46.4]). Figure 22 indicates the frequency of consumption of five or more alcoholic drinks on one occasion (binge drinking).

Figure 22: Frequency of consumption of five or more alcoholic drinks among adults (n=818)

Question 130: *During the past 12 months, how often have you had 5 or more alcoholic drinks on one occasion?*



^E High sampling variability. Use figure with caution.

Approximately one in five First Nation adults (20.3%, 95% CI [17.5, 23.4]) reported *never having five or more alcoholic drinks on one occasion*, while 7.2% (95% CI [5.8, 9.1]) of adults reported having done so *more than once per week* and 0.8% (95% CI [0.4, 1.5])^E reported having done so *every day*. The highest proportion of alcohol consumption was reported in the younger age category 18-29 years old, with 77.6% (95% CI [73.0, 81.5]) self-reporting alcohol consumption in the past year. The findings indicated that there was a significant decrease in the consumption of alcohol with increasing age with male adults reporting consuming alcohol more than female adults.

Table 24, below, indicates the adult responses to the question '*have you had any of the following substances in the last 12 months (without a prescription)?*'. The 2008/10 RHS findings showed that 75.0% (95% CI [72.1, 77.8]) of First Nation adults reported having *never used non-prescription cannabis (marijuana, pot, grass, hash, etc.)*, whereas 9.8% (95% CI [8.5, 11.1]) reported using it *once or twice*, 2.0% (95% CI [1.3, 3.1])^E reported using it *monthly*, 3.6% (95% CI [2.7, 4.8]) reported using it *weekly* and 9.6% (95% CI [7.8, 11.8]) reported using it *daily or almost daily*. Ninety-three percent (93.2%, 95% CI [91.1, 94.9]) of First Nation adults self-reported having *never used opioids (heroin, morphine, methadone, codeine, etc.)*, whereas 2.8% (95% CI [2.1, 3.7]) reported using it *once or twice*, 1.3% (95% CI [0.8, 2.0])^E reported using it *weekly* and 2.3% (95% CI [1.4, 3.8])^E reported using it *daily or almost daily*.



^E High sampling variability. Use figure with caution.

Table 24: Adults Substance use in 12 months prior to 2008/10 RHSQuestion 131: *Have you had any of the following substances in the last 12 months (without a prescription)?*

	No (%)	Yes (%)
Cannabis (marijuana, pot, grass, hash, etc) (n=1418)	75.0	25.0
Opioids (heroin, morphine, methadone, codeine, etc) (n=1415)	93.2	6.8
Cocaine (coke, crack, etc) (n=1420)	94.3	5.7
Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc) (n=1416)	96.2	3.8
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc) (n=1418)	96.9	3.1
Amphetamine type stimulants (crystal meth, speed, ecstasy, etc) (n=1418)	99.0	1.0 ^E
Inhalants (solvents, glue, petrol, paint thinner, etc) (n=1425)	99.7	F

For the most part, the responses to having had of the listed substances indicated in Table 24 were most frequently cited by the younger aged adults in the *18 to 29-year age group*; with male adults for the most part citing using substances more frequently than female adults.

A few First Nation adults (15.9%, 95% CI [12.9, 19.4]) reported having *ever sought treatment for substance abuse/addiction*, with 20.8% (95% CI [15.6, 27.3]) of adult males reporting more so in comparison to 10.9% (95% CI [9.1, 13.1]) of adult females.

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

GAMBLING

When responding to the question ‘have you ever gambled (bet or spent money on bingo, card games, lottery tickets, VLT casino, sports games)?’, 74.8% (95% CI [71.6, 77.7]) of First Nation adult respondents indicated having gambled at some point in their lifetime.

Table 25 illustrates self-reported adult gambling habits, specifically, borrowing money to gamble, betting more money than what could be afforded to lose, and reported financial problems for the respondent and their family due to gambling. First Nation adults in the 30 to 59 year old age group (23.5%, 95% CI [20.1, 27.3]) and the 60 years or older age group (23.1%, 95% CI [14.2, 35.2])^E reported betting more than they could afford to lose more often than the younger 18 to 29 year old age group (14.2%, 95% CI [10.2, 19.5]).



Table 25: Adult Gambling Habits

Question 134: Have you ever borrowed money to gamble? Question 135: Have you ever bet more money than you could afford to lose? Question 136: Has your gambling caused any financial problems for you and your family?

<i>Has you ever done the following:</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Have you ever borrowed money to gamble? (n=1095)	25.8	23.0	24.3
Have you ever bet more money than you could afford to lose? (n=1091)	23.4	19.2	21.2
Has your gambling caused any financial problems for you or your family? (n=1087)	10.7	9.8	10.2

^E High sampling variability. Use figure with caution.

SEXUAL HABITS

The Ontario Region 2008/10 RHS data showed that a majority of First Nation adults (68.8%, 95% CI [65.3, 72.0]) reported *being sexually active*. Many of the adults who self-reported *being sexually active* were between the ages of *18 to 39 years* (82.3%, 95% CI [78.1, 85.9]); further the findings showed that *sexual activity decreased* with age *40 to 59 years* (66.5%, 95% CI [61.4, 71.2]) and *60 years and older* (27.2%, 95% CI [17.9, 39.0])^E. More male adults were more sexually active (76.3%, 95% CI [71.7, 80.3]) compared to female adults (61.1%, 95% CI [57.1, 64.9]).

Of the self-reporting sexually active adults, most reported having *one sexual partner* (80.6%, 95% CI [76.6, 84.0]) in the previous 12 months prior to completing the survey. A few reported having *two sexual partners* (7.9%, 95% CI [6.1, 10.2]), *three partners* (6.1%, 95% CI [4.3, 8.5]), or *four partners or more* (5.0%, 95% CI [3.3, 7.4])^E in the previous twelve-month period.

When asked to indicate what *birth control (or protective methods) used*, some of the First Nation adults reported using *condoms* (36.8%, 95% CI [33.4, 40.4]) for birth control or protection methods, while 15.9% (95% CI [13.3, 19.0]) indicated using *birth control pills*. First Nation adults reported *surgery (hysterectomy, vasectomy, tubes tied)* as a form of birth control (15.4%, 95% CI [13.4, 17.6]).

When asked '*how often do you use condoms?*', the majority of adults reported that they *never* use them (53.1%, 95% CI [49.2, 57.0]), while some use them *occasionally* (13.6%, 95% CI [10.9, 16.7]), *most of the time* (14.8%, 95% CI [12.2, 17.8]) or *always* (18.5%, 95% CI [16.2, 21.0]). Many adults reported not using a condom because they were *with their steady partner* (59.3%, 95% CI [54.3, 64.2]). A few adults reported not always using condoms because *their partner did not want to use one* (7.0%, 95% CI [4.4, 10.9])^E, *did not think of using one* (6.4%, 95% CI [4.5, 9.0])^E or they *did not have a condom at the time* (5.7%, 95% CI [4.0, 8.0])^E.

^E High sampling variability. Use figure with caution.

Table 26: First Nation Adult Purpose of Sexual Protection Methods (n=443)

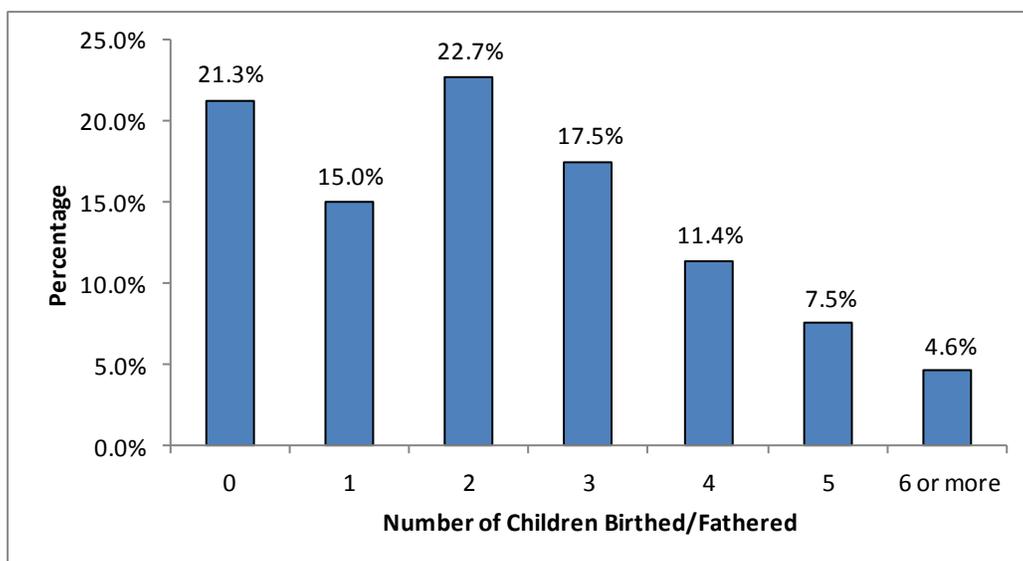
Question 141: What is the main purpose of that/those methods?

<i>Proportion of response</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Birth Control (avoid pregnancy)	48.4	67.1	57.6
Protection from sexually transmitted diseases (STD)	14.3 ^E	4.8 ^E	9.7
Both (Birth control and STD Protection)	35.0	23.2	29.3

When asked ‘how many children have you given birth to or fathered?’, several First Nation adults (21.3%, 95% CI [18.2, 24.9]) indicated having *not* given birth to or fathered a child. Some adults reported having had *one or two children* (37.6%, 95% CI [33.9, 41.6]), *three children* (17.5%, 95% CI [13.7, 22.1]), *four or more children* (23.5%, 95% CI [20.7, 26.5]).

Figure 23: Number of children that First Nation Adults have given birth to or fathered (n=778)

Question 144: How many children have you given birth to or fathered?



^E High sampling variability. Use figure with caution.

A few First Nation adults self-identified as being *homosexual (gay or lesbian), bisexual or two-spirited* (2.5%, 95% CI [1.5, 4.0])^E.

Of the First Nation adults who reported having *ever been tested for sexually transmitted diseases* (37.0%, 95% CI [32.1, 42.2]) or *HIV/AIDS* (31.5%, 95% CI [27.1, 36.2]); the findings indicated that a majority were *younger than 40 years old when tested for sexually transmitted diseases* (54.5%, 95% CI [49.0, 59.8]) or *HIV/AIDS* (54.5, 95% CI [38.9, 52.3]).

PREVENTATIVE HEALTH CARE

In the past 12 months prior to the 2008/10 RHS, a majority of First Nation adults indicated having received the following tests or examinations: *blood pressure tests, blood sugar tests, vision or eye exams, cholesterol tests and physical examinations*, as indicated in Table 27. The data showed that female adults were more likely than male adults to receive screening tests; further, as the adult population aged, the data showed a steady increase in those adults who received screening tests.

Table 27: First Nation Adult Screening Tests

Question 150: *In the past 12 months, have you had any of the following tests or examinations?*

<i>Adults having received selected health screening tests in the past 12 months by gender</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Cholesterol test (n=1379)	42.0	47.8	44.9
Vision or eye exam (n=1408)	52.9	63.9	58.4
Blood pressure test (n=1425)	67.4	76.1	71.8
Blood sugar test (n=1412)	58.2	66.7	62.4
Complete physical examination (n=1390)	37.2	51.0	44.1

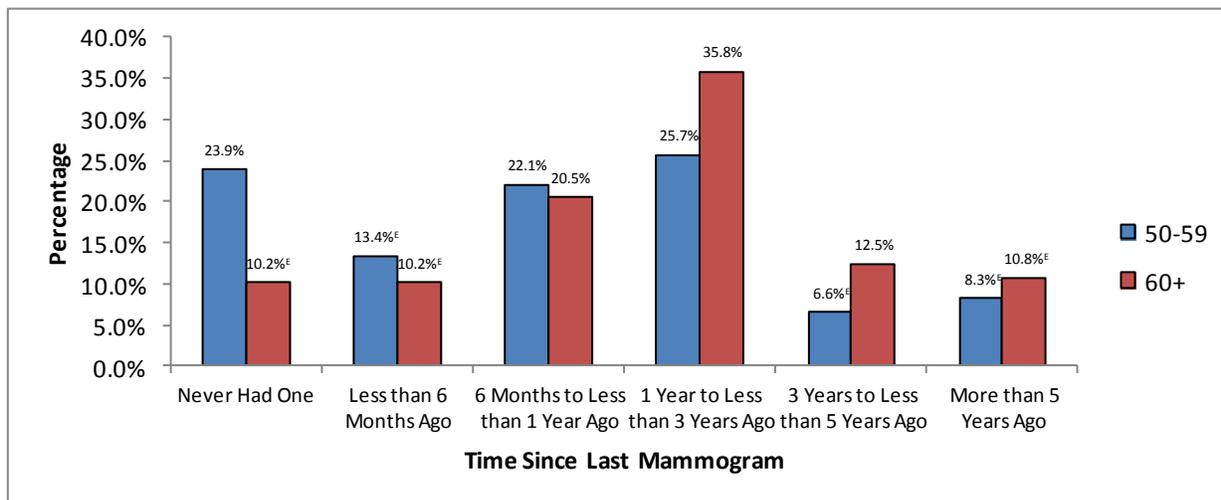
^E High sampling variability. Use figure with caution.

The 2008/10 RHS asked female adult respondents specific health screening questions; in particular, ‘how often do you perform breast self-examinations?’, ‘when was the last time you had a mammogram?’, and ‘when was your last PAP smear?’. Many female adults indicated performing breast self-examinations about once a month (35.4%, 95% CI [30.5, 40.6]); while others indicated about every two-three months (20.8%, 95% CI [16.8, 25.6]), or less often than every two to three months (17.1%, 95% CI [14.1, 20.7]). Some female adults reported having never performed a breast self-examination (26.6%, 95% CI [23.3, 30.3]) with 47.3% (95% CI [39.7, 55.1]) of the younger age group 18-29 years indicating never performing one.

Ontario’s target is to have 70% of women aged 50-69 years participate in regular screening that is every two years, by the year 2011, and 90% of women in this age group by the year 2020.⁵ First Nation female adults, 50 years or older, reported *having undergone mammograms* (72.7%, 95% CI [65.9, 78.6]) most frequently *within the past five years* (Figure 24). A total of 35.9% (95% CI [32.9, 39.1]) of female adults reported *receiving a mammogram within three years* prior to completing the 2008/10 RHS.

Figure 24: Female adults who received a mammogram screening test after age 50 (n=778)

Question 152: *When was the last time you had a mammogram?*



^E High sampling variability. Use figure with caution.

⁵http://www.cancercare.on.ca/pcs/screening/breastscreening/?WT.mc_id=/obsp retrieved August 14, 2011

Only a few female adults reported *never* having had a pap smear (7.5%, 95% CI [4.7, 11.7]^E, while 44.2% (95% CI [40.5, 48.0]) of female adults reported having had *one in the past 12 months*. A further 30.5% (95% CI [27.3, 34.0]) of female adults had a pap smear between *one to three years ago*.

When responding to the question ‘have you ever had a physical prostate check (rectal exam) or PSA test (prostate-specific antigen blood test used to screen cancer of the prostate)?’, 30.6% (95% CI [24.6, 37.3]) of adult males reported having had a physical prostate check or PSA test (prostate-specific antigen blood test). This screening test was reported more frequently by male adults 40 years of age or over (46.5%, 95% CI [38.5, 54.6]).

The 2008/10 RHS data results showed that the majority of First Nation adults (52.1%, 95% CI [47.3, 56.8]) reported *never* having consulted a traditional healer, as indicated in Table 28.

Table 28: First Nation Adult Consultation with a Traditional Healer (n=1427)

Question 149: When did you last consult a traditional healer?

<i>Adults responding to when they last consulted a traditional healer.</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Never	57.1	46.9	52.1
Within the last twelve months	18.4	26.3	22.3
One to two years ago	7.3 ^E	8.2	7.7
Over two years ago	9.0	12.1	10.6
Don't remember	8.2	6.4	7.3

^E High sampling variability. Use figure with caution.

MIGRATION

In the Ontario Region 2008/10 RHS, First Nation adults were asked if they have ever lived outside of their First Nation community, revealing that 67.5% (95% CI [61.0, 73.3]) of adults reported having lived outside of their First Nation community at some point in their life.

Many First Nation adults who reporting living outside of their First Nation reported having spent the majority of their time away *in a city within the same province* (49.7%, 95% CI [44.2, 55.1]) with a further 7.4% (95% CI [4.7, 11.5])^E of adults spending their time away *in a city within a different province*. A few First Nation adults (14.2%, 95% CI [10.7, 18.6]) reported that they lived *in a small town or rural area in the same province* and 17.1% (95% CI [11.5, 24.7])^E noted living in the United States of America.

A few First Nation adults (11.7%, 95% CI [9.9, 13.8]) reported *moving back and forth (on and off reserve/First Nation community) more than once a year*. When asked 'what is the longest period you lived away from your community?', 35.6% (95% CI [32.5, 38.9]) of First Nation adults reported *one to five years*, 40.0% (95% CI [34.3, 45.9]) indicating *more than five years*, and 24.4% (95% CI [18.6, 31.3]) indicating they were away for *less than one year*.

Employment (33.4%, 95% CI [29.9, 37.2]) and *education* (23.6%, 95% CI [20.4, 27.1]) were the two main reasons indicated by First Nation adults for moving away from their community (Table 29).



^E High sampling variability. Use figure with caution.

Table 29: First Nation Adult Main Reason for moving away from their Community (n=1008)

Question 158: What was the main reason you moved away from your community?

<i>Adults: What was the main reason you moved away from your community?</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Employment	44.3	22.3	33.4
Education	21.5	25.7	23.6
Relationship	10.9	16.5	13.7
Housing	F	9.1	7.8 ^E
Employment of Spouse/partner	1.2 ^E	6.3	3.7
Marital/domestic problems	F	2.9 ^E	2.5 ^E

Family (56.8%, 95% CI [53.1, 60.5]) and connection to community/home (33.7%, 95% CI [29.4, 38.4]) were the two main reasons indicated by First Nation adults for returning to their community, followed by job opportunities (21.0%, 95% CI [18.1, 24.2]). Table 30 indicates the main reason for First Nation adults returning to their community.

Table 30: First Nation Adult Main Reason for returning to their community (n=1028)

Question 159: Why did you return to your community?

<i>Adults: What was the main reason you returned to your community</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Family	54.4	59.3	56.8
Connection to community/home	34.1	33.4	33.7
Job opportunities	21.3	20.7	21.0
Housing became available	16.2 ^E	16.8	16.5
Family culture	10.3 ^E	13.8	12.0
Exposure of children to culture	5.8 ^E	14.2	10.0

^E High sampling variability. Use figure with caution.^F Suppressed due to extreme sampling variability or low cell count.

When living off-reserve/First Nation community, 57.2% (95% CI [53.3, 61.0]) of adults indicated still wanting to receive services from their First Nation community (e.g., health, education); and 32.3% (95% CI [24.9, 40.6]) of adults indicated wanting to vote in their First Nations elections (Table 31).

Table 31: First Nation Adults living off reserve

Question 162: When living off-reserve/First Nation community, did you want to receive services from your First Nation community (e.g. health, education)?

Question 163: While living outside of your First Nation community, did you vote in your First Nation elections?

<i>While living off reserve did you still:</i>	<i>Total (%)</i>
Want to receive services from your First Nations community (e.g. health, education) (n=924)	57.2
Vote in your First Nations elections (n=977)	32.3

COMMUNITY WELLNESS

The main challenges currently faced by their communities as identified by First Nation adults are illustrated in Table 32. Most domains were identified as a challenge by many of the First Nation adults who participated in the 2008/10 RHS.

The top three reported challenges were *alcohol and drugs* (81.7%, 95% CI [78.1, 84.7]), *housing* (65.9%, 95% CI [60.8, 70.7]), and *employment* (61.9%, 95% CI [54.5, 68.7]).



Table 32: Proportion of community issues identified by adults (n=1494)*Question 193: What are the main challenges your community is currently facing?*

<i>Type of challenges</i>	<i>Proportion (%)</i>
Alcohol and drugs	81.7
Housing	65.9
Employment	61.9
Education and training	56.5
Funding	55.4
Health	44.5
Culture	41.6
Control over decisions	38.0
Natural environment/resources	35.6
Gang activities	26.0

The main strengths of their communities are illustrated in Table 33.

Table 33: Proportion of community strengths identified by adults (n=1494)*Question 195: What are the main strengths of your community?*

<i>Type of strength</i>	<i>Proportion (%)</i>
Family values	60.5
Traditional ceremonial activities	45.7
Community / health programs	37.7
Elders	35.7
Social connections (community working together)	35.4
Awareness of First Nations culture	29.3
Use of First Nations language	27.9
Education and training opportunities	26.3
Good leisure / recreational facilities	24.0
Strong leadership	22.9
Natural environment	22.5
Low rates of suicide / crime / drug abuse	13.2
Strong economy	9.9

RESIDENTIAL SCHOOLS

For the purpose of the Ontario Region 2008/10 RHS report, the term “residential schools” refers to the residential school systems attended by Aboriginal students. This includes residential schools run by religious orders, industrial schools, boarding schools, student residences, hostels and billets. The last residential school shut down in 1996.

