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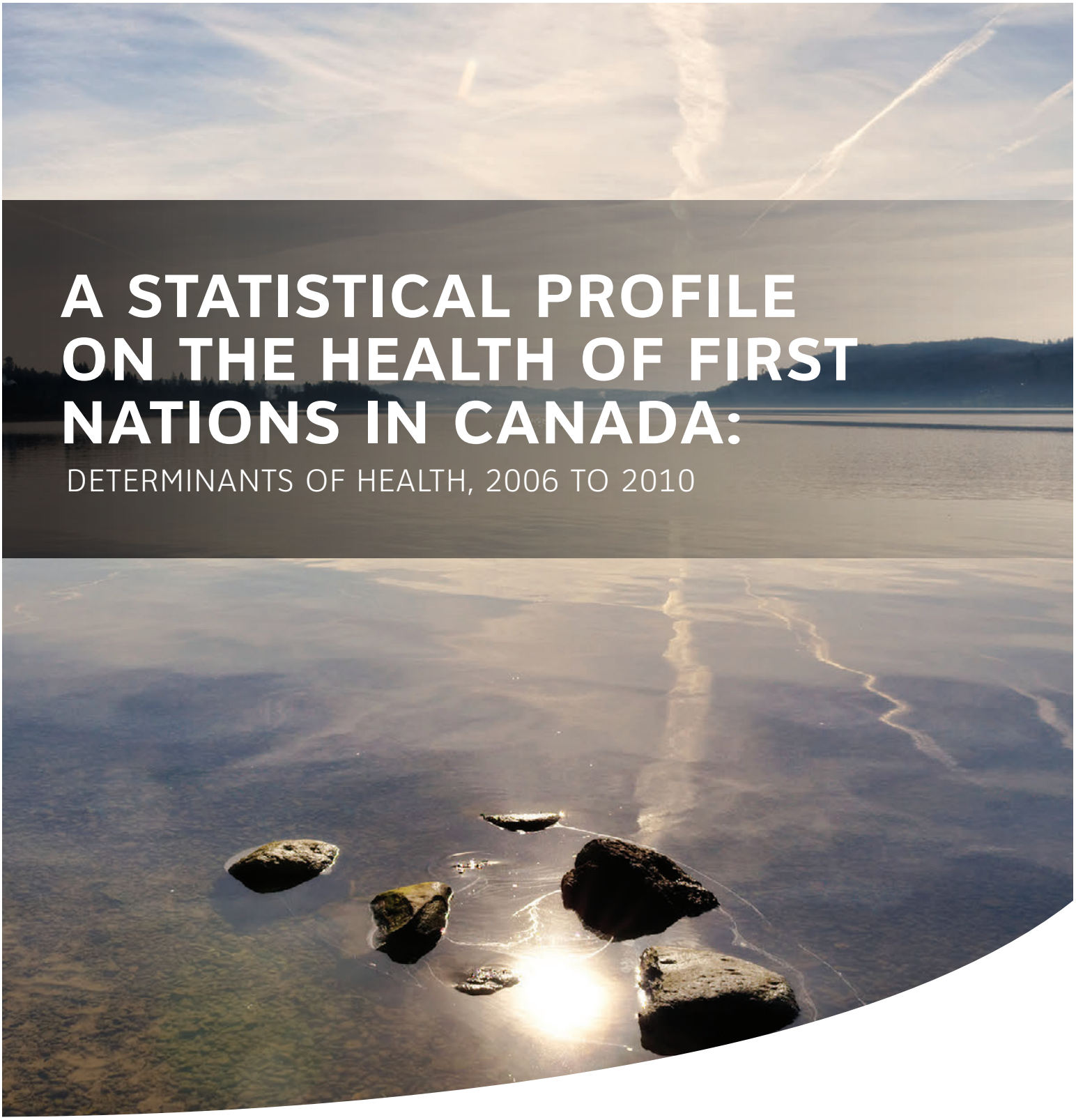

A STATISTICAL PROFILE ON THE HEALTH OF FIRST NATIONS IN CANADA:

DETERMINANTS OF HEALTH, 2006 TO 2010

Canada

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Également disponible en français sous le titre :
Profil statistique de la santé des Premières Nations au Canada : Déterminants de la santé, de 2006 à 2010

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Publication date: August 2014

Cat.: H34-193/1-2014E-PDF
ISBN: 978-1-100-24687-1
Pub.: 140130

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1. HIGHLIGHTS

COMMUNITY WELLNESS

- When asked to identify the main strengths of their community, the most frequent response given by First Nations adults in First Nations communities was family values (61.6%), Elders (41.7%) and traditional ceremonial activities (37.7%).

EDUCATION

- In 2006, 35% of First Nations adults living in First Nations communities aged 25 to 54 had a post-secondary certificate, diploma or degree while in 1996, the percentage was lower (30%).
- In 2006, half (50.2%) of First Nations adults in First Nations communities had not graduated from secondary school. This compares to 15.2% of the total Canadian population.
- Among First Nations people in First Nations communities who attended residential school, over half (53.4%) stated the experience had a negative impact on their health and well-being.

LABOUR FORCE CHARACTERISTICS AND INCOME

- The 2006 unemployment rate for First Nations people living in First Nations communities was nearly four times the total Canadian rate (25.0% vs. 6.4%).
- First Nations people living in First Nations communities have greater employment challenges than First Nations people living elsewhere. The 2006 employment rate for those living in First Nations communities was 39.0% compared to 52.8% for First Nations people living outside these communities.
- The 2005 median annual income for First Nations people in First Nations communities was less than half that of the total Canadian population ($11,210 vs. $25,767).