When asked the question ‘did you attend a residential school?’, 7.7% (95% CI [6.3, 9.3]) of First Nation adults indicated attending a residential school. Many indicated attending between the ages of 5 to 10 years (63.0%, 95% CI [53.7, 71.5]), with more males (70.1%, 95% CI [55.2, 81.6]) than females (54.7%, 95% CI [43.9, 65.0]) attending from this age group. Many indicated leaving residential schools at 11 to 17 years of age (66.3%, 95% CI [57.0, 74.5]).

Many First Nation adults stated their overall health and well-being was *negatively impacted* (52.8%, 95% CI [40.8, 64.4]), having *no impact* (26.2%, 95% CI [17.2, 37.7])^E or being *positively impacted* (21.1%, 95% CI [15.2, 28.5]) by their attendance at residential schools.



^E High sampling variability. Use figure with caution.

Table 34: Negative impact of residential school on health and well-being (n=58)

Question 168: *Of the following possibilities, which do you feel contributed to the negative impact on your health and well-being?*

	Male (%)	Female (%)	Total (%)
Isolation from family	82.7	56.6	71.7
Separation from community	74.2	39.9 ^E	59.8
Verbal or emotional abuse	61.4 ^E	49.5	56.4
Physical abuse	76.1	F	52.8
Loss of language	52.7 ^E	51.4	52.1
Loss of cultural identity	64.0	31.6 ^E	50.4
Harsh discipline	62.2	31.4 ^E	49.3
Witnessing abuse	57.6 ^E	29.2 ^E	45.7
Loss of traditional religion or spirituality	64.9	F	45.1
Sexual abuse	46.7 ^E	F	39.6 ^E
Bullying from other children	54.1	F	39.6
Harsh living conditions (i.e. lack of heat)	27.9 ^E	F	26.3 ^E
Poor education	33.7 ^E	F	22.9 ^E
Lack of proper clothing	30.8 ^E	F	20.3 ^E
Lack of food	22.7 ^E	F	16.6 ^E

Several First Nation adults reported having *one or more parents* who attended residential school (34.8%, 95% CI [28.3, 41.8]); and, *one or more grandparents* who attended residential school (34.6%, 95% CI [29.8, 39.9]).

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

PERSONAL WELLNESS

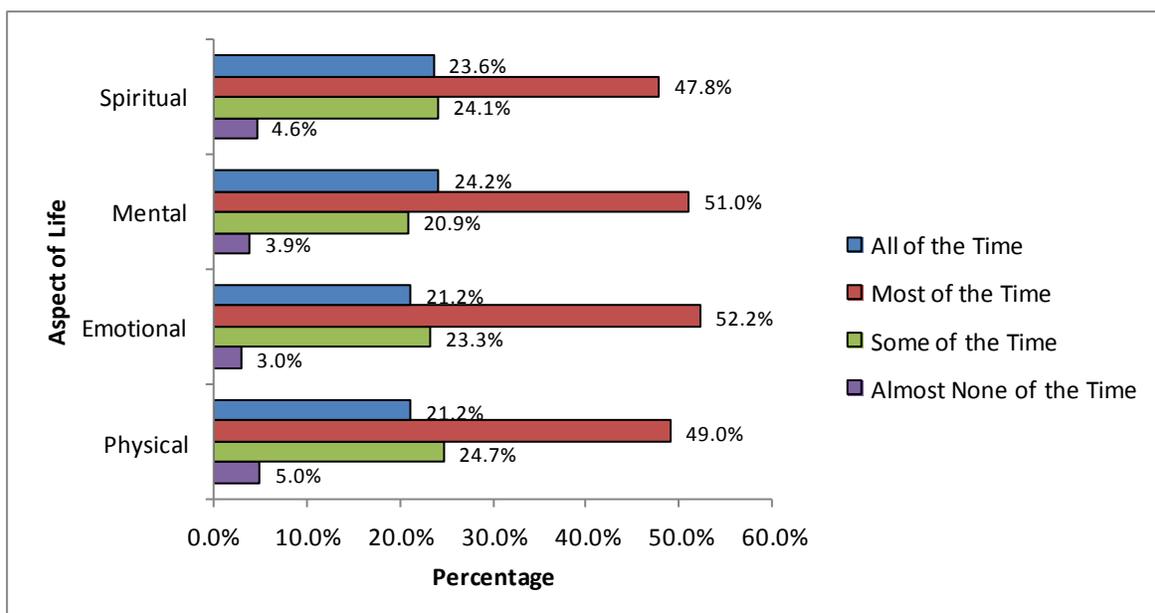
The majority of First Nation adults identified that traditional spirituality was *very important* (42.4%, 95% CI [37.7, 47.2]) or *somewhat important* (37.3%, 95% CI [33.3, 41.4]) in their life with more female adults (46.0%, 95% CI [39.9, 52.2]) reporting it as *very important* than male adults (38.8%, 95% CI [33.9, 43.9]).

First Nation adults indicated that religion (such as Christianity, Buddhism, Islam) was *very important* (32.3%, 95% CI [28.6, 36.2]), *somewhat important* (32.7%, 95% CI [28.5, 37.2]), *not very important* (18.5%, 95% CI [15.9, 21.3]) or *not important* (16.6%, 95% CI [13.6, 20.0]) in their life.

Figure 25 illustrates that many First Nation adults indicated they often felt in balance with the four aspects of their life *most of the time* for *physical* (49.0%, 95% CI [46.1, 52.0]), *emotional* (52.5%, 95% CI [49.8, 55.1]), *mental* (51.0%, 95% CI [47.4, 54.5]) and *spiritual* (47.8%, 95% CI [44.4, 51.1]).

Figure 25: How often First Nation Adults felt in balance in the four aspects of their life

Question 172: How often do you feel that you are in a balance in the four aspects of your life (physical, emotional, mental and spiritual)?



Some First Nation adults indicated 'yes' (37.5%, 95% CI [34.3, 40.9]) when responding to the question 'in the past 12 months, have you personally experienced any instances of racism?'; with little difference noted between males (37.6%, 95% CI [32.9, 42.5]) and females (37.5%, 95% CI [34.1, 41.0]).

Many of the adults who had experienced racism reported that it had *no effect* (43.7%, 95% CI [34.0, 53.8]), *little effect* (25.0%, 95% CI [20.7, 29.8]), *some effect* (22.0%, 95% CI [15.1, 30.8])^E, or a *strong effect* (5.6%, 95% CI [3.9, 8.1])^E on their self-esteem.

A number of statements dealing with control over their life were made to First Nation adults with responses provided in Table 35.

Table 35: Adult responses to statements dealing with control over their life (n=1422)

Question 175: Below is a list of statements dealing with your feelings of control over your life.

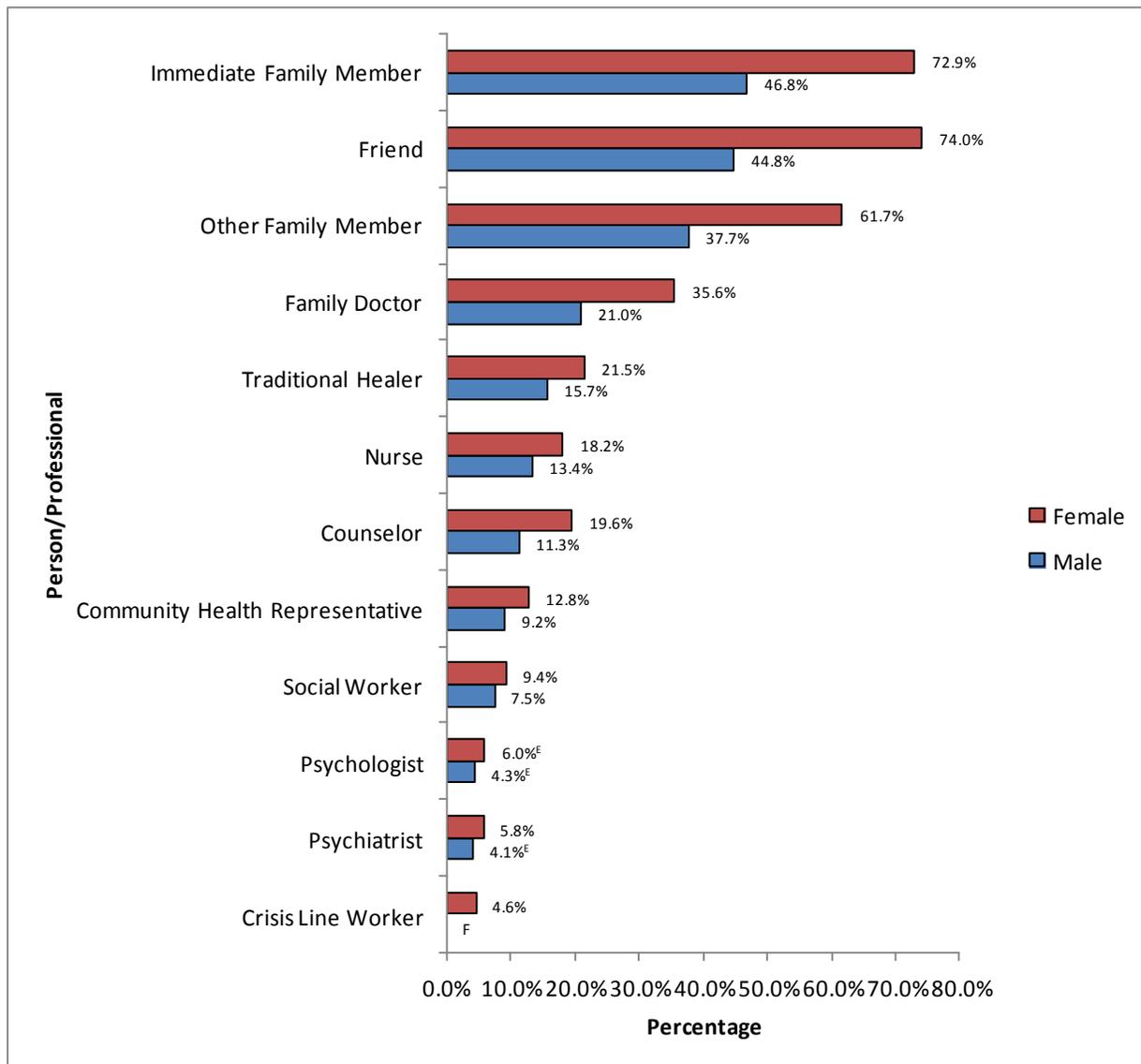
	<i>Strongly Agree or Agree (%)</i>	<i>Neither agree nor disagree (%)</i>	<i>Strongly Disagree or Disagree (%)</i>
I can solve the problems that I have	87.8	9.0	3.2
No one pushes me around in life	82.3	13.1	4.6
I have control over the things that happen to me	80.1	14.4	5.5
I can do just about anything I really set my mind to	88.1	8.8	3.1
I often feel helpless in dealing with the problems of life	28.3	18.6	53.1
What happens to me in the future mostly depends on me	86.1	9.7	4.2
There is little I can do to change many of the important things in my life	29.5	15.4	55.2

^E High sampling variability. Use figure with caution.

A majority of First Nation adults indicated having seen or talked on the telephone about their emotional or mental health with immediate family members (60.0%, 95% CI [57.2, 62.7]), friends (59.6%, 95% CI [57.0, 62.0]), other family member (49.7%, 95% CI [47.1, 52.4]) or family doctor (28.4%, 95% CI [24.9, 32.0]) in the past 12 months prior to the 2008/10 RHS.

Figure 26: First Nation Adults emotional or mental health support received in the past 12 months

Question 176: *In the past 12 months, have you seen or talked on the telephone about your emotional or mental health to any of the following?*



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

DEPRESSION

The Kessler Psychological Distress Scale (K10) is an internationally validated tool that can be used as a screening instrument for potential cases of *anxiety and/or depression*. The K10 is comprised of ten questions which were included in the 2008/10 RHS adult questionnaire under the Depression section (questions 177 to 186).

In order to calculate the K10 score, the FNIGC tallied the quantified responses for the ten questions; for example, a response of “*none of the time*” was scored as 1, whereas “*all of the time*” was scored as 5.

If an adult respondent did not answer one or two of the K10 questions, the average of the answered questions were used for the missing values; however, a K10 score was *not calculated* if a respondent did not answer *three or more* of the ten questions. A K10 total score is added up and *ranges between 10 and 50*. For the 2008/10 RHS process, the K10 scoring method is shown below:

- Less than a score of 20 indicates an individual is *likely to be well*
- A score of 20-24 indicates an individual is *likely to have a mild mental disorder*
- A score of 25-29 indicates an individual is *likely to have a moderate mental disorder*
- A score of 30 or more indicates an individual is *likely to have a severe mental disorder*

Questions 177-186 are a series of questions in the 2008/10 RHS Adult Questionnaire designed to assess depression experienced by First Nation adults. According to the K10 Psychological Distress scale, the majority of First Nation adults who responded to questions 177-186 self-reported as *likely to be well* (70.5%, 95% CI [66.6, 74.1]) compared to those adults who self-reported as *likely to have a mild* (14.7%, 95% CI [12.5, 17.3]), *moderate* (9.0%, 95% CI [7.3, 11.0]) or *severe* (5.8%, 95% CI [4.3, 7.6]) mental disorder.

Table 36 summarizes the proportion of First Nation adults self-reporting possible symptoms of depression in the past month prior to the 2008/10 RHS.

Table 36: Proportion of adults reporting possible symptoms of depression

- Question 177: *In the past month, how often did you feel tired out for no good reason?*
 Question 178: *In the past month, how often did you feel nervous?*
 Question 179: *In the past month, how often did you feel so nervous that nothing could calm you down?*
 Question 180: *In the past month, how often did you feel hopeless?*
 Question 181: *In the past month, how often did you feel restless or fidgety?*
 Question 182: *In the past month, how often did you feel so restless you could not sit still?*
 Question 183: *In the past month, how often did you feel depressed?*
 Question 184: *In the past month, how often did you feel that everything was an effort?*
 Question 185: *In the past month, how often did you feel so sad that nothing could cheer you up?*
 Question 186: *In the past month, how often did you feel worthless?*

<i>In the past month, how of often did you feel...</i>	<i>_____ of the time (%)</i>				
	<i>None</i>	<i>A little</i>	<i>Some</i>	<i>Most</i>	<i>All</i>
...tired out for no good reason? (n=1399)	26.9	29.4	30.9	9.4	3.4
...nervous? (n=1371)	42.9	31.7	20.1	4.5	F
...so nervous that nothing could calm you down? (n=1372)	78.0	13.2	7.1	1.2 ^E	0.5 ^E
...hopeless? (n=1393)	67.3	19.9	8.7	2.9	1.2 ^E
...restless or fidgety? (n=1392)	51.2	27.4	16.5	3.3 ^E	1.6 ^E
...so restless you could not sit still? (n=1392)	66.3	19.0	11.9	2.3 ^E	F
...depressed? (n=1402)	50.2	27.6	15.3	4.6	2.3 ^E
...everything was an effort? (n=1377)	51.9	17.7	19.8	7.2	3.4
...so sad that nothing could cheer you up? (n=1391)	67.4	19.6	10.3	1.9 ^E	0.8 ^E
...worthless? (n=1389)	73.2	14.0	8.5	2.6 ^E	1.6 ^E

The tabulation of adult self-reporting responses to the above questions in Table 36 would suggest that some respondents experience symptoms that are indicative of depression.

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

SUICIDE

First Nation adults were asked to respond to the question ‘*in the past 12 months, has a close friend or family member committed suicide?*’, resulting in a total of 6.6% (95% CI [5.2, 8.3]) of respondents reporting that a close friend or family member committed suicide in the past 12 months.

Table 37 shows the results of the 2008/10 RHS First Nation adult finding on suicide ideation and attempts; indicating that 18.6% (95% CI [14.7, 23.3]) of First Nation adults self-reported *thinking about committing suicide during the past year* and 10.5% (95% CI [7.4, 14.7])^E had *attempted suicide during the past year*.

Table 37: Adult Suicide Ideation and Attempts

Question 188: *Have you ever thought about committing suicide?*

Question 189: *When did these suicidal thoughts occur?*

Question 190: *Have you ever attempted suicide?*

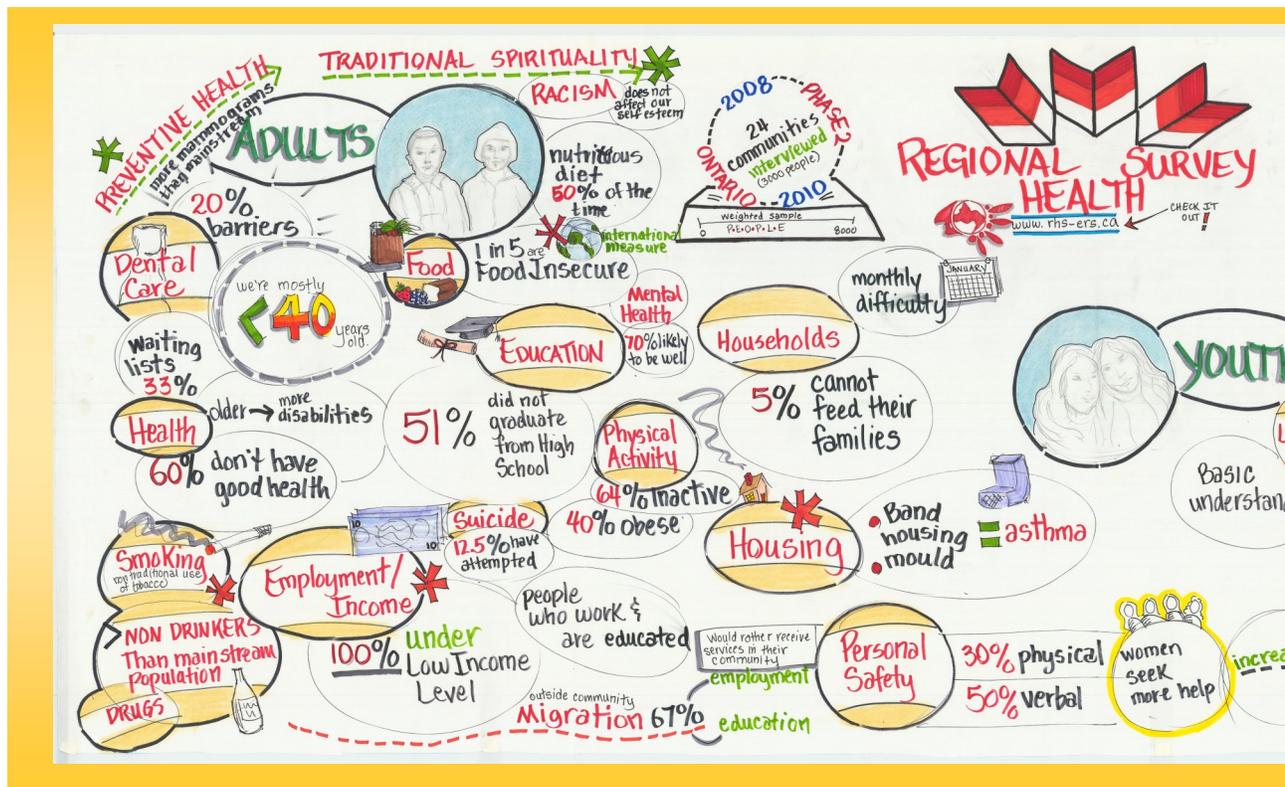
Question 191: *When did the suicide attempt occur?*

	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Have you ever thought about committing suicide? (n=1394)	24.0	26.6	25.3
...during the past year? (n=312)	14.1 ^E	22.7	18.6
...as an adult (greater than 18 years of age)? (n=312)	47.7	36.9	42.0
...as an adolescent (12 to 17 years of age)? (n=312)	47.5	59.2	53.7
...as a child (under 12 years of age)? (n=312)	F	7.0 ^E	4.5 ^E
Have you ever attempted suicide....? (n=1393)	13.2	13.7	13.4
...during the past year? (n=163)	12.4 ^E	8.7 ^E	10.5 ^E
...as an adult (greater than 18 years of age)? (n=163)	41.1	31.2	36.0
...as an adolescent (12 to 17 years of age)? (n=163)	52.8	65.7	59.4
...as a child (under 12 years of age)? (n=163)	F	F	4.4 ^E

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Ontario Region Youth Results



(12-17 years of age)



YOUTH RESULTS

DEMOGRAPHICS

The section reports on youth results from the 2008/10 RHS data collected from twenty-four (24) First Nation communities across Ontario between the months of August 2008 and November 2010.

A youth-specific questionnaire was designed to collect self-reported data from First Nation youth aged 12 to 17 years. There was a total of 600 youth that participated. The youth sample size included 282 young males (47.0%) and 318 young females (53.0%).

Table 38: Final Total Ontario Youth Sample Size

Gender	Youth	
	Count	Percent (%)
Male	282	47.0
Female	318	53.0
Total	600	100



HOUSEHOLD AND LIVING ENVIRONMENT

In the Ontario Region RHS 2008/10 findings, almost half of First Nation youth surveyed (49.3%, 95% CI [44.8, 53.9]) reported that both biological parents were living together as either *married* (37.2%, 95% CI [32.8, 41.8]) or *not married* (12.1%, 95% CI [9.2, 15.7]); while 42.3% (95% CI [38.1, 46.6]) of First Nation youth reported that their parents were *not living together* or were *separated*. A further 3.9% (95% CI [2.3, 6.5])^E of parents were reported as being *divorced*. A few First Nation youth responded that *one parent was deceased* (4.4%, 95% CI [3.3, 5.8]).

^E High sampling variability. Use figure with caution.

First Nation youth were asked to list all the people they lived with *most of the time*, as shown in Table 39. Table 39 shows the multiple responses to this question by First Nation youth; for example, their grandparent lived with their mother as well as their siblings.

Table 39: Living Arrangements by Gender (n=600)

Question 7: Who do you live with most of the time?

<i>Who do you live with most of the time... mark all that apply</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Biological Mother	83.9	80.1	82.0
Biological Father	49.0	47.5	48.3
Brother(s)/sister(s)	44.5	54.7	49.5
Aunt, uncle, cousin(s)	5.9 ^E	F	5.6 ^E
Grandparent	9.5 ^E	9.7 ^E	9.6
Stepfather	7.7	5.3 ^E	6.5
Step-brother(s)/step-sister(s)	1.8 ^E	F	1.3 ^E
Boyfriend/girlfriend/spouse	F	5.0 ^E	2.7 ^E
Own children	F	3.0	1.5
A woman – not related to	F	F	1.3 ^E
A man – not related to	F	F	1.7 ^E

A more detailed analysis of this data confirmed that most First Nation youth (48.3%, 95% CI [43.3, 53.3]) lived with *both biological parents (excluding other adults who may live in the household)*. A further 41.8% (95% CI [36.9, 46.8]) of youth indicated living with just their *biological mother (with no other adults living in the household)*, 4.7% (95% CI [2.9, 7.6])^E living with just their *biological father*, and 5.2% (95% CI [3.6, 7.5])^E not living with either of their *biological parents*.

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Figure 27: Total number of people living in household with youth (n=600)

Question 5: Including yourself, how many children and youth live in this household?

Question 6: How many adults usually live in this household?

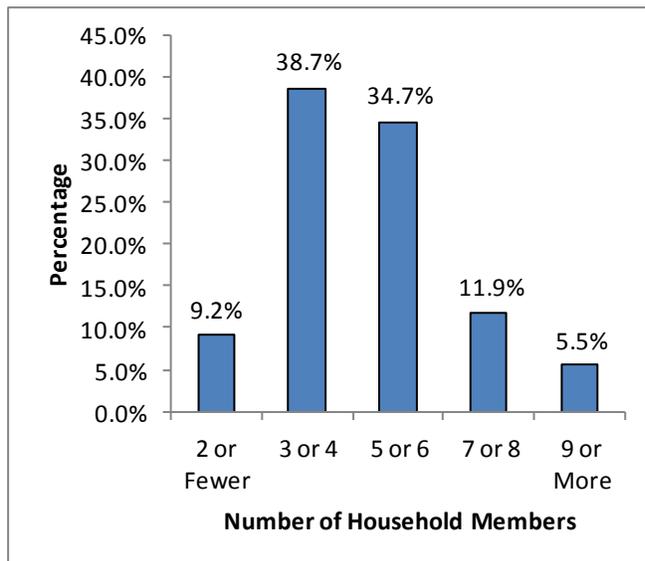


Figure 27 illustrates that many youth reported living in a household with *four or less people* (47.9%, 95% CI [44.2, 51.5]) and *nine or more people* (5.5, 95% CI [4.5, 6.7]) including children, youth and adults. Approximately half of the First Nation youth reported living in households with *five to eight people* (46.7%, 95% CI [43.3, 50.1]).

LANGUAGE AND EDUCATION

Ten percent of First Nation youth reported using a First Nations language *most of the time in their daily lives* (10.0%, 95% CI [6.9, 14.3])^E. More than half reported that they could *understand or speak a First Nations language* (54.5%, 95% CI [46.9, 61.9]). Many First Nation youth identified that learning a First Nations language was *very important* to them (43.5%, 95% CI [37.5, 49.6]); while 45.8% (95% CI [41.2, 50.5]) reported it as *somewhat important*.

At the time of the survey, most First Nation youth reported that they were *currently attending school* (86.7%, 95% CI [82.8, 89.8]) with the majority of First Nation youth reporting liking school *very much* (27.4%, 95% CI [22.6, 32.8]) or *somewhat* (49.6%, 95% CI [45.4, 53.9]).

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

A few of the First Nation youth indicated having *skipped or advanced a grade* (9.9%, 95% CI [8.0, 12.1]) as a result of strong academic performance. Table 40 indicates the highest level of schooling that First Nation youth have completed.

Table 40: Highest level of schooling completed to date (n=591)

Question 22: Up to now, what is the highest level of schooling you have completed?

<i>Last grade completed at time of (2008/10)RHS survey</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Grade 5 or less	8.3	3.5 ^E	5.9
Grade 6	16.7	12.8	14.8
Grade 7	16.6	15.1	15.8
Grade 8	18.2	27.5	22.9
Grade 9	23.9	19.9	21.9
Grade 10	10.2	13.9	12.1
Grade 11 or more	6.0 ^E	7.2 ^E	6.6

A high proportion of First Nation youth reported *challenges learning in school* (53.1%, 95% CI [49.4, 56.7]). The most frequently cited difficulty by youth was *Mathematics* (52.8%, 95% CI [45.2, 60.3]) followed by *too many distractions* (42.0%, 95% CI [36.0, 48.3]). Almost one-third of First Nation youth indicated *repeating a grade* (30.6%, 95% CI [24.2, 37.8]).



^E High sampling variability. Use figure with caution.

Table 41 illustrates the types of learning difficulties at school self-reported by First Nation youth. Female youth self-reported more difficulty with *math* (62.9%, 95% CI [51.3, 73.2]) while male youth had more difficulty with *reading* (44.3%, 95% CI [36.4, 52.5]) and *writing* (40.5%, 95% CI [32.5, 49.0]).

Table 41: Types of learning difficulties at school (n=289)

Question 26: What kind(s) of problems have you had.

<i>What kind of problems have you had:</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Yes (%)</i>
Math	42.5	62.9	52.8
Too many distractions	46.8	37.3	42.0
Reading	44.3	30.8	37.5
Writing	40.5	27.9 ^E	34.1
Difficulty understanding the teacher	29.9	34.9	32.4
Short attention span	32.9	28.0	30.4

Table 42 illustrates educational aspirations of First Nation youth showing that a majority of youth aspired to *complete a post secondary education* either through a *college* (32.8%, 95% CI [28.1, 37.8]) or *university program* (24.0%, 95% CI [19.5, 29.2]).

Table 42: First Nation Youth educational aspirations (n=600)

Question 27: What is the highest level of education you would like to get?

<i>Highest level of school would like to complete</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
High School Diploma	18.4	12.5	15.5
College/CEGEP Diploma	35.6	29.9	32.8
Trade or vocational certificate	6.2 ^E	F	4.0 ^E
University degree	18.9	29.2	24.0
Master's degree	F	4.8 ^E	3.0 ^E
Doctorate degree	2.4 ^E	F	2.4 ^E
Professional degree	F	5.6 ^E	4.3 ^E

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

HEALTH STATUS AND CHRONIC CONDITIONS

The majority of First Nation youth self-rated their general health to be *excellent* (22.8%, 95% CI [19.7, 26.3]) or *very good* (35.3%, 95% CI [21.9, 38.8]). About the same proportion reported their mental health as *excellent* (24.2%, 95% CI [20.7, 28.2]) or *very good* (34.2%, 95% CI [30.7, 37.8]). Half of youth reported that their general health was about the *same as it was one year ago* (50.8%, 95% CI [45.2, 56.3]).

Figure 28: Self-reported youth general health (n=597)
Question 28: *In general, would you say that your health is:*



When First Nation youth were asked *what factors contributed to their good health*, a majority indicated that *regular exercise/sport activity* (64.4%, 95% CI [53.1, 74.3]), *good diet* (58.5%, 95% CI [52.3, 64.4]), and *proper rest* (56.2%, 95% CI [47.7, 64.3]) contributed to their good health. Many First Nation youth responded that *feelings of happiness/contentment* (48.2%, 95% CI [42.9, 53.6]) and *good social supports* (47.0%, 95% CI [41.4, 52.6]) also contributed to their good health.

Some First Nation youth responded that *being in balance physically, emotionally, mentally and spiritually* (31.7%, 95% CI [26.2, 37.7]) and *reduced stress* (28.3%, 95% CI [23.5, 33.6]) helped them remain healthy.

^E High sampling variability. Use figure with caution.

Table 43 illustrates self-reported responses by First Nation youth to the question ‘have you been told by a health care professional that you have any of the following health conditions?’. The most commonly reported chronic health condition among youth was *allergies* (17.5%, 95% CI [14.1, 21.6]). Of those male and female youth indicating a diagnosis of having allergies, 53.4% (95% CI [43.3, 63.2]) reported *receiving treatment*.

Table 43: Proportion of health conditions self-reported by youth
 Question 44: *Have you been told by a health care professional that you have any of the following health conditions?*

<i>Have you been told that you have:</i>	<i>Yes (%)</i>
Allergies (n=575)	17.5
Asthma (n=577)	15.9
Learning disability (n=575)	10.6
Attention Deficit/Deficit-hyperactive Disorder (ADD or ADHD) (n=576)	8.8 ^E
Dermatitis, atopic eczema (n=583)	4.3 ^E
Stomach and intestinal problems (n=586)	4.1 ^E
Chronic ear infections (n=583)	3.3
Blindness or serious vision problems (cant be corrected with glasses) (n=582)	2.9 ^E
Hearing impairment (n=579)	2.1 ^E
Diabetes (n=576)	1.3 ^E

More than one in ten First Nation youth self-reported that they were diagnosed with *asthma* (15.9%, 95% CI [12.2, 20.4]). Of those self-reporting asthma, 21.4% (95% CI [12.9, 33.2])^E of youth reported *having an asthma attack in the previous year*. At the time of the survey, 60.5% (95% CI [49.5, 70.5]) of youth, diagnosed with asthma, were *undergoing treatment* for their condition.

Male youth were more likely to report having a *learning disability* (14.4%, 95% CI [10.1, 20.1])^E in comparison to female youth (6.7%, 95% CI [4.8, 9.4]).

^E High sampling variability. Use figure with caution.

HEALTH CARE UTILIZATION

Figure 29: Time lapse between last consultation with a doctor or community health nurse (n=560)

Question 57: When did you last visit a doctor or community health nurse?

In the First Nation youth 2008/10 RHS findings for health care utilization, female youth (67.7%, 95% CI [62.9, 72.2]) were *more likely to visit a doctor or community health nurse within the last 12 months* compared to male youth (56.3%, 95% CI [47.0, 65.3]). Figure 29 indicates the time lapse between the last consultation with a doctor or community health nurse.

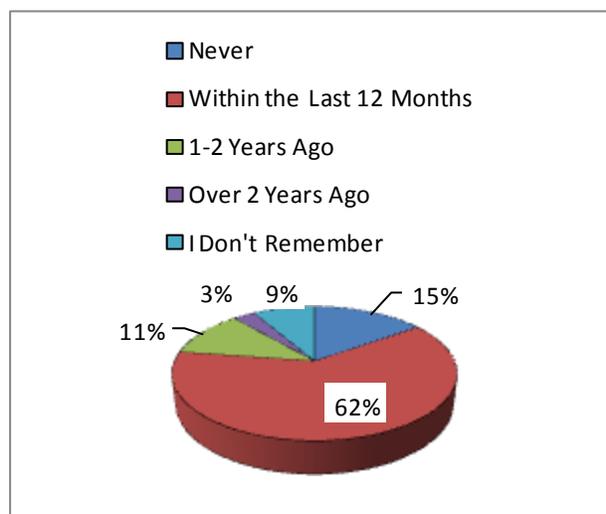


Table 44 illustrates this same pattern was consistent wherein 21.6% (95% CI [18.4, 25.2]) of female youth were *more likely to access counselling, psychological testing or any other mental health service in the past 12 months* compared to 13.0% (95% CI [9.7, 17.2]) male youth.

Table 44: Consultation with health professionals

Question 57: When did you last:

Youth consultation with health professionals	Never (%)	Within the last 12 Months (%)	1-2 years (%)	Over 2 Years (%)	Don't remember (%)
Consult a traditional healer (n=566)	65.5	12.6	6.2 ^E	3.7	12.0
Visit a doctor or community health nurse (n=560)	15.2	62.2	11.3	3.0 ^E	8.4
Have counselling, psychological testing or any other mental health service (n=526)	62.9	17.4	5.0 ^E	4.8 ^E	10.0

^E High sampling variability. Use figure with caution.

Table 45 indicates First Nation youth screening tests in the past 12 months prior to the 2008/10 RHS. First Nation youth self-reported receiving *eye exams* (57.1%, 95% CI [52.6, 61.5]), *blood pressure tests* (37.6%, 95% CI [32.8, 42.5]), *blood sugar tests* (25.6%, 95% CI [20.9, 31.0]) and *physical examinations* (26.2%, 95% CI [20.4, 33.1]) in the past 12 months.

Table 45: First Nation Youth Screening Tests

Question 58: In the past 12 months, have you had any of the following tests or examinations?

<i>Youth having received selected health screening tests in the past 12 months by gender</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Cholesterol test (n=522)	8.0 ^E	7.0 ^E	7.5 ^E
Vision or eye exam (n=554)	52.7	61.4	57.1
Blood pressure test (n=545)	32.9	42.0	37.6
Blood sugar test (n=534)	23.9	27.4	25.6
Complete physical examination (n=511)	27.5 ^E	24.9	26.2

The 2008/10 RHS youth questionnaire asked specific health screening questions of First Nation females, specifically ‘*when was your last PAP smear?*’, and ‘*have you received the HPV vaccine?*’. Most female youth indicated having *never* had a pap smear (80.2%, 95% CI [75.4, 84.2]) while 14.6% (95% CI [11.5, 18.4]) of female youth indicated having had *one in the past 12 months*. Only 35.9% (95% CI [27.4, 45.4]) of female youth indicated having *received the HPV vaccine*.

Almost all First Nation youth reported having received *dental care within two years* (96.0%, 95% CI [94.8, 97.0]) of the 2008/10 RHS. A majority of First Nation youth reported that they had received *dental care less than six months* (58.1%, 95% CI [52.4, 63.6]) with 24.3% (95% CI [20.8, 28.3]) of youth accessing *dental care within six to 12 months*, and the remainder of youth indicating having accessed *dental care between one and two years ago* (13.6%, 95% CI [10.9, 16.9]). There were no distinct differences between male and females accessing dental care.

^E High sampling variability. Use figure with caution.

Table 46 illustrates First Nation youth dental treatment needs with the majority of the youth requiring *maintenance either check-up or teeth cleaning* (52.8%, 95% CI [48.6, 57.1]) and requiring *cavities filled or other restorative work* (44.5%, 95% CI [37.8, 51.3]).

Table 46: First Nations Youth Dental Treatment Needs

Question 62: What type of dental treatment do you currently need?

<i>Youth requiring dental treatment</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
None (n=600)	23.6	20.7	22.2
Cavities filled or other restorative work (n=480)	41.7	47.2	44.5
Maintenance (check-up or teeth cleaning) (n=480)	55.0	50.7	52.8
Extraction (removing teeth) (n=480)	4.1 ^E	6.6 ^E	5.3 ^E
Fluoride treatment (n=480)	14.1 ^E	10.5	12.3
Periodontal (gum) work (n=480)	F	F	1.9
Urgent Care (dental problems requiring immediate attention (n=480))	F	F	1.6 ^E
Orthodontics (e.g. braces) (n=480)	16.9	19.5	18.2

FOOD AND NUTRITION

According to the 2008/10 RHS data, First Nation youth respondents reported having *always* or *almost always* (16.1%, 95% CI [12.9, 20.0]) consuming a nutritious and balanced diet. The majority of youth stated having *sometimes* (60.5%, 95% CI [54.9, 65.8]) consumed a nutritious and balanced diet while several youth reported either *rarely* (19.5%, 95% CI [15.1, 24.7]) or *never* (3.9%, 95% CI [2.1, 7.2])^E having consumed a nutritious and balanced diet.

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Many First Nation youth reported consuming *bread, pasta, rice and other grains several times a day* (39.7%, 95% CI [35.2, 44.4]) with a further 39.5% (95% CI [35.0, 44.2]) consuming this food group *once a day*. Some First Nation youth consumed *milk and milk products several times a day* (29.6%, 95% CI [26.4, 33.0]) with 36.5% (95% CI [33.0, 40.2]) doing so *once a day*. This was a similar pattern for the intake of *protein (beef, chicken, pork, fish, eggs, beans, tofu)* with 25.7% (95% CI [21.6, 30.2]) of youth responding that they consumed protein *several times a day* and 42.5% (95% CI [38.9, 46.3]) stating they have protein *once a day*. The intake of the specific foods groups was lowest for *vegetables several times a day* (20.0%, 95% CI [16.4, 24.1]) and 31.5% (95% CI [28.5, 34.6]) *once a day*. Table 47 indicates First Nation youth consumption of specific food items.

Table 47: Youth consumption of specific food items

Question 62: On average, how often do you eat or drink the following foods?

	<i>Several times a day (%)</i>	<i>Once a day (%)</i>	<i>A few times a week (%)</i>	<i>About once a week (%)</i>	<i>Never / hardly ever (%)</i>
Water (n=592)	57.8	26.0	9.5	3.0 ^E	3.6 ^E
Juice (n=591)	45.4	33.0	15.7	4.4 ^E	1.5 ^E
Bread, pasta, rice, and other grains (n=591)	39.7	39.5	16.6	3.6 ^E	F
Fruit (excluding fruit juice) (n=590)	31.8	30.1	29.9	6.1 ^E	2.1 ^E
Milk and milk products (e.g. yogurt, cheese) (n=591)	29.6	36.5	21.9	6.1 ^E	5.8
Soft drinks/pop (n=589)	26.8	27.7	28.1	10.4	7.1 ^E
Protein (beef, chicken, pork, fish, eggs, beans, tofu) (n=593)	25.7	42.5	27.6	3.5 ^E	F
Vegetables (n=592)	20.0	31.5	32.7	8.7	7.2 ^E
Sweets (e.g. candy) (n=582)	11.7	17.5	39.8	18.9	12.1
Fast food (e.g. burgers, pizza, hotdogs, french fries) (n=591)	5.9	14.4	39.0	31.0	9.7

^E High sampling variability. Use figure with caution.

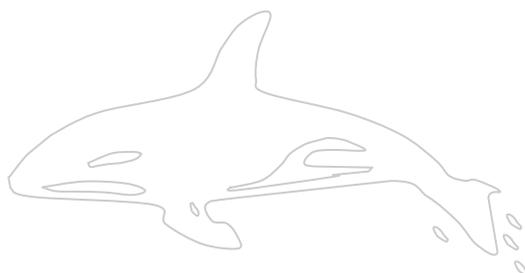
^F Suppressed due to extreme sampling variability or low cell count.

Table 48 illustrates the findings for *consumption of specific traditional foods* as self-reported by First Nation youth in the past 12 months. One in five First Nation youth indicated having had someone *often* (21.6%, 95% CI [16.9, 27.2]) share traditional food with their household in the 12 months prior to the survey. An additional 66.8% (95% CI [61.1, 72.0]) reported having had this happen *sometimes* and 11.6% (95% CI [9.0, 14.9]) *never* having had traditional food shared with their household.

Table 48: Consumption of specific traditional foods in the past 12 months

Question 36: *In the past 12 months, how often have you eaten the following traditional foods?*

	<i>Often</i> (%)	<i>A few times</i> (%)	<i>Not at all</i> (%)
Bannock, Fry bread (n=586)	27.0	55.9	17.1
Corn soup (n=588)	21.7	37.7	40.6
Berries or other wild vegetation (n=582)	19.9	48.8	31.3
Fresh water fish (n=590)	15.3	50.5	34.2
Land based animals (moose, caribou, bear, deer, bison, etc) (n=590)	15.0	53.2	31.8
Wild rice (n=578)	12.0	33.5	54.5
Game birds (goose, duck, etc) (n=587)	7.4 ^E	25.3	67.3
Small game (rabbit, muskrat, etc) (n=582)	5.7 ^E	17.6	76.7
Salt water fish (n=582)	F	15.6	81.8
Other water based foods (shellfish, eels, clams, seaweed, etc) (n=588)	F	10.1 ^E	87.5
Sea-based animals (whale, seal, etc) (n=587)	F	2.2 ^E	96.3



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

PHYSICAL ACTIVITY

The most frequent types of physical activities that First Nation youth self-reported participating in were *walking, running or jogging, competitive team sports and swimming*, as indicated in Table 49.