PERSONAL HEALTH PRACTICES

- The daily smoking rate for First Nations adults in First Nations communities was higher than the daily Canadian rate (43.2% versus 19.0%).
- The rate of reported alcohol consumption (at least one drink in the previous year) was lower for First Nations adults than for those in the total Canadian population. While 64.7% of First Nations adults living in First Nations communities reported drinking alcohol in the previous year, the figure for the total Canadian population was 81.7%.
- The proportion of First Nations adults in First Nations communities who report heavy drinking on a weekly basis (9.8%) was somewhat higher than that for the total Canadian population (8.0%).
- Daily consumption of vegetables and fruit (excluding juice) was reported by 63% and 57% of First Nations adults in First Nations communities, and consumption of milk or milk products at least once a day was reported by 58%.
- When asked to describe their routine in a typical day, 35.1% of First Nations men and 26.8% of First Nations women said that they did at least 60 minutes of moderate activity per day.

HEALTH SERVICES

- Almost four in 10 (38.6%) First Nations adults living in First Nations communities believed they had less access to health services than Canadians generally.
- The most commonly reported barrier to receiving health care was lengthy waiting lists.
- A smaller percentage of First Nations women living in First Nations communities reported having a mammogram at some point in their lives than women in the total Canadian population (65.4% compared to 74.2% respectively).
- Similar percentages of First Nations women in First Nations communities and women in the total Canadian population reported ever having a Pap test (90.3% and 87.0% respectively).

SOCIAL SUPPORT NETWORKS

- When there is a need to talk about their emotional or mental health, First Nations adults living in First Nations communities were most likely to speak to friends and family members. A very small percentage spoke to professionals such as psychiatrists, psychologists or social workers.

CULTURE

- Just under half (45.9%) of First Nations people in First Nations communities reported having an Aboriginal mother tongue compared to 13.3% of First Nations people living elsewhere.

PHYSICAL ENVIRONMENT

- Over one-quarter (28%) of Registered Indian households in First Nations communities fell below the standard for major repairs. This was more than 10 times the figure of 2% for non-Aboriginal households outside of First Nations communities.
- Half of First Nations adults in First Nations communities reported the presence of mould or mildew in their homes and this has increased over time.

2. INTRODUCTION

The *Statistical Profile on the Health of First Nations in Canada* series, first published in 2003, was developed to provide national-level information that contributes to the description of the health status and conditions of First Nations people in Canada. Its intent is to help improve First Nations health by increasing the information available to health professionals, researchers, community leaders, policy makers and the public. The series aims to fill an important information gap by providing stakeholders with a national picture of the health of First Nations, and inform evidence-based decision making.

This is the second report in the 4th edition[1] of the series. It presents a national description of the social determinants of health among First Nations adults living in First Nations communities in Canada, including community wellness, education, labour force characteristics, personal health practices, culture, social support networks and the physical environment. These are in keeping with First Nations health determinants models that encompass physical, social, emotional and spiritual domains.

Health Canada Activities

The First Nations and Inuit Health Branch (FNIHB) of Health Canada supports the delivery of public health and health promotion services in First Nations and Inuit communities. FNIHB also provides primary care services in First Nations and in remote and isolated areas, where there are no provincial services readily available.

Further information on the past and present role of Health Canada in delivering services to First Nations peoples, Inuit and their communities can be found on the FNIHB website at www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/services_e.html.

Aboriginal Affairs and Northern Development Canada Activities

Aboriginal Affairs and Northern Development Canada (AANDC) supports First Nations peoples (in addition to Inuit, Métis and Northerners) in many areas that contribute to health and well-being. The department is responsible for safe water supplies in First Nations communities and funding a range of province-like social programs to communities, including education, housing and income assistance, among others.[a]

Provincial and Territorial Activities

Health care in Canada is largely under provincial and territorial jurisdiction. As such, First Nations peoples (and Inuit) obtain much of their care from the provincial and/or territorial health systems, including hospitals or physicians in private practice, and these data are held in provincial/territorial databases. Other health services (such as dental care, prescriptions and medical supplies) as well as allied health services situated outside of hospitals (such as mental health services, community-based prevention and home care) are generally not provided by provincial governments to First Nations people in First Nations communities. The costs of these additional health services fall to the federal jurisdiction, under the policy of Health Canada. For example, the federal government pays for health professionals such as dentists, dental therapists and optometrists who provide services to remote and isolated communities on a visiting basis, or for First Nations and Inuit travelling to larger centres for specialized/emergency treatments.

[1] The first report in this series focuses on Vital Statistics while a Health Services Utilization report will be released at a later date.

Background

SOCIAL DETERMINANTS OF HEALTH

At every stage of life, health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour. These factors are frequently referred to as 'determinants of health' and they do not exist in isolation from each other. It is the combined influence of the determinants of health that helps determine overall health status.[b]

First Nations approaches to wellness are often wholistic, emphasizing interconnectedness between individuals, their families, culture and community. While the physical health of the individual is important, so too is the health of the mind, heart and spirit.[c]

In order to gain a more complete understanding of First Nations health and well-being, many determinants, in addition to those provided in standard determinants of health frameworks are required. As such, various frameworks have been examined for this report, including the Assembly of First Nation's (AFN) First Nations Wholistic Policy and Planning Model[d] and the Public Health Agency of Canada's (PHAC) framework.[b]

Many of the determinants of health outlined by PHAC are part of the AFN model. However, the AFN's wholistic approach also incorporates the four dimensions of the First Nations Medicine Wheel (spiritual, physical, mental and emotional). Included too are components of social capital (relations within the community, with other communities and with formal institutions). Self-government provides the base for the model while the community is placed at its core.