Table 49: Youth participation in physical activity type by gender (n=600)

Question 39: *In the past 12 months, which of the following have you participated in?*

	Male (%)	Female (%)	Total (%)
Walking	79.5	88.2	83.8
Running or Jogging	64.3	61.0	62.7
Competitive team sports	58.3	46.3	52.4
Swimming	50.9	53.4	52.1
Fishing	49.0	27.3	38.2
Bicycling	46.1	28.9	37.6
Skating	43.2	30.8	37.1
Weights	48.0	21.9	35.1
Dancing	16.0 ^E	35.7	25.8
Berry picking or other food gathering	22.8	23.3	23.0
Gardening	25.3	19.3	22.3
Hiking	24.0	17.0	20.5
Hunting	33.2	7.4 ^E	20.4
Bowling	22.5	17.2	19.9
Golf	23.5	9.1 ^E	16.3
Skiing/Snowboarding	17.8	14.4	16.1
Canoeing/kayaking	15.7	16.1 ^E	15.9
Aerobics/Fitness	6.0 ^E	12.1 ^E	9.0 ^E
Snowshoeing	9.9 ^E	6.4	8.2
Martial arts	5.9 ^E	F	4.7

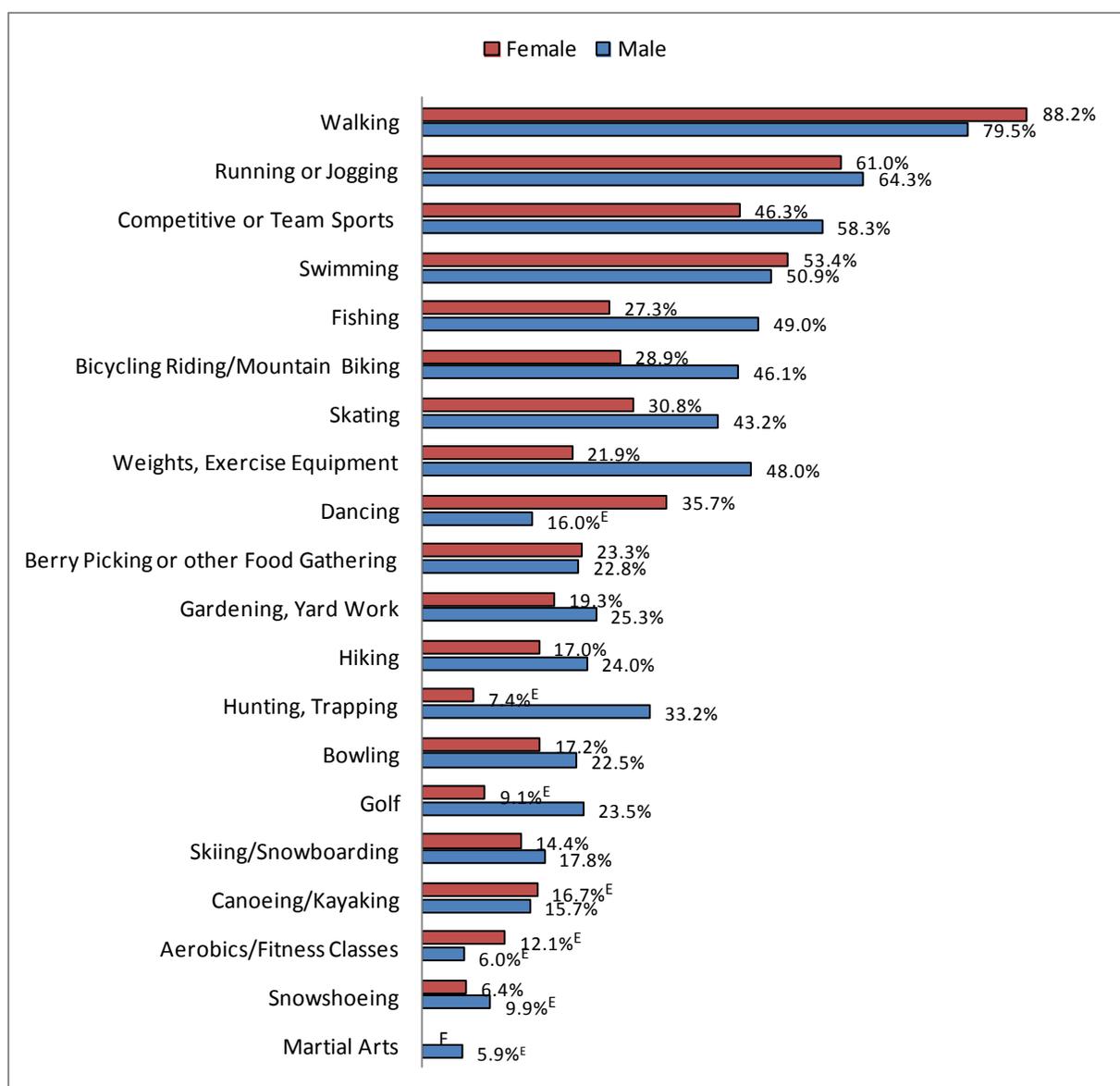
^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

A majority of First Nation youth are considered *active* (42.6%, 95% CI [34.4, 51.1]) or *moderately active* (8.8%, 95% CI [6.7, 11.5]) while 48.6% (95% CI [39.7, 57.6]) are considered *inactive*. Male youth (48.5%, 95% CI [39.9, 57.1]) were more likely to be active than female youth (36.6%, 95% CI [28.5, 45.5]).

Figure 30: Proportion of youth participating in physical activity type by gender (n=600)

Question 39: In the past 12 months, which of the following have you participated in?



^E High sampling variability. Use figure with caution.

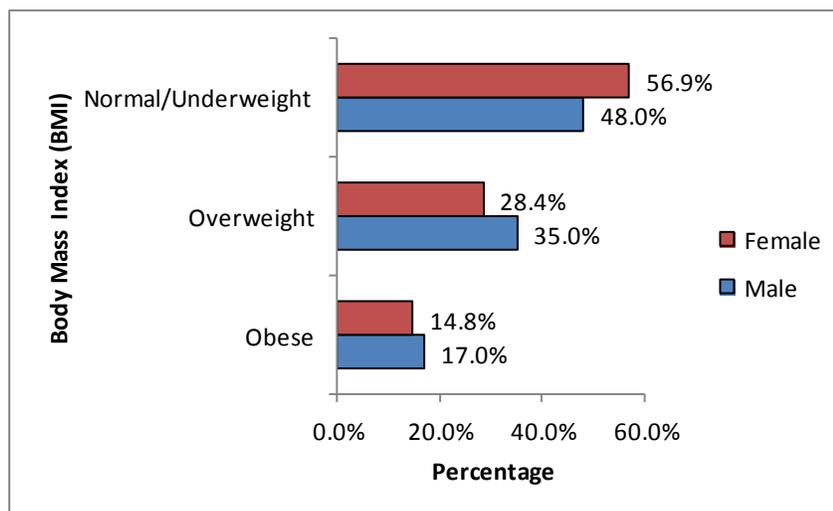
^F Suppressed due to extreme sampling variability or low cell count.



Under the ‘General Health’ section of the 2008/10 RHS Youth Questionnaire, First Nation youth were asked to report their height and weight. The findings indicated that a majority of First Nation youth have a self-reported weight and height that corresponds to *normal or underweight* (52.4%, 95% CI [48.1, 56.7]), while some First Nation youth were considered *overweight* (31.7%, 95% CI [27.8, 35.9]) or *obese* (15.9%, 95% CI [13.3, 18.9]).

When examining BMI by gender, First Nation male youth were more likely to have an unhealthy weight than female youth (Figure 31).

Figure 31: Youth Body Mass Index (BMI) by gender (n=538)



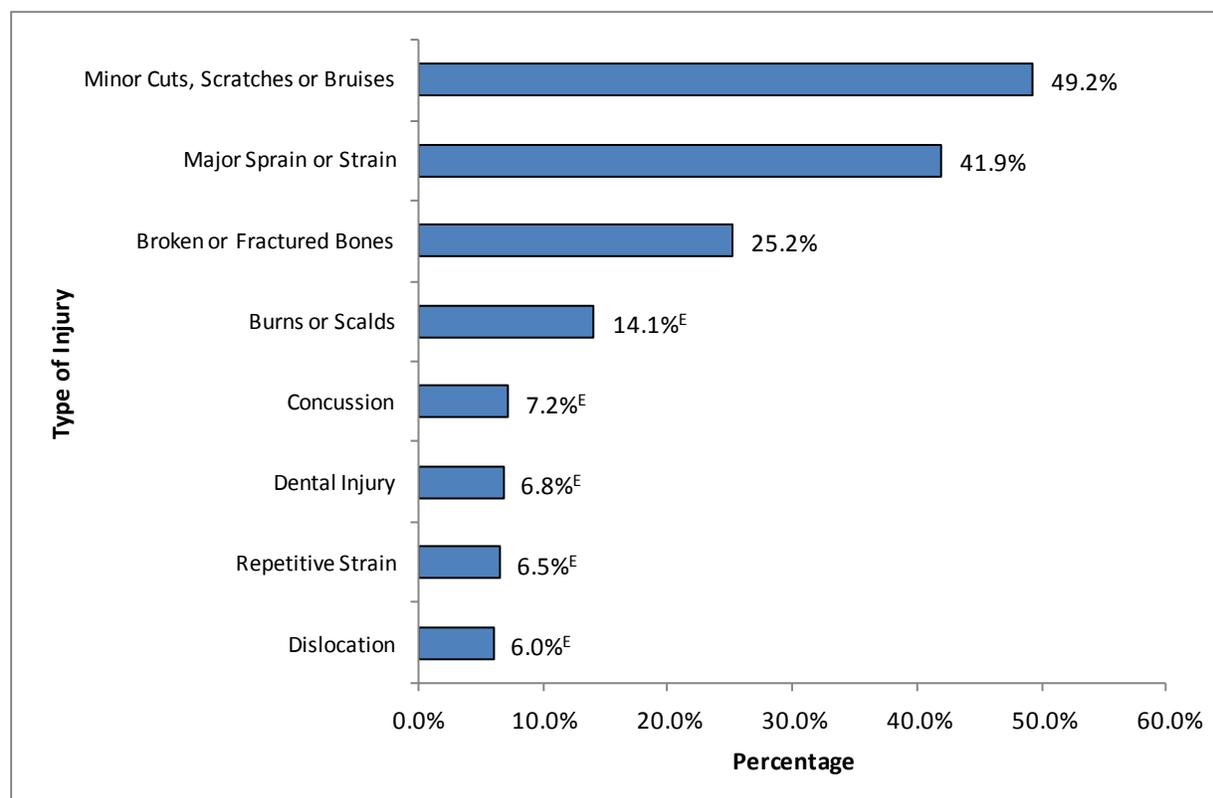
According to the data, a majority of First Nation youth (63.1%, 95% CI [58.1, 67.8]) stated that they were either *very satisfied* (27.6%, 95% CI [23.3, 23.4]) or *somewhat satisfied* (35.5%, 95% CI [31.0, 40.2]) with their weight while 19.0% (95% CI [15.3, 23.4]) of youth indicated *dissatisfaction* with their weight.

INJURY

In the 2008/10 RHS findings for self-reported injuries, 30.9% (95% CI [26.0, 36.3]) of First Nation youth reported having been *injured within 12 months prior to the survey*. Of those First Nation youth who reported being injured, higher proportions were found among the 15-17 years of age (35.0%, 95% CI [27.6, 43.2]) compared to the 12-14 years of age (26.1%, 95% CI [21.5, 31.2]). There were no discernible differences between males and females in frequency of injury. Figure 32 indicates that the four most common types of injury experienced by First Nation youth were *major cuts, scrapes or bruises* (49.2%, 95% CI [42.4, 56.1]), *major sprain or strain* (41.9%, 95% CI [35.3, 48.8]), *broken or fractured bones* (25.2%, 95% CI [19.5, 31.9]), and *burns or scalds* (14.1%, 95% CI [9.6, 20.2])^E.

Figure 32: Reported types of injuries experienced by youth (n=204)

Question 54: What type of injury(ies) did you have?

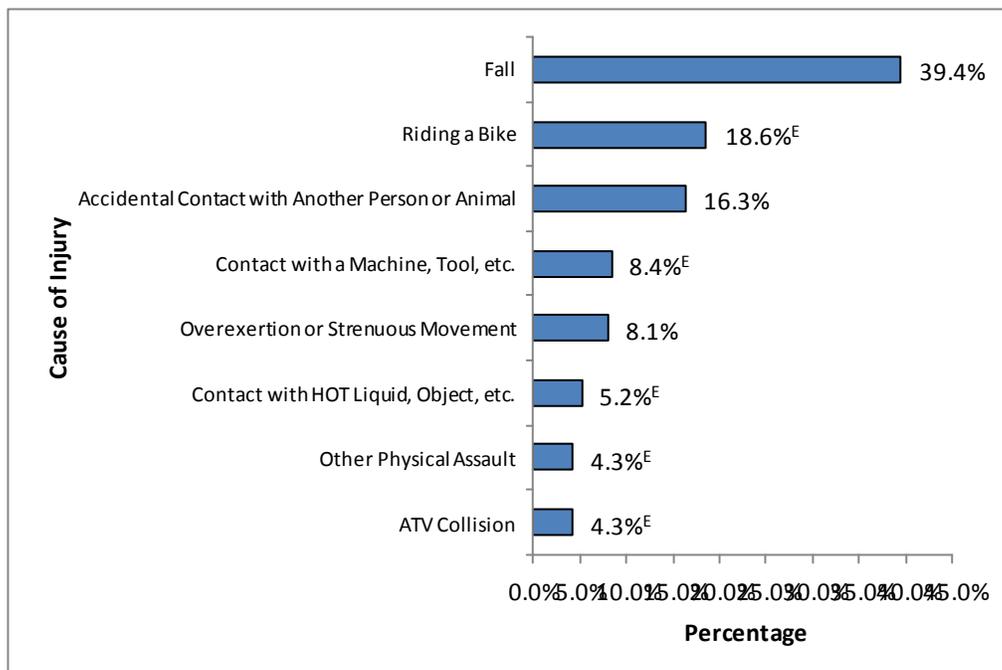


^E High sampling variability. Use figure with caution.

When asked what caused their injury, First Nation youth indicated that their injuries were caused by *falls or trips* (39.4%, 95% CI [29.1, 50.8]), *bicycle accidents* (18.6%, 95% CI [10.6, 30.6]), and *accidental contact with another person or animal* (16.3%, 95% CI [12.1, 21.6]).

Figure 33: Major causes of injury for youth (n=204)

Question 54: What caused the injury?



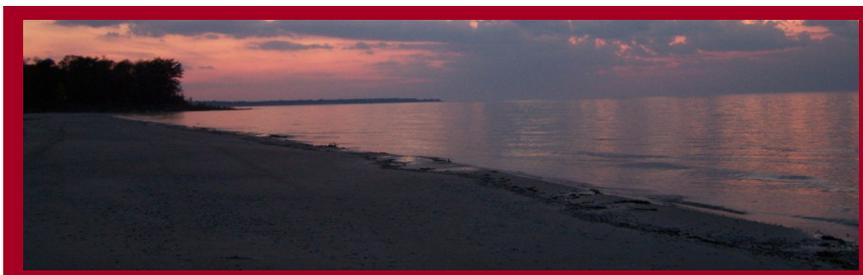
The four most common locations where First Nation youth indicated their injuries occurred were at *home* (38.7%, 95% CI [31.5, 46.3]), *sports fields/facilities of schools* (36.8%, 95% CI [27.7, 47.0]), *school/college/university* (25.4%, 95% CI [19.7, 32.0]) and *on the street, highway or sidewalk* (25.3%, 95% CI [19.5, 32.1]). A majority of the injuries occurred *during sports or physical exercise* (63.7%, 95% CI [55.1, 71.4]) or *during leisure or hobby activities* (22.7%, 95% CI [18.4, 27.7]). Many of the injured First Nation youth indicated receiving *treatment at the hospital emergency room* (47.3%, 95% CI [40.8, 53.9]), *at home* (20.2%, 95% CI [13.1, 29.8]), *at a doctor's office* (12.7%, 95% CI [9.3, 17.1]), *at a walk-in clinic* (12.1%, 95% CI [7.5, 18.9])^E, and *at the community health centre* (5.3%, 95% CI [3.4, 8.3])^E. Several First Nation youth indicated *not seeking any medical treatment* (15.8%, 95% CI [11.6, 21.1]) for their injuries.

^E High sampling variability. Use figure with caution.

NON TRADITIONAL USE OF TOBACCO

Almost one-third of First Nation youth reported smoking at the time of the 2008/10 RHS data collection. Sixteen percent of youth respondents identified as smoking *daily* (16.4%, 95% CI [12.9, 20.7]) with an additional 13.9% (95% CI [10.9, 17.5]) identifying as *occasional smokers*. The majority of youth self-reported smoking *five cigarettes or less daily* (61.5%, 95% CI [49.1, 72.6]). The 2008/10 RHS findings indicated that a higher proportion of female youths smoked *daily* (21.5%, 95% CI [16.9, 26.9]) compared to male youths (11.1%, 95% CI [7.7, 15.7])^E.

The majority of First Nation youth who currently smoke indicated starting smoking *between 12-14 years of age* (64.8%, 95% CI [54.5, 73.9]). Of the current smokers, more than half reported *not having attempted to quit smoking* (56.8%, 95% CI [43.0, 69.5]). Those youth who self-reported trying to quit smoking cited the main reason for trying to quit to be *choosing a healthier lifestyle* (20.5%, 95% CI [10.1, 37.0])^E.



^E High sampling variability. Use figure with caution.

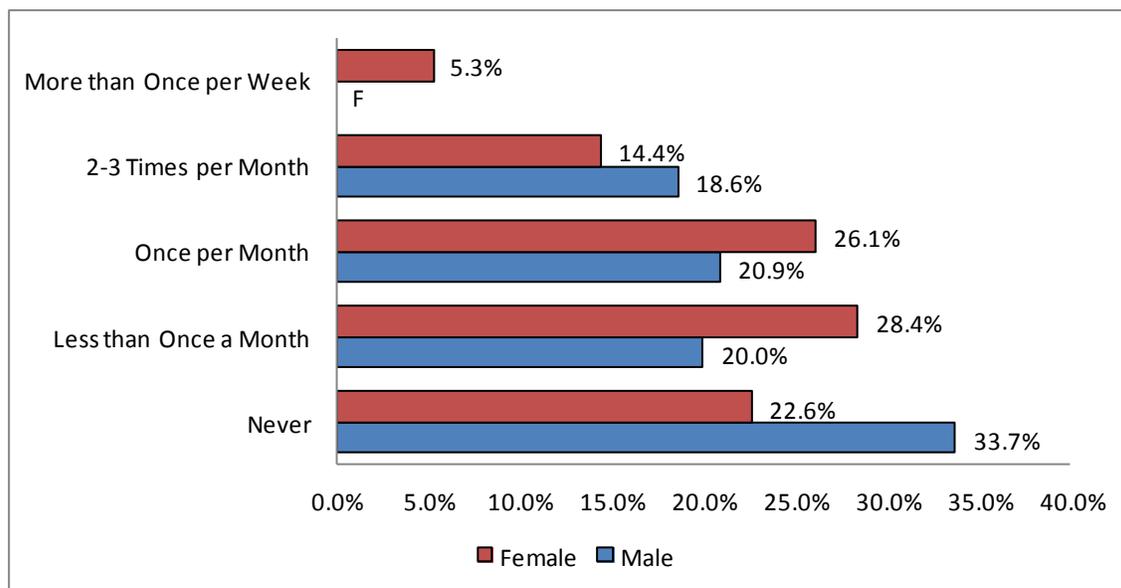
SUBSTANCE USE

The 2008/10 RHS findings indicated that sixty-four percent (64.7%, 95% CI [60.5, 68.7]) of First Nation youth reported having *never* used non-prescription cannabis; whereas 6.1% (95% CI [3.5, 10.2])^E reported using it *daily* or *almost daily*. While no significant gender differences were found, cannabis use was more frequently self-reported among the 15-17 years of age grouping. About thirty-seven percent (37.4%, 95% CI [32.6, 42.4]) of youth stated having *consumed an alcoholic beverage in the 12 months prior to the survey*.