A number of First Nations-specific determinants of health as proposed by the National Aboriginal Health Organization were also examined.[e] These are:

- Colonization
- Globalization
- Migration
- Cultural Continuity
- Access
- Territory
- Poverty
- Self-determination

Data for some of these First Nations-specific determinants are available and are included in this report. However, many of the indicators associated with these determinants are under development or have yet to be developed. Their development can be challenging as there can be varying definitions of wellness and it is difficult to adequately measure something as complex as wholistic wellness through survey questions.

In this report, an effort has been made to use existing data to tell a balanced story of the health of First Nations people. However, a comprehensive set of strengths-based, culturally appropriate and meaningful indicators, covering the spectrum of wholistic wellness for First Nations people nationally, has yet to be completely developed.

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3. DATA SOURCES AND METHODS

Data Sources

The majority of data in this report comes from one of three sources: Statistics Canada's 2006 Census of Population and 2008 Canadian Community Health Survey along with the 2008/10 First Nations Regional Health Survey (RHS)[2], which is under the direction of the First Nations Information Governance Centre (FNIGC). A summary of information on these sources, along with others used in the report, is provided in Tables 1 and 2. Complete technical details for each of the following data sources are available through these links:

a) 2006 Census: http://www12.statcan.ca/census-recensement/2006/ref/rp-guides/rp/ap-pa_2/index-eng.cfm

b) 2008 Canadian Community Health Survey: www.statcan.gc.ca/imdb-bmdi/document/3226_D7_T9_V5-eng.pdf

c) 2008/10 First Nations Regional Health Survey: www.fnigc.ca/sites/default/files/First_Nations_Regional_Health_Survey_2008-10_National_Report.pdf

d) 2009/2010 First Nations Oral Health Survey: www.fnigc.ca/sites/default/files/FNOHS%20Summary%20Report%2009-10_0.pdf

e) 2007–2009 Canadian Health Measures Survey, Oral Health Component: www.fptdwg.ca/assets/PDF/CHMS/CHMS-E-tech.pdf

[2] For additional information on the First Nations Regional Health Survey, including copies of the adult questionnaire, the RHS Cultural Framework and the RHS Code of Research Ethics, see: www.fnigc.ca/resources.html

TABLE 1. Census and Survey Data Sources

Data Source	Data Provided in Report	Methodology	Limitations and Additional Information
1996 and 2006 Census	Data on education, income, labour force and housing are for the adult population. Mother tongue data are for those of all ages. Figures are for those identifying as First Nations people who are registered under the *Indian Act*, in addition to those for the total Canadian population living outside of First Nations communities. The census is the only data source that can provide estimates for the First Nations population, living both inside and outside First Nations communities and the total Canadian population living outside First Nations communities.	In 1996 and 2006, in most First Nations and Inuit communities, all households were targeted to receive the long form Census questionnaire. Elsewhere, one in five received the long form with four in five receiving short form.	In 2006, 22 First Nations communities did not take part in the Census. The estimated 40,115 people living in these communities are excluded from census counts. An additional 40,623 people were missed in participating First Nations communities and are excluded from counts. In 1996, 77 First Nations communities did not take part in the census. The estimated 44,000 people living in these communities are excluded from census counts. The number of those missed living in participating First Nations communities is not available. Also excluded from First Nations data for both years are First Nations people in hospitals, prisons, nursing homes along with the homeless and those living overseas and elsewhere.
2008/10 First Nations Regional Health Survey (RHS)	Includes data for First Nations adults aged 18 and over, most of whom are registered under the *Indian Act* who live in First Nations communities across Canada (on-reserve and in northern First Nations communities). Throughout this report, this population is referred to as "First Nations people living in First Nations communities". RHS data are provided on community wellness, smoking, alcohol use, physical activity, diet, sexual health, residential schools, health care access, disease screening, oral health, social support, food consumption and security, mould, cultural events and racism.	Sampling is based on Aboriginal Affairs and Northern Development Canada's (AANDC) Indian Register counts of those living on-reserve or on Crown Land. For the 2008/10 survey, 216 of 607 First Nations communities participated and 11,043 adult surveys were completed. The final adult sample represented 73.8% of the intended target sample.	The James Bay Cree of Northern Quebec and the Innu of Labrador did not participate. These represent 10 out of 607 target communities. Also excluded are First Nations people in hospitals, prisons, nursing homes along with the homeless and those living overseas and elsewhere.

Data Source	Data Provided in Report	Methodology	Limitations and Additional Information
2008 Canadian Community Health Survey (CCHS)	The CCHS provides comparison data for the total Canadian population (excluding First Nations communities). Data provided in this report are for adults (those aged 18 and over) and focus on smoking, alcohol use, disease screening and food security.	In total, 71,922 individuals aged 12 and over were selected to participate while 65,946 individuals took part. The overall person-level response rate was 91.7%.	Excluded are individuals living in First Nations communities and on Crown Lands, institutional residents, full-time members of the Canadian Forces, and residents of certain remote regions. Where possible, RHS estimates have been compared with those available from the CCHS. However, this is not always possible as comparable data may not exist.
2009–10 First Nations Oral Health Survey	Included are data for First Nations adults aged 18 and over (unless otherwise stated), who live in First Nations communities across Canada (on-reserve and in northern First Nations communities). Included are data on when First Nations adults last saw a dental professional, barriers to receiving dental care, dental treatment currently needed, flossing and brushing frequency.	Sampling is based on the AANDC Indian Register counts of those living on-reserve or on Crown Land. Two communities (one urban/rural and one remote/special access) were chosen from each of 4 regions across Canada for a total of 8 participating communities. The total sample is 1,188 (ages 3–79).	Only communities with a population of 500 or more were eligible for sample selection. Data are not representative of smaller First Nations communities. Confidence intervals cannot be calculated because of sample design.
2007–2009 Canadian Health Measures Survey—Oral Health Component	The survey provides oral health data for the total Canadian population (excluding First Nations communities) aged 18 or older (unless otherwise stated). Data for decayed and missing teeth, brushing and flossing frequency are provided.	Data were collected from approximately 5,600 people aged 6 to 79 years. The response rate was 69.6%. Interviews/examinations were carried out in 15 communities across Canada.	Excluded are those living in First Nations communities and on Crown Lands, institutional residents, full-time members of the Canadian Forces, and residents of certain remote regions.

TABLE 2. Administrative Data Sources

Data Source	Data Provided	Limitations and Additional Information
2008 Indian Register (adjusted counts), Aboriginal Affairs and Northern Development Canada	Counts of those living in First Nations communities registered under the *Indian Act* are provided.	Adjusted data (2009 base year) are used in this report to reduce impact of late reporting of births and deaths. Area of residence information (on vs off reserve) can be problematic as moves to and from reserve are not always captured if a life event was not reported. Included are some people who did not identify as First Nations who are registered under the *Indian Act.*
Integrated Capital Management System, Aboriginal Affairs and Northern Development	Fire protection services data are provided on AANDC-administered First Nations sites.	Excluded are communities in the territories and communities under the James Bay and Northern Quebec Agreement.
Community Planning and Management System, Health Canada	The report includes data on the degree of isolation of First Nations communities based on the distance from physician services and accessibility to the community.	

Comparisons with Previous Versions of this Report

Readers are advised to use caution when comparing data in this report with those provided in previous versions of "A Statistical Profile on the Health of First Nations in Canada—Determinants of Health". Data may not be comparable due to changes in question wording; age groups of interest; concepts and; target populations. Some comparisons over time have been provided in this report, where data permit.

Statistical Significance

In this report, unless otherwise stated, differences between percentages compared in the text are statistically significant (the difference is not due to chance). In figures and tables based on survey data, 95% confidence interval bars are provided to assist with significance determination. Estimates are statistically significant if the ranges covered by the bars do not overlap.

Age Standardization

Because the First Nations population living in First Nations communities is much younger than the total population of Canada (Figure 1), survey percentages and confidence intervals are age standardized before data are compared. In this report, data for the total Canadian population aged 18 and over (excluding First Nations communities) from the Canadian Community Health Survey have been age standardized to the First Nations Regional Health Survey adult age structure.

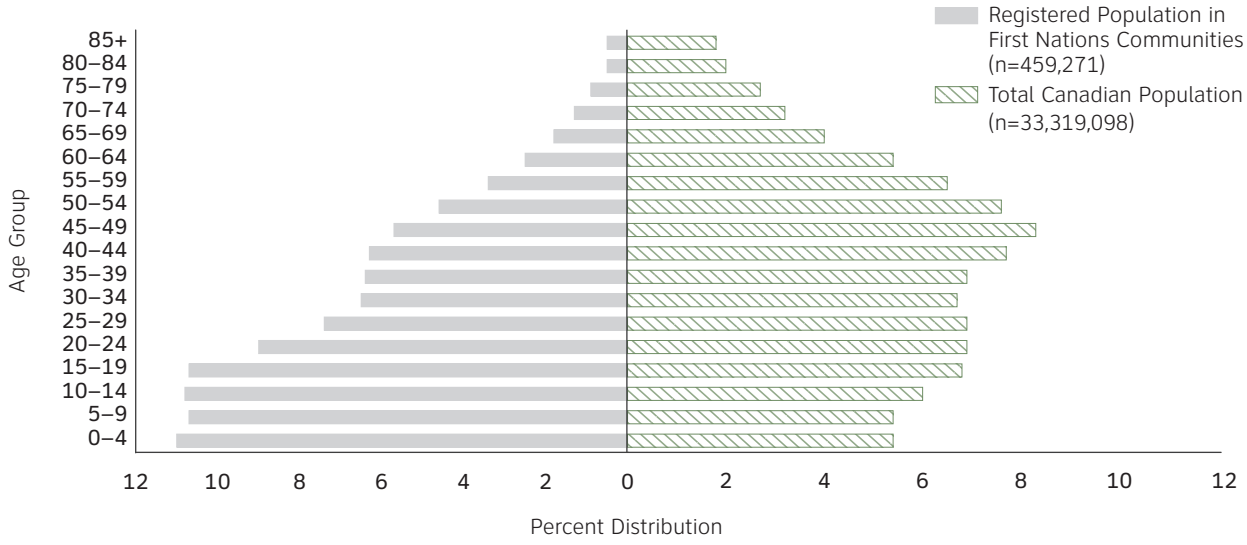
4. RESULTS AND DISCUSSION

Age and Sex Distribution

In monitoring the health of First Nations people living in First Nations communities and making comparisons to the total Canadian population, it is necessary to consider the differences in population composition (Figure 1).