Figure 34 illustrates that approximately one in four of First Nation youth (27.2%, 95% CI [20.5, 35.2]) reported *never* having *five or more alcoholic drinks on one occasion*; while 3.4% (95% CI [1.9, 6.0])^E reported having done so *more than once per week*.

Figure 34: Consumption of 5 or more drinks on one occasion in the past 12 months by gender (n=219)

Question 68: *During the past 12 months, how often have you had 5 or more alcoholic drinks on one occasion?*



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

SEXUAL HABITS

The 2008/10 RHS findings indicated that several First Nation youth reported being *sexually active* (28.2%, 95% CI [22.3, 35.3]). Of those youth who self-reported that they were sexually active, 95.5% (95% CI [91.6, 97.6]) were in the *15 to 17 years* age category. Findings also indicated that more female youth were *sexually active* (29.6%, 95% CI [24.8, 34.9]) compared to male youth (26.6%, 95% CI [17.7, 37.9])^E.

Of the sexually active youth population, 48.3% (95% CI [41.1, 55.6]) reported having only *one sexual partner* in the 12 months prior to the survey. Several reported having *two sexual partners* (21.8%, 95% CI [15.6, 29.7]), *three partners* (13.7%, 95% CI [7.2, 24.6])^E, or *four partners or more* (15.5%, 95% CI [11.0, 21.4]) in the previous 12-month period.

Most of the First Nation youth indicated using *condoms as a birth control or protection method* (77.1%, 95% CI [70.8, 82.4]), while 29.5% (95% CI [19.1, 42.5])^E of First Nation youth indicated using *birth control pills*. A majority of youth reported *always* (55.5%, 95% CI [47.8, 62.8]) using condoms, while some use them *most of the time* (21.8%, 95% CI [15.5, 29.8]) or *occasionally* (15.6%, 95% CI [10.6, 22.2])^E. The three most common reasons reported by youth for not always using condoms were being *under the influence of alcohol or drugs* (26.7%, 95% CI [13.6, 45.9])^E; *did not have a condom at the time* (24.9%, 95% CI [17.7, 33.8]); or *with a steady partner* (21.9%, 95% CI [13.9, 32.7])^E. Several youth who indicated they were sexually active reported *not using* any type of birth control or protection methods (11.0%, 95% CI [7.8, 15.4]). Table 50 indicates the purpose of sexual protection methods for First Nation youth.

^E High sampling variability. Use figure with caution.

Table 50: First Nation Youth Purpose of Sexual Protection Methods (n=113)

Question 83: What is the main purpose of that/those methods?

<i>Proportion of response</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Birth Control (avoid pregnancy)	48.6 ^E	32.3	40.3
Protection from sexually transmitted diseases (STD)	F	13.7 ^E	13.9 ^E
Both (Birth control and STD Protection)	37.3 ^E	54.1	45.8

Few First Nation youth indicated having ever been tested for *sexually transmitted diseases* (9.8%, 95% CI [7.7, 12.3]) or *HIV/AIDS* (6.9%, 95% CI [5.0, 9.4])^E.

PERSONAL WELLNESS

Table 51 indicates that the most common recreational activity outside of school hours self-reported by First Nation youth was *sport teams or lessons, 1-3 times per week* (31.2%, 95% CI [26.7, 36.2]). Male youth were more likely to engage in *sports outside of school* (38.2%, 95% CI [32.2, 44.6]) than female youth (24.0%, 95% CI [19.1, 29.9]) while female youth were more likely to have a *job 1-3 times per week* (23.8%, 95% CI [19.1, 29.2]) than male youth (11.4%, 95% CI [8.7, 14.8]).



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Table 51: First Nation Youth Recreational Activities (outside of school hours)

Question 91: Outside of school hours, how often do you:

<i>Recreational activities outside of school hours</i>	<i>Never (%)</i>	<i>Less than once per week (%)</i>	<i>1-3 times per week (%)</i>	<i>4 or more times per week (%)</i>
Take part in sport teams or lessons (n=580)	34.9	16.6	31.2	12.8
Take part in art or music groups or lessons (n=570)	73.4	12.1	7.0	2.4 ^E
Take part in traditional singing, drumming or dancing groups or lessons (n=570)	63.5	23.6	5.1 ^E	F
Have a job such as babysitting, working at a store, tutoring (n=575)	43.4	25.3	17.5	9.2

A majority of the First Nation youth reported feeling in balance with the four aspects of their life *most or all of the time*, specifically, *physically* (73.5%, 95% CI [69.8, 77.0]), *emotionally* (66.3%, 95% CI [61.2, 71.1]), *mentally* (65.4%, 95% CI [59.9, 70.5]), and *spiritually* (61.5%, 95% CI [56.9, 65.8]). There were no significant differences in the responses of male and female youth.

The 2008/10 RHS youth questionnaire asked First Nation youth to respond to *self-esteem or self-affirming statements* describing their personal wellness. Most First Nation youth either *strongly agreed* or *agreed* with the offered statements, as indicated in Table 52. A few First Nation youth either *disagreed* or *strongly disagreed* with the statements ranging from 5.0% to 6.0%. There was little variation between the male and female responses.

^E High sampling variability. Use figure with caution.^F Suppressed due to extreme sampling variability or low cell count.

Table 52: First Nation Youth Response to Self Affirming Statements

Question 93: Please indicate how strongly you agree or disagree with the following statements:

<i>Proportion of responses to the following statement</i>	<i>Strongly Agree (%)</i>	<i>Agree (%)</i>	<i>Neither Agree or Disagree (%)</i>	<i>Disagree (%)</i>	<i>Strongly disagree (%)</i>
In general, I like the way I am (n=584)	36.2	49.6	9.5	F	1.4 ^E
Overall, I have a lot to be proud of (n=583)	37.1	45.5	10.8	F	1.4 ^E
A lot of things about me are good (n=583)	32.4	49.0	12.2	4.7	1.6 ^E
When I do something, I do it well (n=582)	23.9	48.3	21.1	3.9 ^E	F

Table 53 illustrates First Nation youth responses when asked the statement ‘do you feel lonely?’, ‘do you feel loved?’, and ‘do you feel stressed?’. Results indicated that First Nation male youth were *not at all* lonely (60.5%, 95% CI [55.3, 65.5]) or *a little* lonely (25.9%, 95% CI [21.4, 30.9]) compared to the female youth who indicated *not at all* lonely (48.4%, 95% CI [40.6, 56.4]) or *a little* lonely (32.5%, 95% CI [23.6, 40.2]). There were no gender differences with respect to the *feelings of love*; however, female youth were more likely to feel stressed with *quite a bit* and *a lot* responses totaling 20.5% (95% CI [15.5, 26.5]) than male youth *quite a bit* and *a lot* responses totaling 13.4% (95% CI [9.5, 18.5]).

Table 53: First Nation Youth Response to Statements

Question 94: Please indicate your level of agreement with the following statements:

<i>Proportion of responses to the following questions</i>	<i>Not at all (%)</i>	<i>A little (%)</i>	<i>Moderately (%)</i>	<i>Quite a bit (%)</i>	<i>A lot (%)</i>
Do you feel lonely? (n=561)	54.4	29.2	6.9 ^E	6.0	3.5
Do you feel loved? (n=559)	F	12.1	7.9	18.8	57.0
Do you feel stressed? (n=557)	32.9	37.7	12.5	8.4	8.6

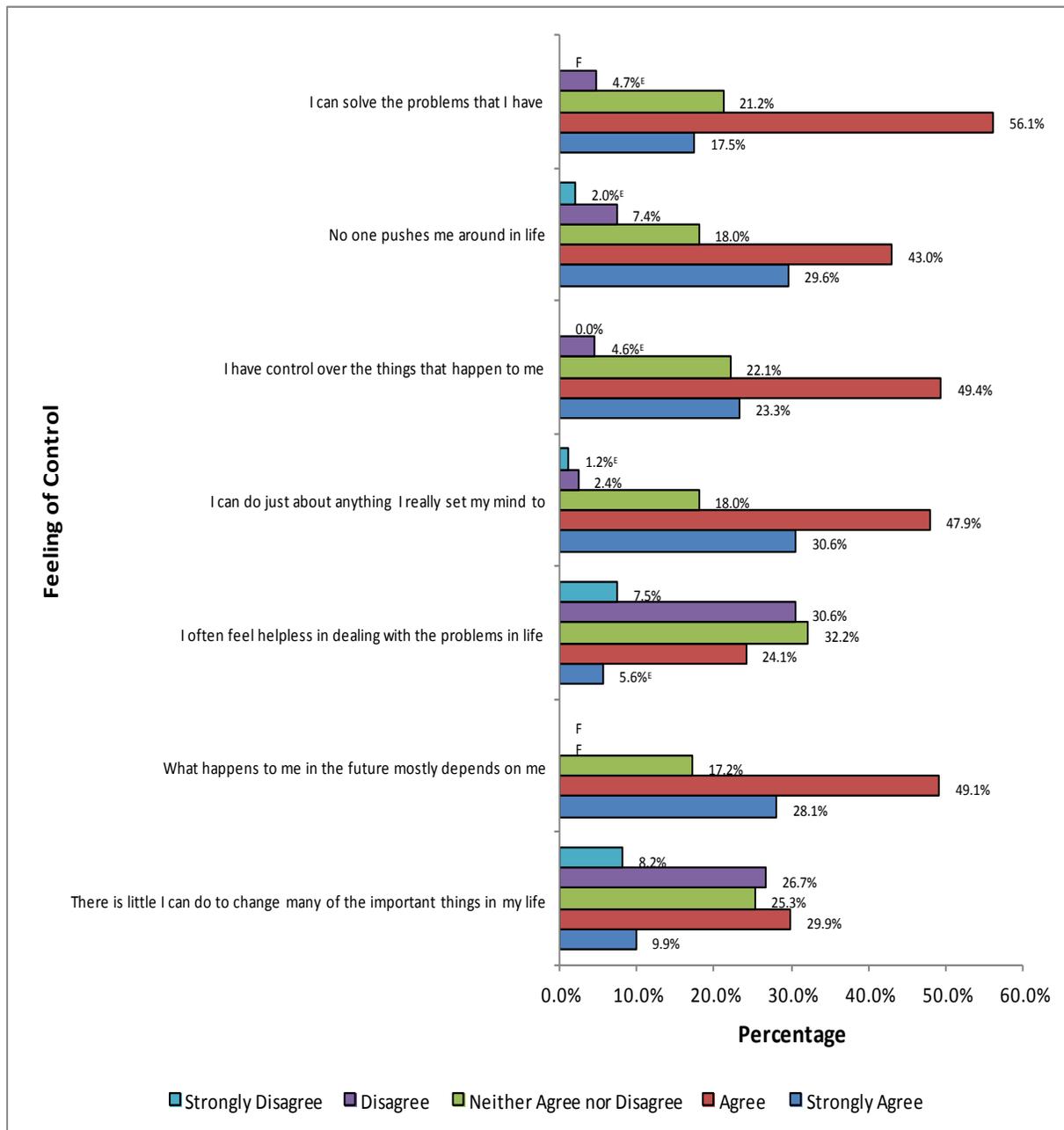
^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Figure 35 demonstrates the first nations youth response regarding emotional wellness.

Figure 35: Youth response regarding Emotional Wellness

Question 95: Below is a list of statements dealing with your feelings of control over your life.



^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

When First Nation youth were asked to respond to the question ‘during the past 12 months, was there ever a time when you felt sad, blue, or depressed 2 weeks or more in a row?’, 24.8% (95% CI [20.6, 29.6]) of First Nation youth indicated a ‘yes’ response. Female youth (36.4%, 95% CI [30.5, 42.7]) were more likely to report this than male youth (13.5%, 95% CI [8.9, 20.1])^E.

Table 54, below, illustrates that the majority of First Nation youth indicated relying on *friends* (54.6%, 95% CI [51.0, 58.1]), *parents* (48.9%, 95% CI [45.0, 52.7]), *other family members* (42.0%, 95% CI [38.4, 45.7]) or *counsellor* (18.3%, 95% CI [14.6, 22.8]) for emotional or mental health support. A few First Nation youth reported that they use a *family doctor* (7.7%, 95% CI [6.1, 9.7]), *social worker* (7.5%, 95% CI [5.0, 11.0])^E or *traditional healer* (5.0%, 95% CI [3.8, 6.6]) for emotional or mental health support. With the exception of *parental support*, female youth were

Table 54: First Nation Youth Emotional or Mental Health Supports

Question 96: In the past 12 months, have you seen or talked on the telephone about your emotional or mental health to any of the following?

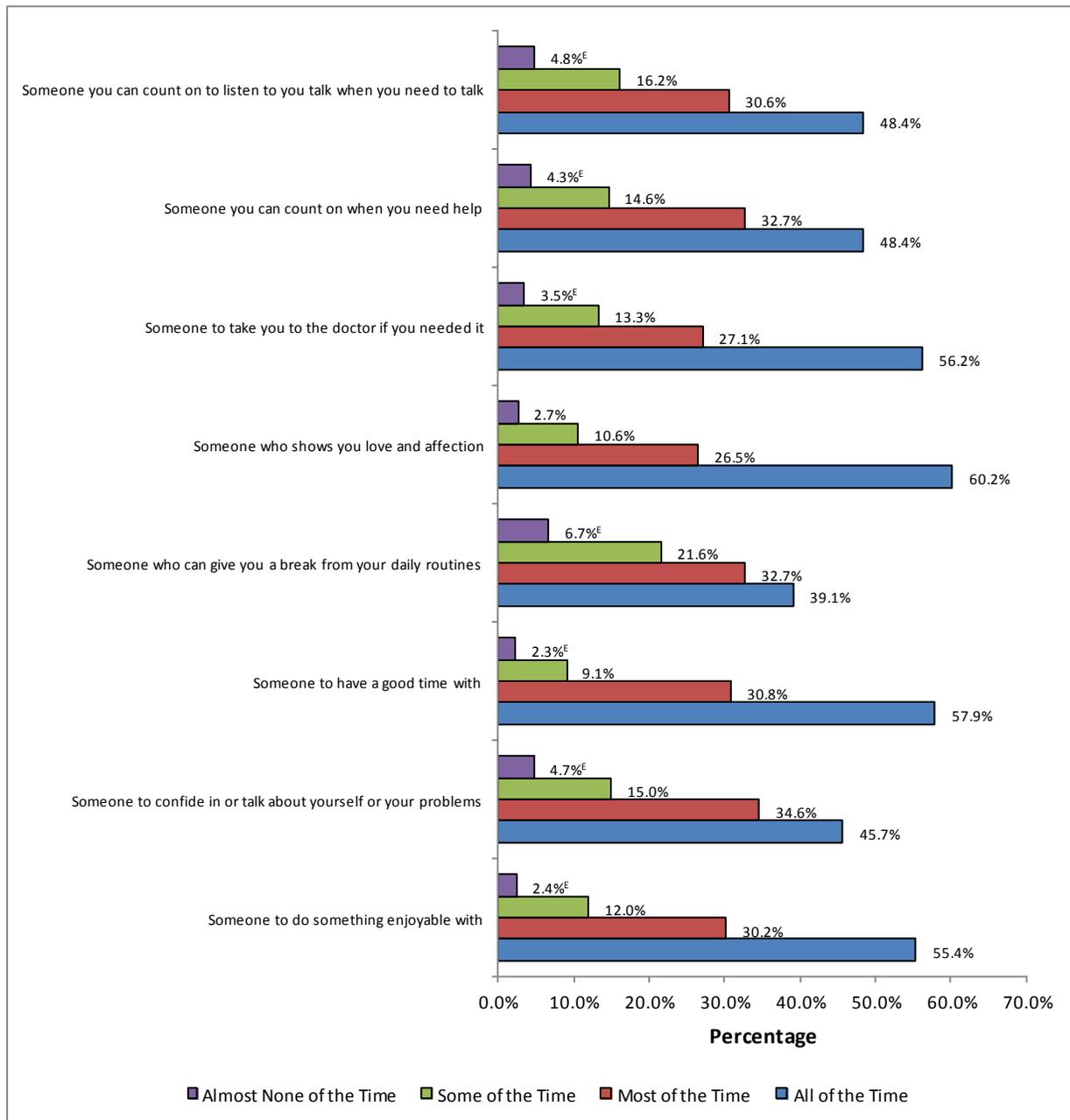
<i>Proportion of “yes” response for each person/professional</i>	<i>Male (%)</i>	<i>Female (%)</i>	<i>Total (%)</i>
Parents (n=556)	50.9	46.8	48.9
Other Family Member (n=551)	33.3	50.9	42.0
Friend (n=551)	39.1	70.3	54.6
Traditional healer (n=540)	3.8 ^E	6.3	5.0
Healthcare professional (MD, nurse, psychologist) (n=542)	3.3 ^E	12.1	7.7
Counsellor (n=545)	13.9 ^E	22.9	18.3
Social worker (n=544)	4.4 ^E	10.5 ^E	7.5 ^E

The 2008/10 RHS youth findings showed that a total of 9.5% (95% CI [7.0, 12.8]) of First Nation youth reported being *bullied* with male youth (11.3%, 95% CI [7.3, 16.9])^E reported being *bullied* more often than female youth (7.7%, 95% CI [5.5, 10.7]). Figure 36 indicates First Nations youth responses to the availability of personal support. Table 55 indicates who First Nations youth

^E High sampling variability. Use figure with caution.

Figure 36: First Nation Youth's responses to the Personal Support available

Question 99: People sometimes look to others for companionship, assistance, guidance or other types of support. Could you tell me how often each of the following kinds of support is available to you when you need them?



^E High sampling variability. Use figure with caution.

Table 55: First Nation Youth first support for help with:

Question 100: Who would you go to first for help if you had a problem with:

<i>Who would you go to FIRST for help if you had a problem with:</i>	<i>Parent (%)</i>	<i>Other Family (%)</i>	<i>Friend my age (%)</i>	<i>No One (%)</i>
Family problems (n=561)	45.9	19.9	23.1	7.2
Relationships with boyfriend/ girlfriend (n=533)	27.7	12.5	47.0	10.5
Financial problems (n=484)	75.2	5.2	5.5	11.4
Drugs/alcohol (n=511)	46.0	10.0	20.8	13.0
Anger/ feeling out of control (n=537)	44.4	11.3	23.4	12.6
Depression (n=524)	44.5	10.2	20.9	14.5
Problems with friends (n=548)	47.0	14.2	20.5	11.8
Sexual/ physical assault (n=498)	60.7	6.4 ^E	11.1	12.2
Sexually transmitted diseases (n=493)	50.5	6.6	7.0 ^E	9.2
Birth control (n=472)	52.0	5.7	9.7	10.2
Pregnancy (n=464)	54.5	7.7	15.1	10.3

^E High sampling variability. Use figure with caution.

SUICIDE

The 2008/10 RHS First Nation youth data finding indicated that 17.3% (95% CI [14.0, 21.1]) of youth 'have thought about committing suicide' and 6.7% (95% CI [4.1, 10.6])^E of youth have 'attempted suicide' at some point (Table 56). Of those youth who 'attempted suicide', 26.2% (95% CI [14.4, 42.8])^E of the attempts occurred in the past year. At the time of the survey, 11.1% (95% CI [7.5, 16.1])^E of youth indicated that they had a *close friend or family member commit suicide in the past twelve months*. Table 56 indicates First Nations youth suicide ideation and attempts.

Table 56: Youth Suicide Ideation and Attempts

Question 101:	<i>In the past 12 months, has a close friend or family member committed suicide?</i>
Question 102:	<i>Have you ever thought about committing suicide?</i>
Question 103:	<i>When did these suicidal thoughts occur?</i>
Question 104:	<i>Have you ever attempted suicide?</i>
Question 105:	<i>When did the suicide attempt occur?</i>

	Male (%)	Female (%)	Total (%)
In the past 12 months, has a close friend or family member committed suicide (n=558)	8.2 ^E	13.9 ^E	11.1 ^E
Have you ever thought about committing suicide....? (n=557)	11.6 ^E	22.9	17.3
...during the past year? (n=91)	48.4 ^E	26.3 ^E	33.7 ^E
...as an adolescent (12 to 17 years of age)? (n=91)	F	71.5	53.2
Have you ever attempted suicide....? (n=536)	4.6 ^E	8.8 ^E	6.7 ^E
...during the past year? (n=30)	F	F	26.2 ^E
...as an adolescent (12 to 17 years of age)? (n=30)	F	74.1 ^E	56.2

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

RESIDENTIAL SCHOOL

For the purpose of the Ontario Region 2008/10 RHS report, the term “residential schools” refers to the residential school systems attended by Aboriginal students. This includes residential schools run by religious orders, industrial schools, boarding schools, student residences, hostels and billets. The last residential school shut down in 1996.