- The Registered Indian population[3] living in First Nations communities is younger than the total Canadian population.
- About 43% of those who are registered under the *Indian Act* living in First Nations communities were under the age of 20, compared to 24% of those in the total Canadian population.
- While seniors (those aged 65 years and over) made up 5% of the Registered Indian population, they made up a much larger share of the total Canadian population (14%).

FIGURE 1. Age Distribution, Population Registered Under the *Indian Act* in First Nations Communities and Total Canadian Population, 2008



SOURCES: Aboriginal Affairs and Northern Development Canada, 2008 adjusted Indian Register data; Statistics Canada CANSIM table 051–0001—Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual.

The gender split for the Registered Indian population living in First Nations communities was nearly equal, consisting of 50.9% for males and 49.1% for females (data not shown).

[3] The Registered Indian population includes those registered under the *Indian Act*. Excluded is a small number of First Nations people not registered under the *Act* (ie: without status) who live in First Nations communities. Included is a small number of those who do not identify as First Nations people who have status under the *Indian Act*.

Community Wellness

First Nations health and wellbeing has been defined as "the total (First Nations) health of the total (First Nations) person within the total (First Nations) environment".[a] The wellness of the community is one of the key components of a First Nations wholistic view of wellness.

Data from the 2008/10 First Nations Regional Health Survey provide some insights into how residents perceive their communities. First Nations adults living in First Nations communities were asked to identify the main strengths of their community. The most frequently reported strength was family values (61.6%), followed by Elders (41.7%) and traditional ceremonial activities (37.7%).[b]

When First Nations adults were asked about challenges currently facing their communities, the most common responses were alcohol and drug abuse (82.6%), housing (70.7%) and employment/number of jobs (65.9%) (data not shown).[b]

DISCUSSION

Many western models of wellness focus primarily on the health of the individual. However, as mentioned previously, First Nations perspectives are often more wholistic and models of wellness often emphasize the importance of the health of the community, in addition to that of the individual. For example, the Assembly of First Nation's Wholistic Policy and Planning model puts First Nations communities at its core.[c] Community health is also a component of the First Nations Health Authority's visual presentation of First Nations wellness.[d] The interconnectedness of the health of First Nations community, families, culture and individuals is emphasized in the First Nations Regional Health Survey's Cultural Framework.[a]

This emphasis on community health speaks to the need for good quality data at this level. In response to this need, the First Nations Information Governance Centre has developed a Community Survey, in addition to individual level surveys. Combining data on individuals with those for their community can provide insights into how community factors influence the health of their residents.[e]

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Education

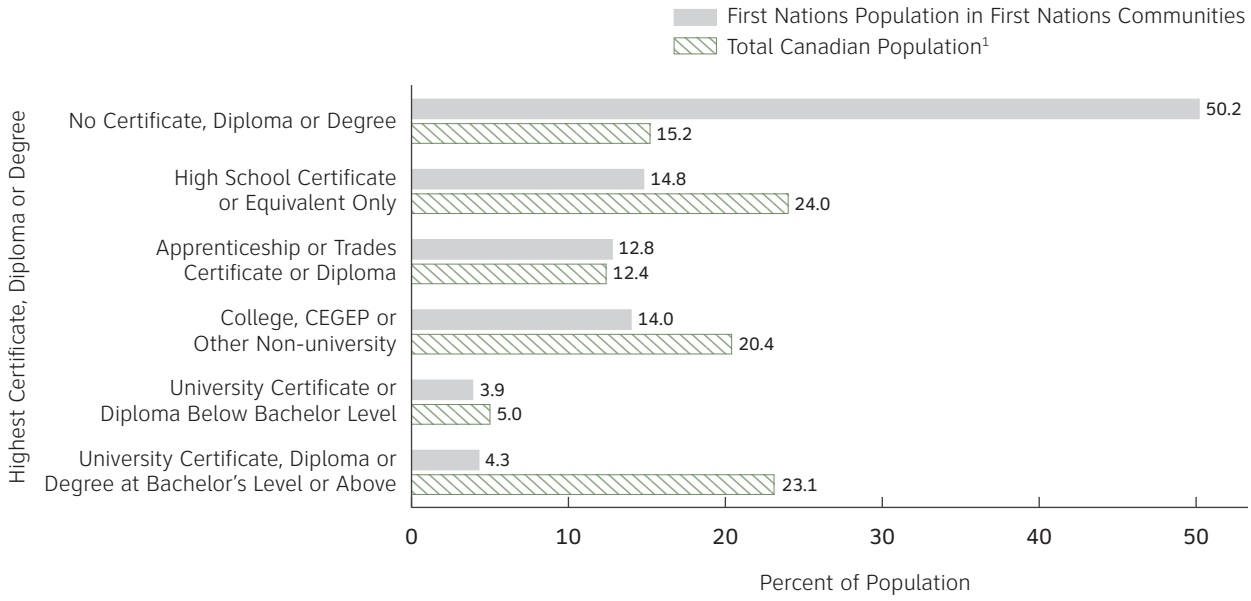
For many First Nations people, learning and education ideally incorporate knowledge from both indigenous and western traditions. Learning is a life-long endeavour, taking place in both formal and informal settings such as at home, on the land, and in the classroom.[a]

Education is a catalyst for success in the labour market and plays a pivotal role in a person's ability to get a stable, well-paid job.[b] While many First Nations people emphasize the importance of traditional teachings and the passing on of traditional knowledge, formal education is still considered essential for full participation in the Canadian economy. Having an educated population can also help facilitate economic opportunities in First Nations communities.

LEVEL OF EDUCATION

- In 2006, half (50.2%) of First Nations people living in First Nations communities (aged 25 to 64) had not graduated from high school.[4] This was much higher than the figure for the total population of Canada the same age (15.2%) (Figure 2).

FIGURE 2. Highest Certificate, Diploma or Degree, First Nations People in First Nations Communities and Total Canadian Population[1] Aged 25 to 64 Years, 2006



[1] Total Canadian population living outside of First Nations communities.

NOTE: Percentages may not add up to 100% due to rounding.

SOURCE: Statistics Canada, 2006 Census custom tabulation.

[4] Unless otherwise indicated, data in this section are from the 2006 Census. This source was used as it is able to provide comparable data for the total population of Canada (living outside First Nations communities).

EDUCATION GAINS OVER TIME

COMPARING CENSUS DATA OVER TIME

Before comparisons between 1996 and 2006 can be made, data for both years must be adjusted. In 1996, 77 First Nations communities did not take part in the Census compared to 22 in 2006. To facilitate the comparison, communities that did not take part in one or both years are removed from these 1996 and 2006 data. When 2006 data are shown without a comparison to 1996, the 2006 data only exclude those living in the 22 First Nations communities.

First Nations adults have made gains in the formal education system in recent years. In 1996, 57% of those registered under the *Indian Act*[5] living in First Nations communities aged 25 to 54[6] had not graduated from high school compared to 49% in 2006. At the post-secondary level in 1996, 30% had a diploma, certificate or degree compared to 35% in 2006 (Data not shown).

DIFFERENCES BETWEEN MEN AND WOMEN

- A larger percentage of First Nations women in First Nations communities had a college certificate (17.2%) or university diploma (6.0%) than their First Nations male counterparts (10.9% and 2.6% respectively). The same was true for women and men in the total Canadian population (Table 3).
- 17.2% of First Nations men had an apprenticeship or trades certificate or diploma compared with 8.3% of First Nations women.

TABLE 3. Highest Certificate, Diploma or Degree, First Nations People in First Nations Communities and Total Canadian Population[1] Aged 25 to 64 Years by Sex, 2006

Highest Certificate, Diploma or Degree	First Nations People in First Nations Communities			Total Canadian Population[1]		
	Both Sexes	Males	Females	Both Sexes	Males	Females
No Certificate, Diploma or Degree	50.2%	53.0%	47.3%	15.2%	16.1%	14.3%
High School Certificate or Equivalent Only	14.8%	13.5%	16.2%	24.0%	22.9%	25.0%
Apprenticeship or Trades Certificate or Diploma	12.8%	17.2%	8.3%	12.4%	16.0%	9.0%
College, CEGEP or Other Non-University Certificate or Diploma	14.0%	10.9%	17.2%	20.4%	18.0%	22.7%
University Certificate or Diploma Below Bachelor Level	3.9%	2.8%	4.9%	5.0%	4.4%	5.6%
University Certificate, Diploma or Degree at Bachelor's Level or Above	4.3%	2.6%	6.0%	23.1%	22.7%	23.4%

[1] Total Canadian population living outside of First Nations communities.

NOTE: Percentages may not add up to 100% due to rounding.

SOURCE: Statistics Canada, 2006 Census custom tabulation.

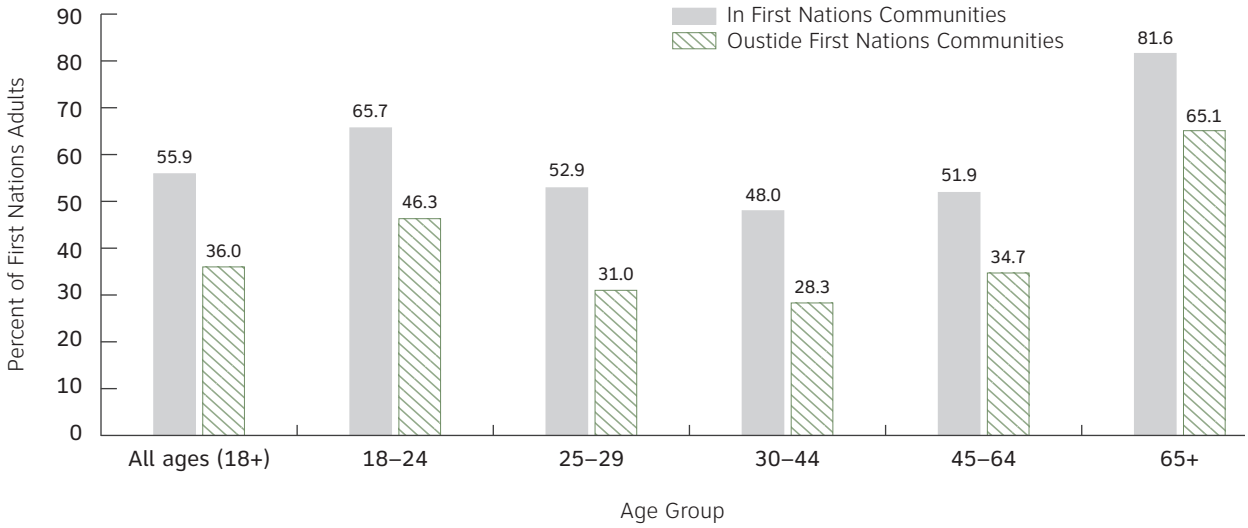
[5] 1996 and 2006 data in this paragraph are for those registered under the Indian Act. While most of these people identify as First Nations, included may be a small number of people who are registered who do not identify as First Nations.