Of the First Nation youth who participated in the 2008/10 RHS process, 13.6% (95% CI [10.0, 18.3]) of youth reported having had *one or more parents* attend residential school. Half of all First Nation youth (49.2%, 95% CI [40.3, 58.2]) reported that *one or more grandparents* attended residential school as indicated in Table 57.

Table 57: Youth Residential School

Question 106: *Did your parents or grandparents attend a residential school?*

	Male (%)	Female (%)	Total (%)
Parent who attended residential school is....			
... mother or guardian. (n=491)	9.6 ^E	12.1	10.8 ^E
... father or guardian. (n=478)	9.6 ^E	7.0	8.3
Grandparent who attended residential school is....			
... mother’s or guardian’s mother (n=414)	22.8	25.1 ^E	23.9
... mother’s or guardian’s father (n=396)	27.3 ^E	28.3	27.8
... father’s or guardian’s mother (n=370)	25.7	23.0 ^E	24.4
... father’s or guardian’s father (n=366)	24.6	22.1 ^E	23.4

^E High sampling variability. Use figure with caution.

COMMUNITY WELLNESS AND TRADITIONAL CULTURE

Table 58 shows the community strengths as identified by First Nation youth respondents who participated in the 2008/10 RHS. First Nation youth identified *family values* (52.6%, 95% CI [47.8, 57.2]) and *traditional ceremonial activities* (43.8%, 95% CI [39.1, 48.7]) as the main strengths of their respective community.



Table 58: Community strengths identified by youth (n=599)

Question 109: What are the main strengths of your community?

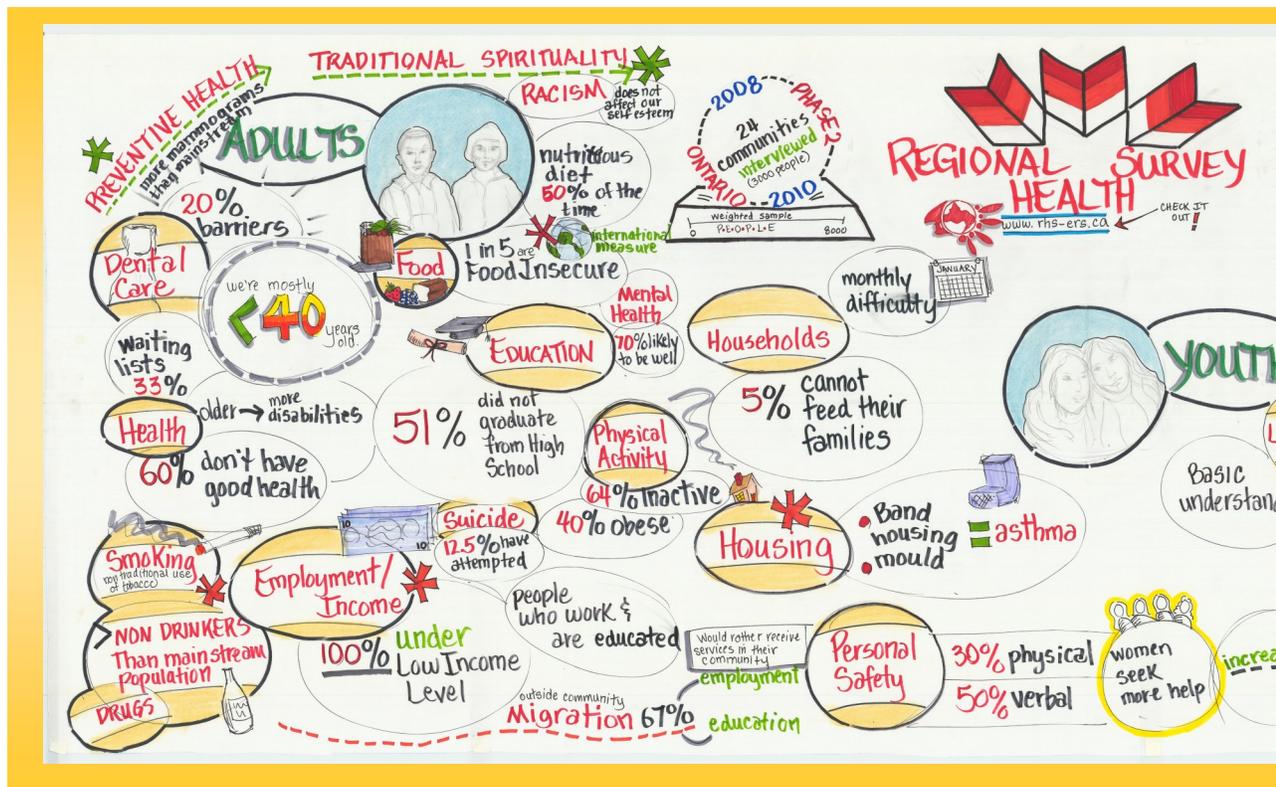
<i>Type of strength</i>	<i>Proportion (%)</i>
Family values	52.6
Traditional ceremonial activities	43.8
Elders	38.2
Social connections (community working together)	29.0
Awareness of First Nations culture	27.5
Community / health programs	26.9
Strong leadership	24.2
Use of First Nations language	23.8
Education and training opportunities	20.9
Good leisure / recreational facilities	20.8
Natural environment	16.5
Low rates of suicide / crime / drug abuse	14.0
Strong economy	8.6

Table 59 and below, illustrate responses when First Nation youth were asked to identify the main challenges which their communities are currently facing. At least one quarter of First Nation youth identified most categories as challenges. Most youth identified *alcohol and drug abuse* as the leading challenge (76.0%, 95% CI [71.6, 80.0]) followed by *loss of culture* (47.4%, 95% CI [44.3, 50.5]).

Table 59: Community challenges identified by youth (n=599)*Question 107: What are the main challenges your community is currently facing?*

<i>Type of challenges</i>	<i>Proportion (%)</i>
Alcohol and drugs	76.0
Culture	47.4
Housing	38.8
Education and training	37.2
Employment	36.1
Funding	31.4
Control over decisions	27.9
Health	26.6
Natural environment/resources	25.5
Gang activities	23.7

Ontario Region Child Results



(0-11 years of age) Completed by Parent/Guardian



CHILDREN RESULTS

DEMOGRAPHICS

This section reports the findings of the 2008/10 RHS Child Questionnaire, aged 0-11 years. The information collected from the child questionnaire was provided by the primary caregiver.

The survey was completed by the biological *parent* (92.5%) on behalf of their child(ren), followed by the *grandparents* (3.6%) and then *any other guardian* (3.9%).

The total sample size for children participating in the 2008/10 RHS process was 770 with a breakdown of 402 male children and 368 female children (Table 60).

Table 60: Final Total Ontario Children Sample Size

<i>Gender</i>	<i>Child</i>	
	Count	Percent (%)
Male	402	52.2
Female	368	47.8
Total	770	100

HOUSEHOLD AND LIVING ENVIRONMENT

In response to the question '*who does the child live with most of the time?*', the 2008/10 RHS data indicated that 51.7% (95% CI [47.9, 55.3]) of children were reported to be living with *both biological parents (excluding other adults who may live in the household)*, 41.8% (95% CI [38.5, 45.3]) of children living with just their *biological mother (with no other adults living in the household)*, and 3.5% (95% CI [2.6, 4.8]) of children living with just their *biological father*.

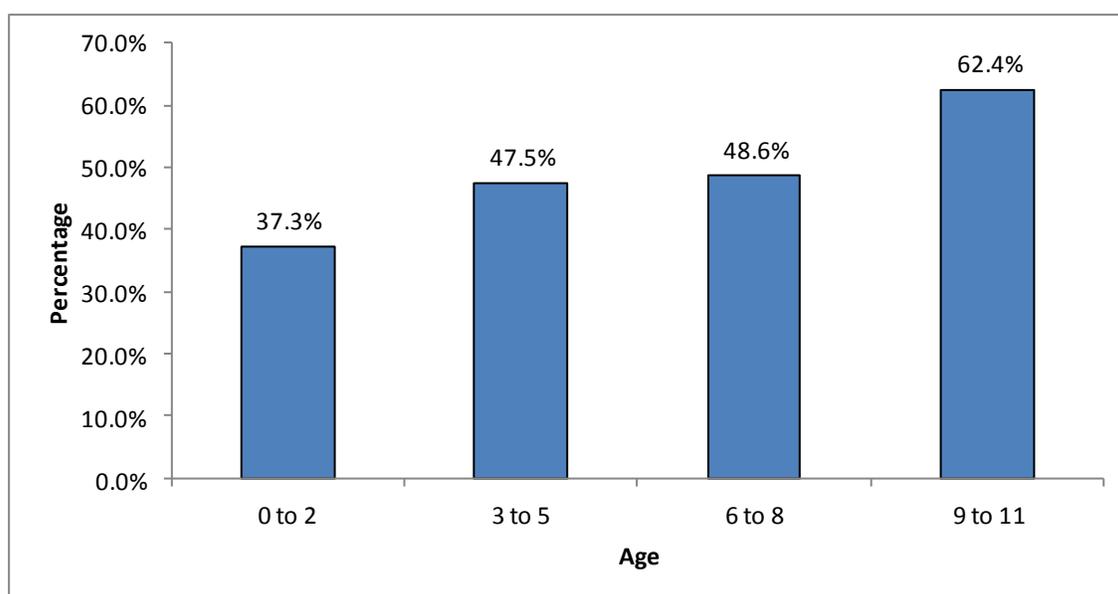
LANGUAGE AND EDUCATION

The proportion of children currently *attending school* at the time of the 2008/10 RHS, reached 98.8% (95% CI [98.1, 99.2]) for children 6 to 11 years of age. The percentage of children reported to have *repeated a grade* among 6 to 11 year olds is 11.6% (95% CI [9.6, 14.0]).

Approximately half of First Nations children (50.5%, 95% CI [44.2, 56.7]) could *speak or understand* a First Nations language. Only a few (10.5%, 95% CI [6.2, 17.3])^E were considered to have *intermediate or fluent understanding* while the vast majority (89.5%, 95% CI [82.7, 93.8]) had *basic understanding or a few words*. A majority of the caregivers (69.4%, 95% CI [63.9, 74.5]) indicated that it was *very important* for their child to learn a First Nations language with a further 23.2% (95% CI [18.9, 28.2]) stating it was *somewhat important* for their child to learn a First Nation language. Figure 38 indicates the proportion of First Nations children who can understand or speak a First Nations language by age.

Figure 38: Proportion of children who can understand or speak a First Nations language by age (n=742)

Question 18: Can the child understand or speak a First Nations language?



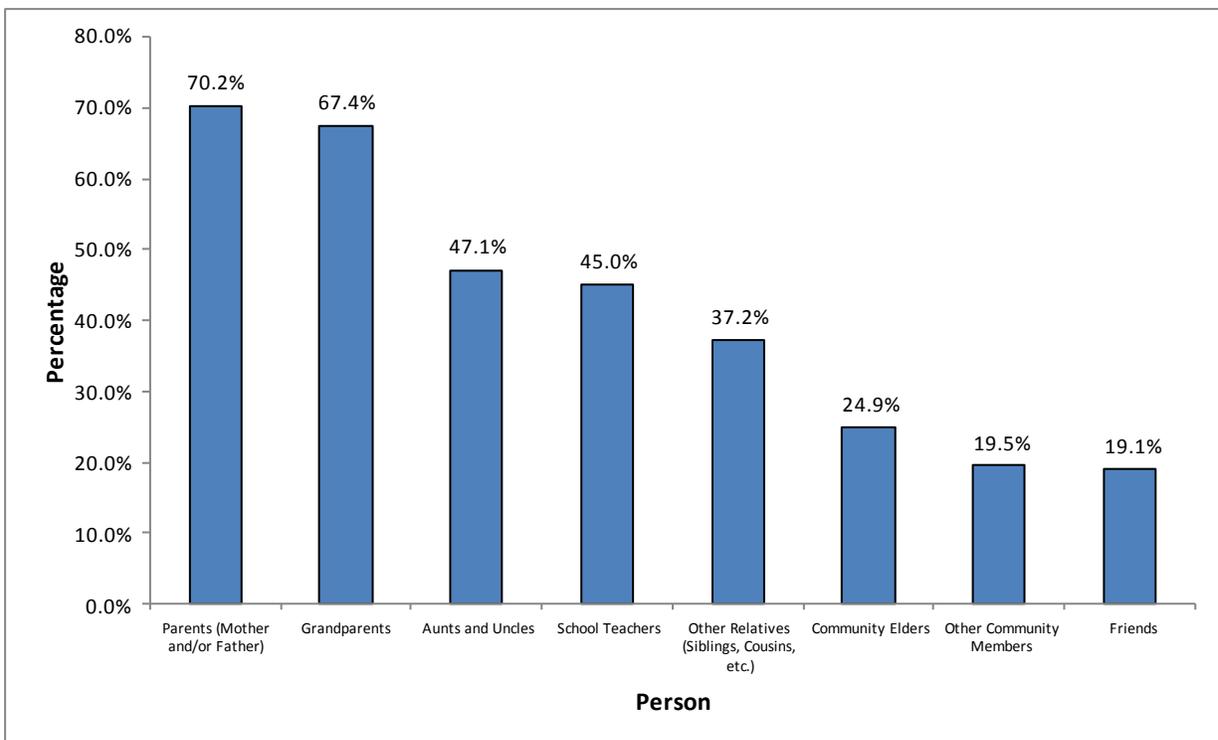
^E High sampling variability. Use figure with caution.

Children who attended an Aboriginal Head Start (AHS) Program were *more likely* to understand or speak a First Nation language (63.9%, 95% CI [52.9, 73.5]) than children who did not attend Aboriginal Head Start Program (45.8%, 95% CI [38.6, 53.1]). Of those children who attended an AHS program, 45.1% (95% CI [38.7, 51.6]) at some point *read* or were *read to daily*, compared to 34.3% (95% CI [30.8, 38.0]) those who did not attend an AHS program.

Family members, specifically *parents* (70.2%, 95% CI [66.3, 73.8]) and *grandparents* (67.4%, 95% CI [62.4, 72.0]), were reported as 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 (Figure 39).

Figure 39: Proportion of individuals involved in assisting children understand culture (n=770)

Question 23: *Who helps the child understand their culture?*

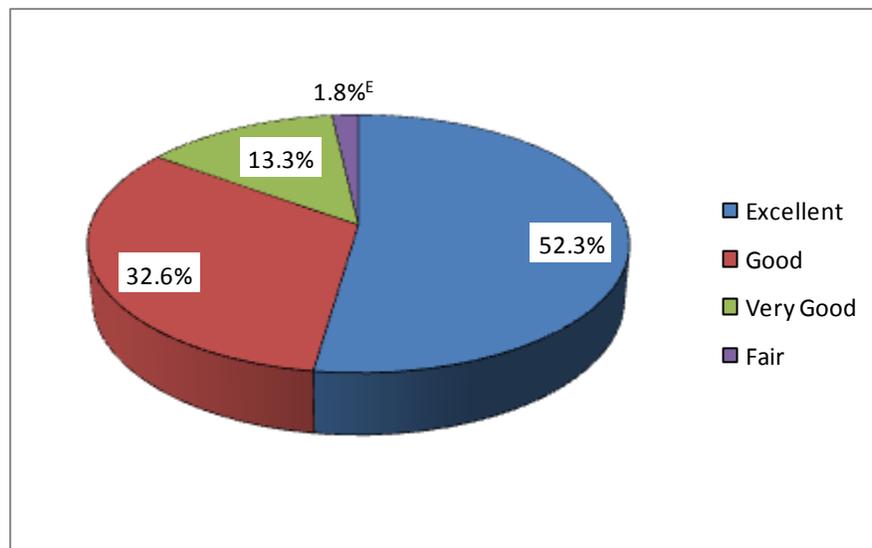


GENERAL HEALTH

Almost 85% of caregivers reported their children's general health status as *excellent* (52.3%, 95% CI [45.6, 58.9]) or *very good* (32.6%, 95% CI [28.3, 37.3]) whereas only 1.8% (95% CI [1.2, 2.7])^E of caregivers reported their children's general health status as *fair* (Figure 40).

Figure 40: First Nation children's general health status

Question 34: In general, would you say that the child health is:



HEALTH CONDITIONS

Table 61 illustrates the proportion of health conditions experienced by First Nation children. *Asthma, allergies, skin conditions, ear infections* and *speech/language difficulties* as well as *learning disabilities* lead the list of health concerns as reported by caregivers.

^E High sampling variability. Use figure with caution.

Table 61: Proportion of health conditions reported by children

Question 36: *Have you been told by a health care professional that the child has any of the following health conditions?*

<i>Chronic Health Condition</i>	<i>Boys (%)</i>	<i>Girls (%)</i>	<i>Total (%)</i>
Asthma (n=753)	17.7	12.3	15.1
Allergies (n=749)	12.3	13.3	12.8
Dermatitis, atopic eczema (n=757)	10.1	10.9 ^E	10.4
Chronic ear infections or ear problems (n=741)	7.7 ^E	6.3	7.0
Speech / language difficulties (n=746)	8.3 ^E	4.2 ^E	6.3
Learning disability (n=744)	F	4.3 ^E	4.2 ^E
ADD / ADHD (n=747)	3.8 ^E	F	2.6 ^E
Heart condition (n=749)	1.6 ^E	F	1.7 ^E
Anxiety or depression	F	F	1.0 ^E

HEALTH CARE ACCESS

Caregivers of First Nation children with *one or more* reported chronic health conditions reported experiencing barriers to health care access during the past 12 months (Figure 41). The most frequently reported barrier to health care access for children *with or without* health conditions, as reported by the primary caregiver was *waiting list too long* (25.4%, 95% CI [21.1, 30.2]).

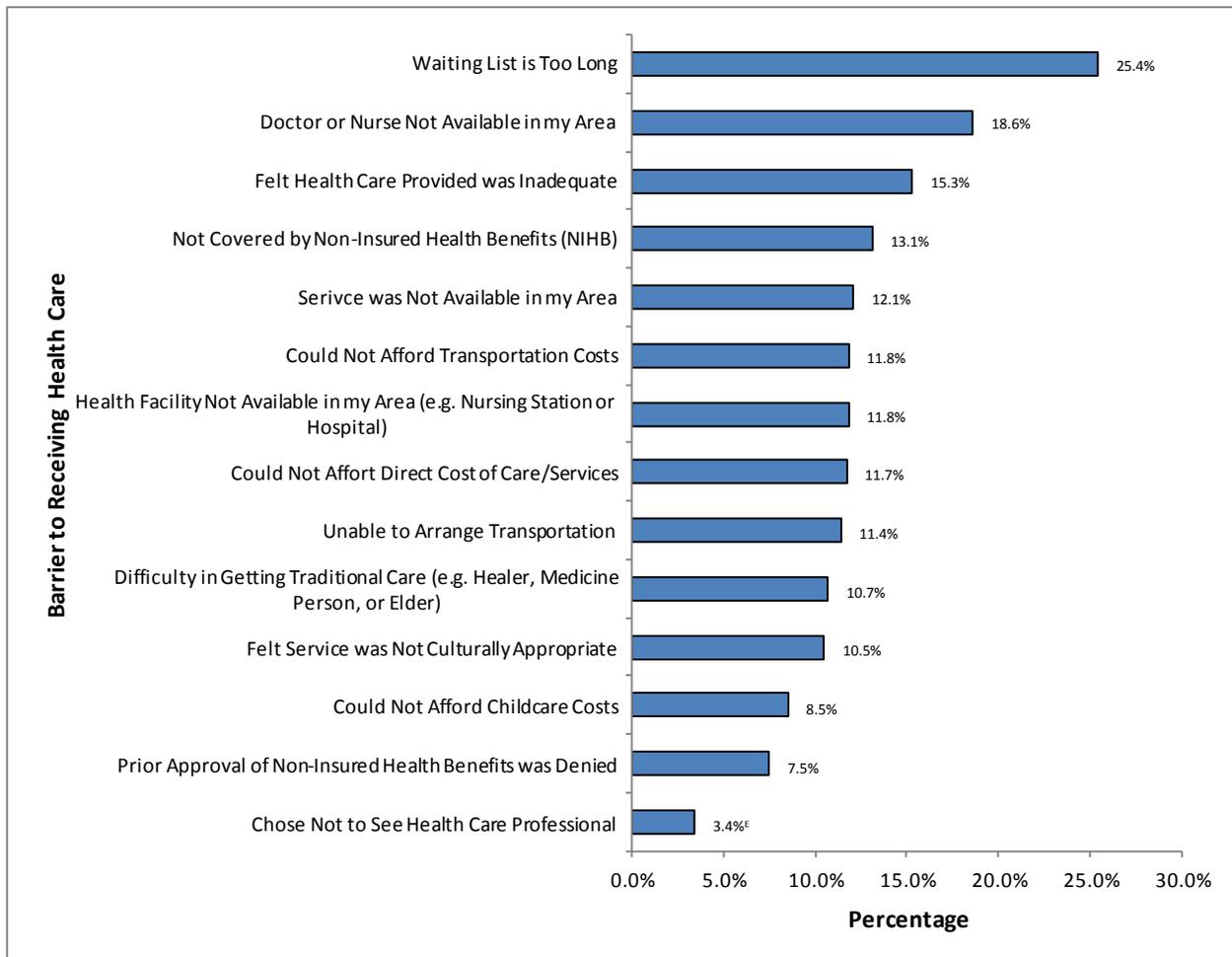


^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

Figure 41: Reported Barriers to Health Care Access for First Nation children with or without chronic health conditions

Question 52: *During the past 12 months, have you experienced any of the following barriers to receiving health care for the child?*



^E High sampling variability. Use figure with caution.