[6] Adjusted data for 1996 and 2006 are for a different age group than are unadjusted 2006 data, due to data availability.

DIFFERENCES BY AGE GROUP AND PLACE OF RESIDENCE

- Among those living in First Nations communities aged 18 to 24 years, 65.7% had not completed high school. The figure was lowest for those in the 30 to 44 year group (48.0%). This suggests that some First Nations people may go back to complete their high school education when they are older (Figure 3).

FIGURE 3. First Nations People Without a High School Diploma In and Outside First Nations Communities by Age Group, 2006



NOTE: Percentages may not add up to 100% due to rounding.
SOURCE: Statistics Canada, 2006 Census custom tabulation.

- In 2006, while half (50.2%) of First Nations people in First Nations communities (aged 25 to 64) had not completed high school, the comparable figure for First Nations people living outside these communities was 31.1% (data not shown).

RESIDENTIAL SCHOOL ATTENDANCE AND EXPERIENCE

Residential schools operated across Canada for over 100 years until the last closed in the mid 1990's. Approximately 70,000 to 80,000 First Nations people, Métis and Inuit who attended these schools are alive today. While some students reported positive experiences at these schools, others experienced emotional, physical and sexual abuse, a loss of language, separation from their families, communities and cultures, among other things. The residential school system experience can leave an inter-generational legacy as its impacts can be passed from one generation to the next.[c]

- At the time of the 2008/10 First Nations Regional Health Survey, 19.7% of First Nations people living in First Nations communities aged 18 and over reported having attended residential school. The 65 and over age group had the largest proportion of residential school attendees as 43.9% reported attending (data not shown).
- Among those who reported attending, 13.7% said it had a positive impact on their health and well-being and one-third (32.8%) said the experience had no impact. Over half (53.4%) said the experience had a negative impact (data not shown).

- Some of the most commonly stated negative impacts were isolation from family and verbal and emotional abuse (Table 4).

TABLE 4. Factors Contributing to Negative Impact on Health and Wellbeing of Residential School Attendees, First Nations People in First Nations Communities Aged 18 Years and Over, 2008/10[1]

Negative Impact Reported	First Nations Adults in First Nations Communities Who Attended Residential School	95% Confidence Interval	
		Lower	Upper
Isolation From Family	77.6%	73.1	81.5
Verbal or Emotional Abuse	73.1%	68.7	77.1
Separation From Community	69.7%	65.1	73.9
Harsh Discipline	69.3%	64.7	73.5
Loss of Cultural Identity	68.6%	64.8	72.2
Physical Abuse	66.9%	62.2	71.2
Language Loss	62.6%	58.5	66.6
Loss of Traditional Religion/Spirituality	62.0%	57.6	66.1
Bullying	61.3%	56.2	66.0
Poor Education	44.7%	40.3	49.2
Harsh Living Conditions	44.0%	39.5	48.5
Lack of Food	42.3%	38.1	46.7
Sexual Abuse	38.2%	34.2	42.4
Lack of Proper Clothing	37.6%	33.7	41.5

[1] Data are for those who reported that their overall health and well-being was negatively impacted by their attendance at residential school.

SOURCE: First Nations Information Governance Centre, First Nations Regional Health Survey (RHS) 2008/10.

DISCUSSION

First Nations people living in First Nations communities have made gains in the formal education system in recent years. However, significant education attainment gaps exist with the total Canadian population.

To narrow these gaps, First Nations organizations have developed strategies around greater incorporation of First Nations values and languages in the classroom, increasing parental involvement, development of culturally-relevant curricula and ensuring that schools are accessible, healthy, safe and well-resourced, among others.[d]

Most of the indicators included in this section only measure success in the formal education system. A more wholistic, comprehensive evaluation of First Nations education and lifelong learning would incorporate a wide range of indicators covering the complete learning spectrum. National level data of this type are not available for First Nations people.

REFERENCES

a. Canadian Council on Learning "The State of Aboriginal Learning in Canada: A holistic approach to measuring success" www.cclcca.ca/CCL/Reports/StateofAboriginalLearning.html

b. Ciceri C. and Scott K. "The Determinants of Employment Among Aboriginal Peoples". In: White JP, Wingert S, Beavon D, Maxim P, editors. Aboriginal Policy Research: moving forward, making a difference. Toronto: Thompson Education Publishing; 2006. p. 3–32

c. Library of Parliament, 2011. "Addressing the Legacy of Residential Schools" publication no. 2011-76-E www.parl.gc.ca/Content/LOP/ResearchPublications/2011-76-e.pdf

d. Assembly of First Nations. 2009. "First Nations Control of First Nations Education: It's Our Vision, It's Our Time" http://64.26.129.156/calltoaction/Documents/FNCFNE.pdf

Labour Force Characteristics

Employment status and the type of job a person has can have an effect on their overall physical and mental health. A better paying job can have positive effects on a person's overall quality of life, though certain jobs may also pose health risks (e.g. higher rates of injury, exposure to toxins).

EMPLOYMENT INDICATOR DEFINITIONS AND LIMITATIONS

Unemployed people are those who, during the week before the Census, were without paid work or without self-employment and were available for work and either:

- had actively looked for paid work in the past four weeks; or
- were on temporary lay-off and expected to return to their job; or
- had definite arrangements to start a new job in four weeks or less

The ***labour force*** is made up of people who were either employed or unemployed in the week before the Census.