CHILD IMMUNIZATION

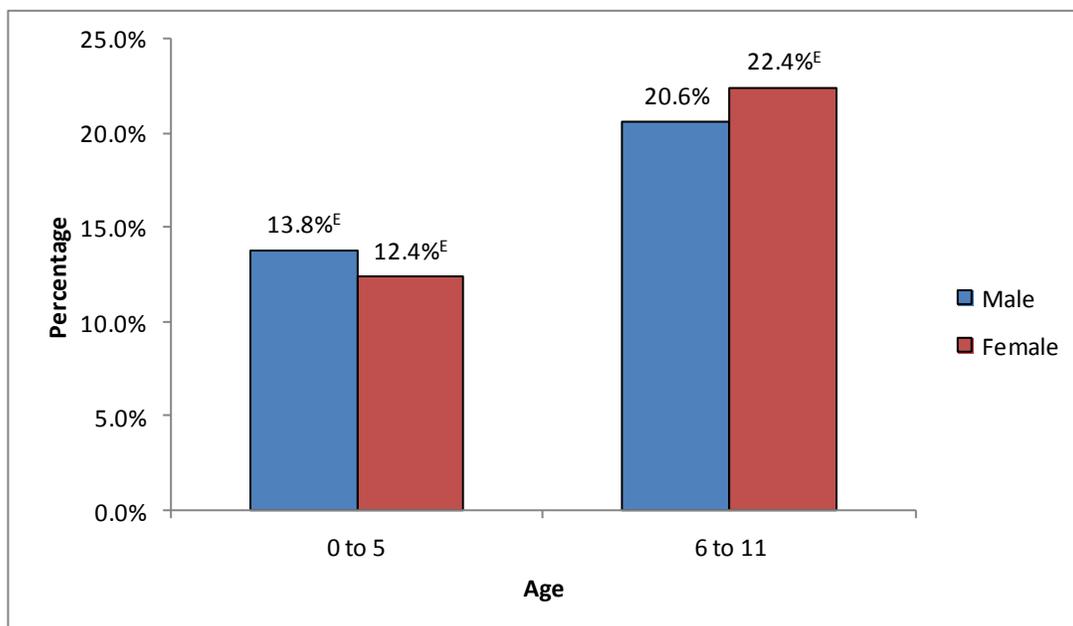
In response to the question 'has the child received his/her routine (regular) vaccinations/immunizations', 97.7% (95% CI [96.2, 98.6]) of caregivers indicated that their child did receive their routine (regular) vaccinations/immunizations.

INJURY

When responding to the question 'has the child been injured in the past 12 months?', 17.9% (95% CI [14.1, 22.5]) of caregivers indicated that their child had been injured in the previous twelve months. Figure 42 provides the proportion of children with reported injuries in the past 12 months by age grouping and gender.

Figure 42: Proportion of children with reported injury in the past 12 months by age group and gender

Question 45: Has the child been injured in the past 12 months?



^E High sampling variability. Use figure with caution.

When responding to the question '*what type of injury(ies) did the child have?*', many caregivers reported their child having experienced *major cuts, scrapes or bruises* (48.7%, 95% CI [36.2, 61.5]) and *broken or fractured bones* (23.7%, 95% CI [15.6, 34.2])^E as indicated in Table 62.

Table 62: Reported injuries by type experienced by children in the past 12 months
Question 46: *What type of injury(ies) did the child have?*

<i>Type of Injury</i>	<i>Percent (%)</i>
Major cuts, scrapes, or bruises	48.7
Broken or fractured bones	23.7 ^E
Burns or scalds	7.9 ^E
Major sprain or strain	7.8 ^E

When asked '*what caused the injury(ries)?*', the most common response was *falls* (55.1%, 95% CI [43.8, 65.8]) followed by *accidental contact with a person/animal* (15.1%, 95% CI [9.2, 23.6])^E and *bicycle related injuries* (12.1%, 95% CI [7.9, 18.1])^E.

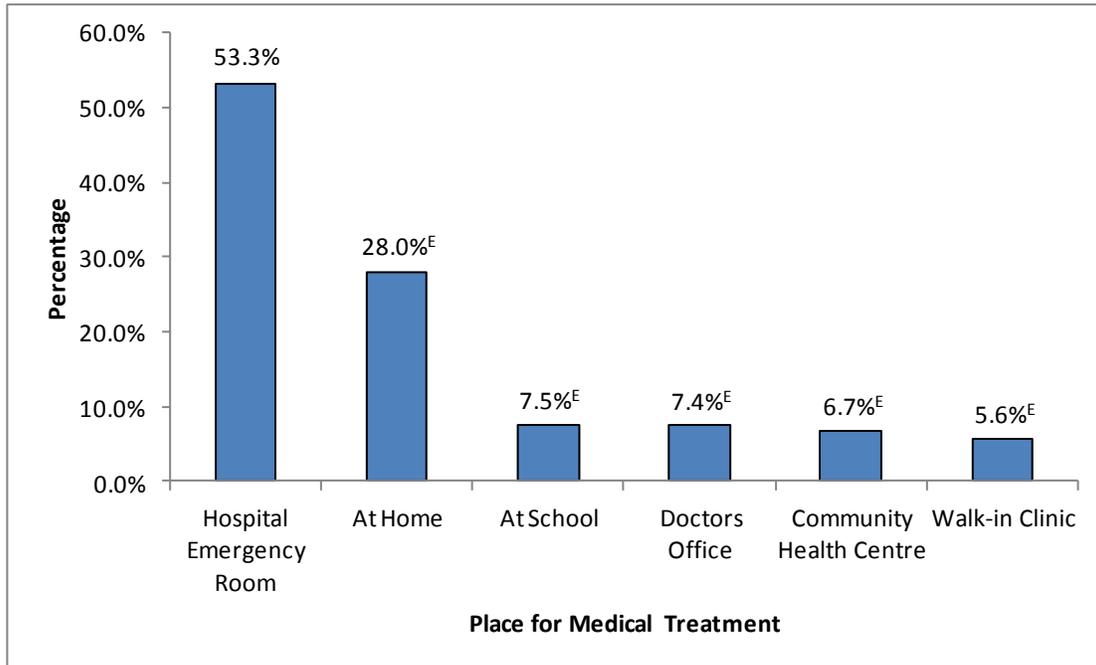
When responding to the question '*where did the injury(ries) occur?*', 60.8% (95% CI [47.1, 72.9]) of all child injuries were reported to have happened at *home*.

Figure 43 illustrates where the child received medical treatment for his/her injury(ries). More than half of injured children (53.3%, 95% CI [38.1, 67.9]) received treatment for their injury in a *hospital emergency department*.

^E High sampling variability. Use figure with caution.

Figure 43: Location of injury treatment for children

Question 51: Where did the child get medical treatment for his/her injury(ies)?



PRENATAL HEALTH

In the 2008/10 RHS child questionnaire under ‘General Health’ section, a few questions dealt with the health of the mother during pregnancy with the child whereby 36.5% (95% CI [32.5, 40.8]) of mothers reported *smoking during pregnancy*.

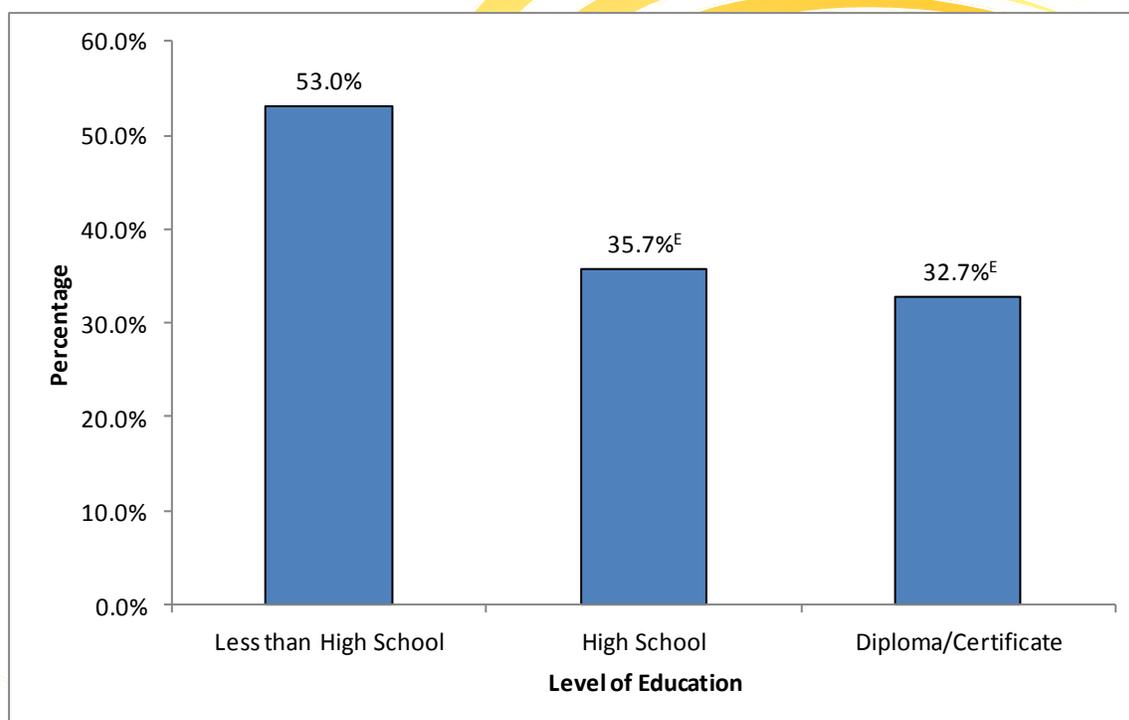
The education level of mothers played a role in this prenatal health factor. When asked ‘*what is the highest level of formal schooling that the child’s parents have completed?*’, 53.0% (95% CI [47.1, 58.8]) of mothers who self-reported having *less than high school education* indicated *smoking*

^E High sampling variability. Use figure with caution.

during pregnancy compared to 35.7% (95% CI [18.6, 57.5])^E of mothers who reported having a high school education and 32.7% (95% CI [24.4, 42.3]) with a diploma/certificate. Figure 44 indicates the proportion of First Nations mothers who smoked during pregnancy by level of education.

Figure 44: Proportions of mothers who smoked during pregnancy by education level (n=701)

Question 30: Did the child's mother smoke during pregnancy for him/her?



The vast majority (89.6%, 95% CI [87.7, 91.2]) of First Nations newborns birth weight were within the *normal weight range*, lower than that of the national level.⁶ Only 4.1% (95% CI [3.2, 5.4]) of First Nation infants reported birth weights were at a *low birth weight (low and very low combined)* compared to 6% of the 2005 national level.⁷ The incidence of *high birth weight*

⁶ Source: Government of Canada, 2008, The well-being of Canada's Young Children, pg. 13

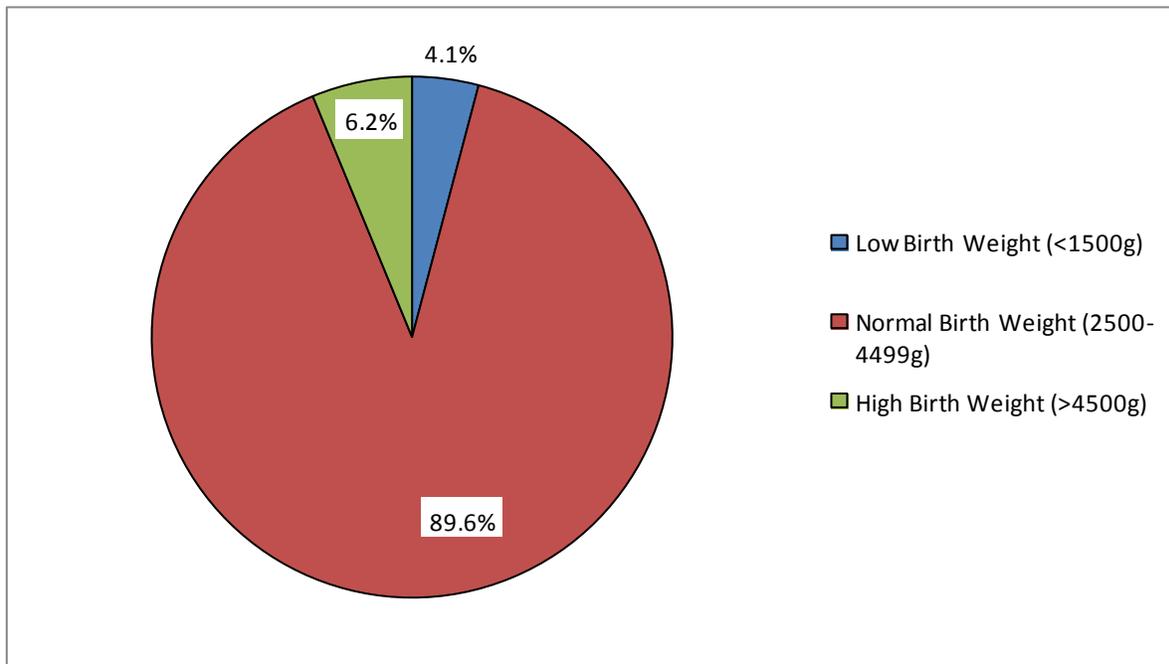
⁷ Source: Ottawa, Statistics Canada, 2008, Live birth, by birth weight (less than 2500 grams) and sex, Canada, provinces and territories annual (2004-2005) CANSIM Table, 102-4509.

^E High sampling variability. Use figure with caution.

was lower for First Nation children (6.2%, 95% CI [4.8, 8.1]) versus the national average of 12.3%.⁸ Figure 45 indicates the birth weight of First Nations children.

Figure 45: Birth weight (n=744)

Question 29: What was the child's birth weight?



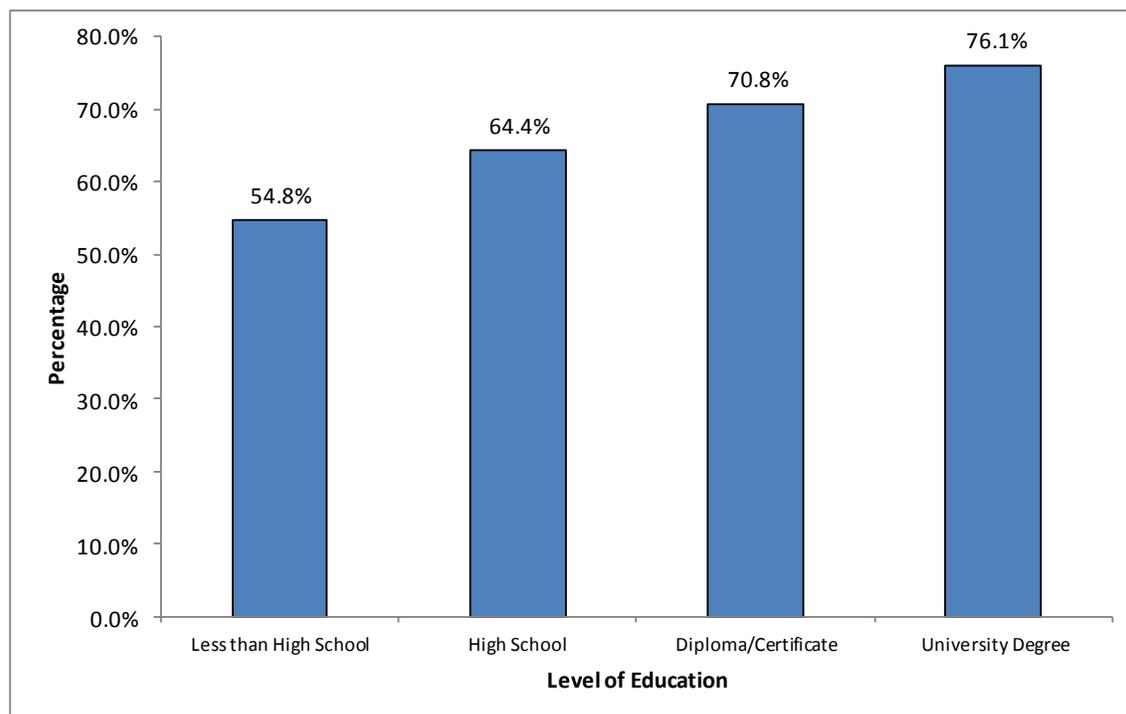
In the 2008/10 RHS survey, 64.6% (95% CI [58.3, 70.5]) of caregivers reported that the child had been *breastfed*. As the education level of mothers increased, the percentage of children who had been breastfed also increased. Approximately half of mothers with *less than a high school education* (54.8%, 95% CI [49.4, 60.0]) indicated having *breastfed* their children compared to 64.4% (95% CI [47.0, 78.7]) with a *high school education*, 70.8% (95% CI [61.6, 78.5]) with a *diploma/certificate*, and 76.1% (95% CI [65.3, 84.3]) a *university degree*. Figure 46 indicates the education level of First Nations parents whose child was breastfed.

⁸ Source: Government of Canada, 2008; The well-being of Canada's Young Children, pg 13.

Figure 46: Education level of parents whose child was breastfed (n=720)

Question 15: What is the highest level of formal schooling that the child's parents have completed?

Question 59: Was the child ever breast-fed?



DENTAL CARE

The 2008/10 RHS child findings indicated that among the 6 to 11 year old First Nations children, 86.4% (95% CI [84.3, 88.2]) were reported having *received dental care in the last year*. This percentage is lower than the equivalent findings for the general Canadian population (91.3%) and for Aboriginals living off-reserve (92.2%).⁹

Of the infants surveyed (0–2 years), 9.8% (95% CI [7.2, 13.3]) of caregivers reported having had their child's teeth affected by Baby Bottle Tooth Decay (BBTD), 26.3% (95% CI [18.1,

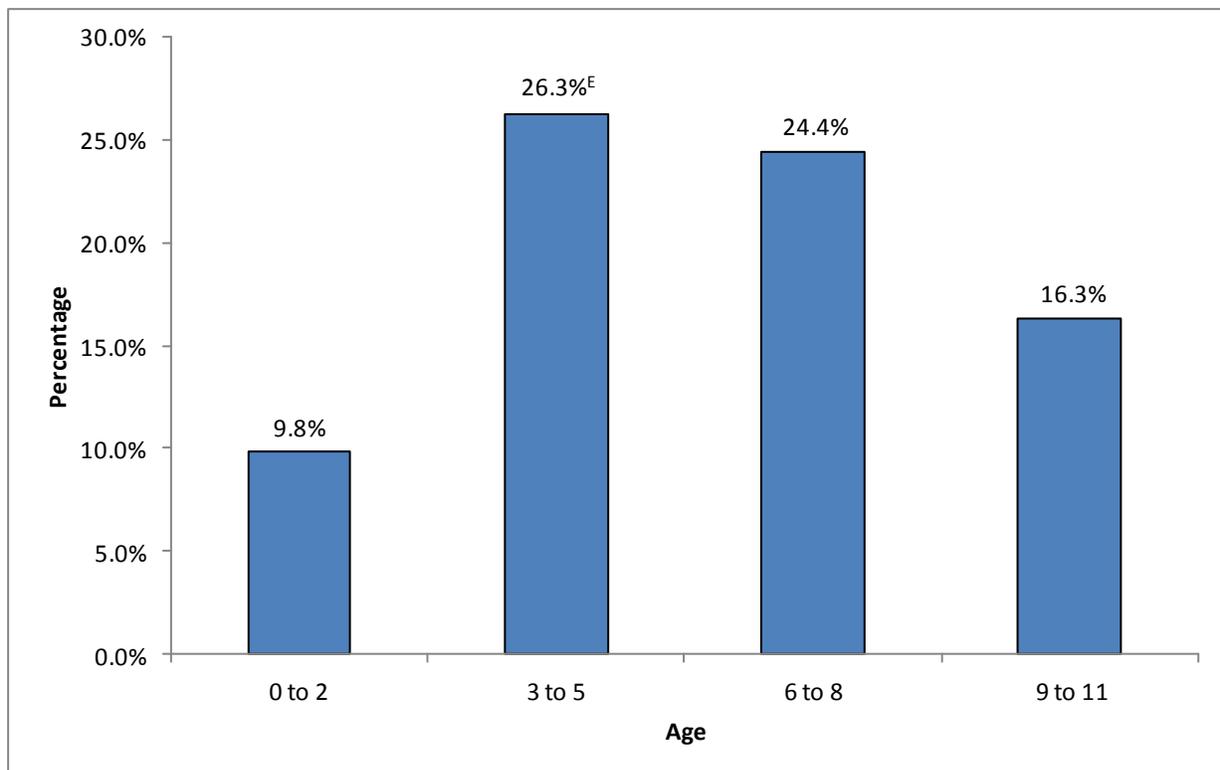
⁹ Source: Health Canada, 2010, Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009, pg 77, table 9.

^E High sampling variability. Use figure with caution.

36.5)]^E in the 3 to 5 years age category, less than a quarter in the 6 to 8 years age category (24.4%, 95% CI [19.4, 30.3]), and 16.3% (95% CI [12.6, 20.9]) in the 9 to 11 years age category (Figure 47).

Figure 47: Children diagnosed with Baby Bottle Tooth Decay (BBTD) by age group (n=743)

Question 57: *Have the child's teeth been affected by baby bottle tooth decay?*



Of the infants that were reported as having BBTD, 70.9% (95% CI [63.5, 77.4]) *received treatment* for this condition.

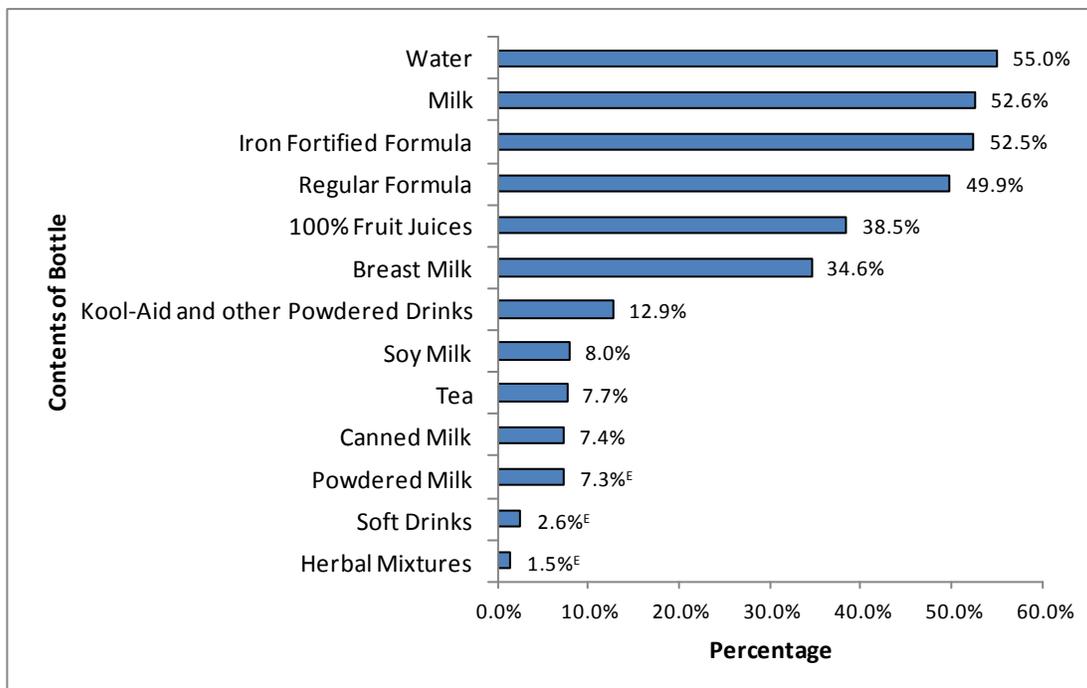
Of the 84.0% (95% CI [80.7, 86.8]) of children who were reported as being *bottle fed at some point in their early childhood*, 52.5% (95% CI [46.6, 58.2]) were bottle fed *iron fortified formula*,

^E High sampling variability. Use figure with caution.

52.6% 95% CI [48.4, 56.8]) bottle fed *milk* and 55.0% (95% CI [50.8, 59.1]) bottle fed *water*. Approximately one in three of children were reported as being given *100% fruit juice* (38.5%, 95% CI [34.0, 43.2]) whereas 12.9% (95% CI [11.3, 14.6]) of children were reported as being given *Kool-Aid*, and 2.6% (95% CI [1.7, 3.8])^E of children were reported as being given *soft drinks* (Figure 48).

Figure 48: Types of bottle contents for bottle fed children (n=646)

Question 62: Was the child ever fed any of the following in his/her bottle?



^E High sampling variability. Use figure with caution.



FOOD AND NUTRITION

In response to the question ‘*does the child eat a nutritious and balance diet?*’, the findings indicated that a majority of First Nations children (55.6%, 95% CI [49.8, 61.2]) were reported as *always* or *almost always* consuming a nutritious balanced diet and 39.0% (95% CI [33.4, 44.9]) *sometimes* consuming a nutritious balanced diet. Very few First Nation children were reported as either *rarely* or *never* (5.4%, 95% CI [4.2, 7.1]) consuming a nutritious balanced diet.

When asked to indicate ‘*on average, how often does the child eat or drink the following foods?*’, Table 63 illustrates that just over half of First Nation children were reported as having consumed *milk and milk products (e.g., yogurt, cheese) several times a day* (52.4%, 95% CI [46.4, 58.4]). Many First Nation children were reported as having consumed *bread, pasta, rice and other grains several times a day* (44.2%, 95% CI [38.1, 50.5]). The 2008/10 RHS findings indicated that the lowest reported intake of the specific food groups were *vegetables* reported at 31.7% (95% CI [26.7, 37.3]) *several times a day* and *protein (beef, chicken, pork, fish, eggs, beans, tofu)* reported at 31.5% (95% CI [24.3, 39.8]) *several times a day*.

Table 63: Consumption of specific food items

Question 64: On average, how often does the child eat or drink the following foods?

	<i>Several times a day (%)</i>	<i>Once a day (%)</i>	<i>A few times a week (%)</i>	<i>About once a week (%)</i>	<i>Never / hardly ever (%)</i>
Water (n=750)	57.6	26.2	10.2	2.5 ^E	3.4 ^E
Milk and milk products (e.g. yogurt, cheese) (n=757)	52.4	29.0	13.2	2.2	3.2 ^E
Juice (n=746)	46.3	30.4	15.0	3.1 ^E	5.3 ^E
Bread, pasta, rice, and other grains (n=750)	44.2	36.3	14.8	2.1 ^E	2.6 ^E
Fruit (excluding fruit juice) (n=755)	42.4	30.7	22.2	F	3.3 ^E
Vegetables (n=756)	31.7	35.1	21.9	4.3	7.0
Protein (beef, chicken, pork, fish, eggs, beans, tofu) (n=753)	31.5	45.5	16.7	F	3.5
Soft drinks/pop (n=746)	7.9	15.3	23.4	20.6	32.8
Sweets (e.g. candy, cookies, cake) (n=737)	7.1	16.1	29.9	25.3	21.6
Fast food (e.g. burgers, pizza, hotdogs, French fries) (n=746)	3.9 ^E	8.3	29.8	37.7	20.3

The 2008/10 RHS findings indicated that one in four First Nation children (25.3%, 95% CI [22.6, 28.1]) were reported as having had someone *often* share traditional food with their household in the 12 months prior to the survey, 58.6% (95% CI [54.5, 62.6]) reporting having had this happen *sometimes*, and 16.1% (95% CI [12.7, 20.3]) *never* having had traditional food shared with their household.

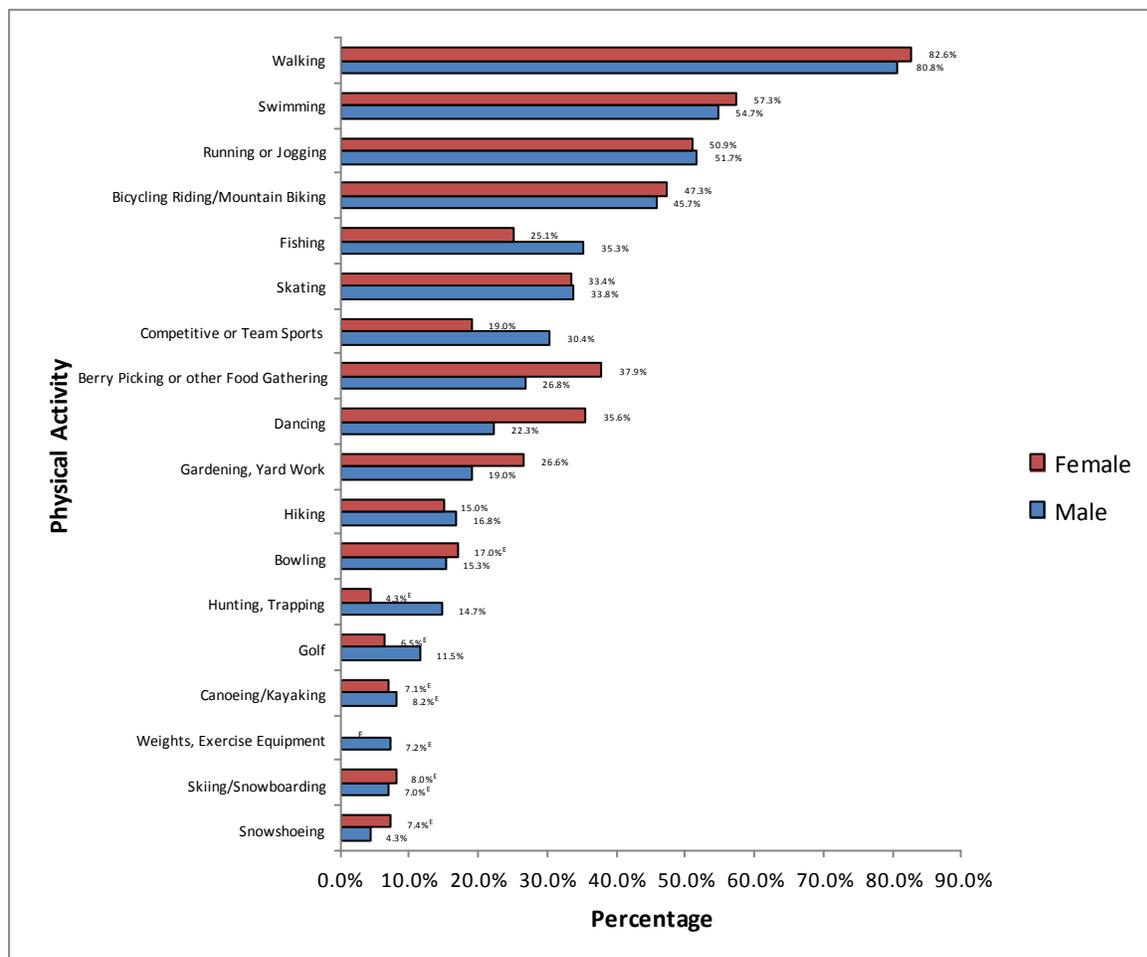
^E High sampling variability. Use figure with caution.^F Suppressed due to extreme sampling variability or low cell count.

PHYSICAL ACTIVITY

Caregiver responses to the question ‘which of the following activities has the child participated in the past 12 months?’ indicated that the most common forms of physical activity reported for children were *walking* (81.7%, 95% CI [76.0, 86.3]), *swimming* (55.9%, 95% CI [50.6, 61.1]), *running or jogging* (51.3%, 95% CI [47.2, 55.4]) and *bicycling* (46.5%, 95% CI [42.0, 51.0]) for both girls and boys (Figure 49).

Figure 49: Percentage of children participating in physical activity type by gender (n=770)

Question 67: Which of the following activities has the child participated in the past 12 months?

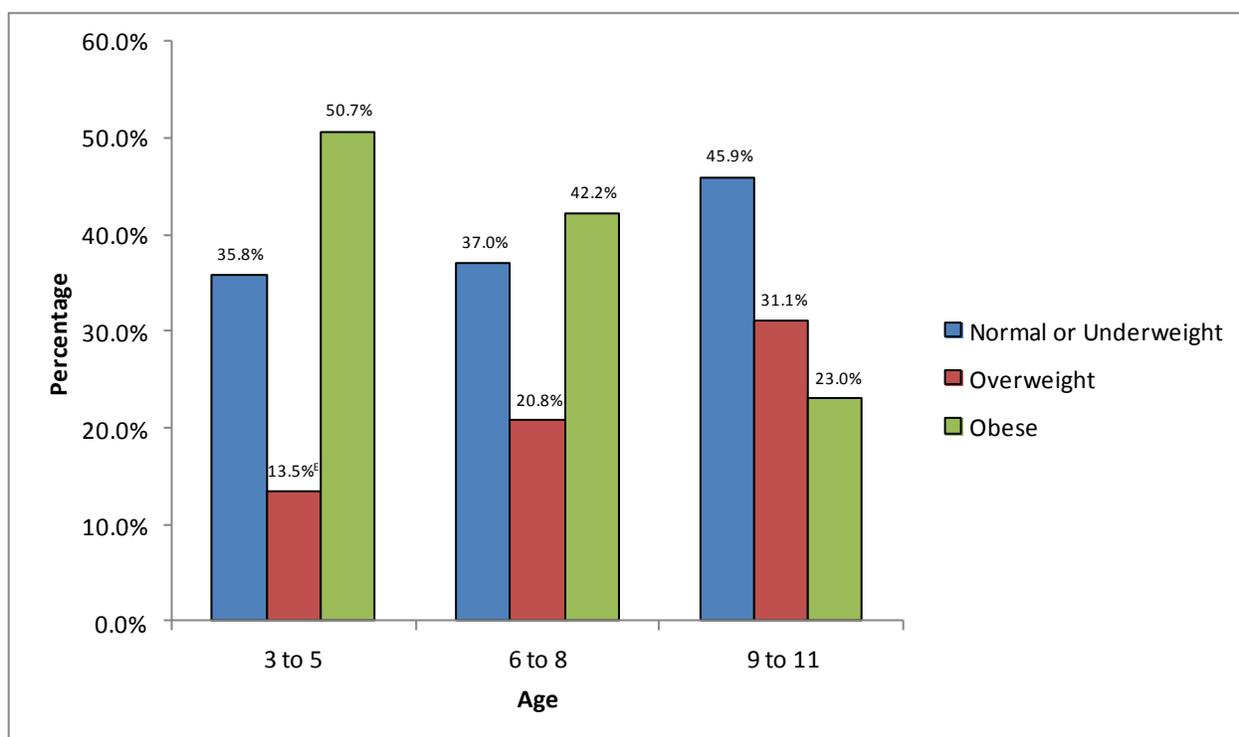


^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

The findings indicated that the proportion of children with reported height and weight corresponding to the BMI category of *normal or underweight* was 39.3% (95% CI [34.6, 44.1]), *overweight* at 23.0% (95% CI [20.7, 25.4]), and *obese* at 37.8% (95% CI [33.5, 42.3]). Figure 50 indicates the proportion of First Nations children in each BMI category by age group.

Figure 50: Proportion of children in BMI categories by age group (n=661)



PERSONAL WELLNESS

Under the 'Personal Wellness' section, caregivers were asked 'during the past six months, do you think the child has had more emotional or behavioural problems than other boys or girls his/her age?'. Most caregivers (85.4, 95% CI [82.6, 87.8]) indicated their child as *not having* more emotional or

behavioural problems than other children their age. For those caregivers that indicated 'yes', there was a higher proportion of behavioural and emotional problems in the 6 to 11 years age group (17.6%, 95% CI [13.5, 22.7]) compared to the younger age groups (10.6%, 95% CI [7.0, 15.5])^E.

In response to the question 'during the past six months, how well has the child gotten along with the rest of the family?', a vast majority of caregivers (93.6%, 95% CI [91.2, 95.3]) indicated that their child got along with the rest of the family with caregivers responding *very well, no difficulties* (48.2%, 95% CI [44.5, 51.8]) and *quite well, hardly any difficulties* (45.4%, 95% CI [41.6, 49.3]).

Table 64 indicates how often the child participated in specified types of activities outside of school hours as reported by caregivers.

Table 64: Activities children participate in outside of school hours (n=734)

Question 71: Outside of school, how often does the child:

<i>Outside of school hours, how often does the child:</i>	<i>Never (%)</i>	<i>Less than once per week (%)</i>	<i>1-3 times per week (%)</i>	<i>4 times or more per week (%)</i>	<i>Self-reported not applicable (%)</i>
Take part in sports teams or lessons	42.0	12.4	29.2	4.5 ^E	12.0
Take part in art or music groups or lessons	62.0	12.0	9.2	F	14.5
Take part in traditional singing, drumming, or dancing groups or lessons	51.9	23.0	10.4	2.7 ^E	12.0

^E High sampling variability. Use figure with caution.

^F Suppressed due to extreme sampling variability or low cell count.

RESIDENTIAL SCHOOLS

For the purpose of the Ontario Region 2008/10 RHS report, the term "*residential schools*" refers to the residential school systems attended by Aboriginal students. This includes residential schools run by religious orders, industrial schools, boarding schools, student residences, hostels and billets. The last residential school shut down in 1996.

Caregiver responses indicated that some First Nation children had *one or more grandparents* who attended residential school (38.1%, 95% CI [31.0, 45.7]) while a few First Nation children (9.7%, 95% CI [7.4, 12.5]) had *one or more parents* who attended residential school.

CHILDCARE ARRANGEMENTS

In response to the question '*does the child currently receive childcare?*', the data in the 2008/10 RHS child questionnaire indicated that 35.5% (95% CI [29.6, 41.8]) of caregivers reported having a child currently receiving childcare.

The most frequent response to the question '*what is the child's main childcare arrangement?*' indicated by caregivers was a *day care centre* (27.4%, 95% CI [21.0, 34.9]). Caregivers indicated that their child was in *care in someone else's home by a family member/relative* (24.7%, 95% CI [19.5, 30.9]), or was in *care in child's home by a relative (other than brother/sister)* (16.7%, 95% CI [11.9, 22.8]), or was in *care in child's home by child's brother/sister* (8.3%, 95% CI [5.8, 11.6])

Table 65 indicates the number of hours that First Nation children spent in child care each week.

Table 65: Proportion of hours children spent in child care per week (n=254)

Question 78: How many hours a week does the child spend in childcare?

<i>Number of hours per week</i>	<i>%</i>
10 hours or less	41.9
11 to 20 hours	21.1
21 to 40 hours	27.4
More than 40 hours	9.6 ^E



^E High sampling variability. Use figure with caution.

Appendix 'A'



RHS 2008/Phase 2 - Questionnaire Themes

The three RHS national survey instruments address a comprehensive range of health status, wellness and health determinant measures. They provide comparability with content to other Canadian surveys (e.g. CCHS, NLSCY) while foremost addressing First Nations priorities within a cultural and holistic framework.

Adult (18+ years. Computer-assisted interview. ~45 minutes)

Demographics	Health Conditions	Smoking, Alcohol, Drugs
Languages	Diabetes	Sexual Health
Education	Injury	Pregnancy, Fertility
Employment	Dental Care	Preventative Health Practices
Income And Sources	Disability And Home Care	<i>Depression -New</i> , Wellness & Mental Health
Household	Physical Activity	Suicidal Ideation and Attempts
Housing Conditions	<i>Food Security-New</i> and Nutrition	Residential Schools
Water Quality	Traditional Medicine	Community Wellness
Basic Services	Health Services And NIHB	Culture, Spirituality, Religion
Height, Weight	Community Development	<i>Care Giving- New</i>
<i>Migration- New</i>	<i>Violence- New</i>	<i>Gambling- New</i>

Youth (12-17 years. Computer-assisted self-administered. ~35 minutes)

Demographics	Health Conditions	Smoking, Alcohol, Drug Use
Languages	Diabetes	Sexual Health
Education	Injury	Pregnancy, Fertility
After School Activities	Dental Care	Preventative Health Practices
Household Characteristics	Health Services and NIHB	Wellness, Personal Supports & Mental Health
Height, Weight	Traditional Culture	Suicidal Ideation and Attempts
Physical Activity	Traditional Medicine	Residential Schools
Food and Nutrition	Culture, Spirituality, Religion	<i>Community Wellness- New</i>

Child (0-11 years. Computer-assisted by proxy (primary guardian). ~25 minutes)

Demographics	Health Conditions	Prenatal Health
Languages	Diabetes	Childcare
Education (Head Start)	Injury	Residential Schools
After School And Social Activities	Dental Health/BBTD	<i>Immunization- New</i>
Household Characteristics	Access To Care	Physical Activity
Parental Characteristics	Height and Weight	Nutrition and Traditional Foods
Breastfeeding	Emotional And Social Wellbeing	

Appendix 'B'

FNIGC Questionnaires

More information about the Regional Health Survey (RHS) Phase 2 (2008/10), including the Adult, Youth, and Child questionnaires, is available from the First Nations Information Governance Centre (www.rhs-ers.ca).