Three indicators of employment are provided here. Each helps better understand the health of the economy and society more generally:

Unemployment rate: The percentage of people aged 15 years and over who are currently unemployed and looking for work. Excluded from this rate are those who are not working and not looking for work.

Labour force participation rate: The percentage of people aged 15 years and over, who are either employed or currently looking for work. It excludes those not looking for work, such as full-time students, retired persons or discouraged workers.

Employment rate: The percentage of people aged 15 years and over who are working for pay or in self-employment.

Comparing employment indicators for the First Nation population to those for the total Canadian population has some limitations. In many First Nations communities, much of the available work is seasonal. In addition, much unpaid work is done that is not reflected in these rates. Many people take part in activities that contribute to the local economy such as hunting, fishing, sewing, child care and so on. Rates may therefore exaggerate the gaps between First Nations people and the total Canadian population.

Included in standard measures of unemployment are those who are not working but who are looking for work. In some small First Nations communities, there may be less need to look for work as it is known throughout the community that there are few employment possibilities. Those without work may then be considered "discouraged workers" (not working and not looking for work) and are excluded from the unemployment rate.

Excluded from Census data are those living in 22 First Nations communities that did not take part in the 2006 Census.

- In 2006, the unemployment rate for First Nations people in First Nations communities (aged 15 and over) was nearly four times the rate for the total Canadian population (25.0% versus 6.4% respectively) (Table 5).[7]
- For First Nations people, the employment rate was 39.0% compared to 62.6% for the total Canadian population.

TABLE 5. Labour Force Characteristics for First Nations People in First Nations Communities and Total Canadian Population[1] Aged 15 Years and Over, by Sex, 2006

	First Nations People in First Nations Communities			Total Canadian Population[1]		
	Both Sexes	Males	Females	Both Sexes	Males	Females
Unemployment Rate	25.0%	28.7%	20.6%	6.4%	6.4%	6.5%
Employment Rate	39.0%	39.6%	38.3%	62.6%	67.9%	57.7%
Labour Force Participation Rate	51.9%	55.6%	48.3%	66.9%	72.5%	61.7%

[1] Total Canadian population living outside First Nations communities.

SOURCE: Statistics Canada, 2006 Census custom tabulation.

DIFFERENCES BETWEEN MEN AND WOMEN

- The employment rate for First Nations men living in First Nations communities was almost the same as that for First Nations women (39.6% and 38.3% respectively). However, the unemployment rate for men was higher than that for women (28.7% versus 20.6%) (Table 5).

DIFFERENCES BY AGE GROUP AND PLACE OF RESIDENCE

- First Nations people living in First Nations communities have greater employment challenges than those living elsewhere. In 2006, the unemployment rate was higher for those in First Nations communities, while the overall participation and employment rates were lower (Table 6).

TABLE 6. Labour Force Characteristics for First Nations People In and Outside First Nations Communities, Aged 15 years and Over by Age Group, 2006

Age Group	Participation Rate		Employment Rate		Unemployment Rate	
	First Nations Communities	Outside First Nations Communities	First Nations Communities	Outside First Nations Communities	First Nations Communities	Outside First Nations Communities
All Ages (15+)	51.9%	62.4%	39.0%	52.8%	25.0%	15.4%
15–24	33.1%	50.0%	20.4%	38.6%	38.3%	22.7%
25–44	66.6%	74.6%	50.0%	63.7%	24.9%	14.6%
45–64	61.7%	65.6%	50.9%	58.0%	17.4%	11.6%
65+	12.4%	11.0%	10.6%	9.9%	14.7%	10.2%

SOURCE: Statistics Canada, 2006 Census custom tabulation.

[7] Unless otherwise indicated, data in this section are from the 2006 Census. This source was used as it is able to provide comparable data for the total population of Canada (living outside First Nations communities).

- Gaining employment is especially challenging for young First Nations people living in First Nations communities. For those aged 15 to 24, the employment rate was 20.4%, compared to 38.6% for those the same age living outside First Nations communities. For young people the same age in the total population (excluding First Nations communities), the employment rate was 57.7% (data not shown).
- The employment rates for young First Nations men (21.4%) and women (19.4%) aged 15 to 24 living in First Nations communities were very similar (data not shown).

DISCUSSION

First Nations people living in First Nations communities face many employment challenges. The unemployment rate is almost four times that of the total Canadian population and the unemployment rate for young First Nations people is especially high. Reducing these gaps could contribute to better health outcomes for First Nations people.

There are many factors contributing to the employment gap between First Nations people in First Nations communities and others. Some of these include lower levels of formal education, lack of secure housing, difficulties accessing child care and transportation, racism and the legacy of colonialism, among others.[a]

REFERENCE

a. Ciceri, C. and K. Scott, 2006. "The Determinants of Employment Among Aboriginal Peoples" in J. White, S. Wingert, D. Beavon and P. Maxim "Aboriginal Policy Research: Moving Forward, Making a Difference" Vol. III. Toronto: Thompson Educational Publishing Inc.

Income

"Poverty and ill-health are inextricably linked… the lower an individual's socio-economic status, the worse their health".[a] Income, one key dimension of poverty, influences living conditions, quality of housing, and the ability to afford sufficient good food, all of which affect health status.

INCOME INDICATOR DEFINITIONS AND LIMITATIONS

In this report, data for two related but different income concepts are provided—total annual individual income and median income.

Total annual individual income includes money received from all sources (employment, pensions, government transfers etc.).

The ***median income*** marks the middle point where exactly half of the population has more income and half has less. The median, rather than the average, is the preferred statistic when describing the income since average income is sensitive to extreme values.

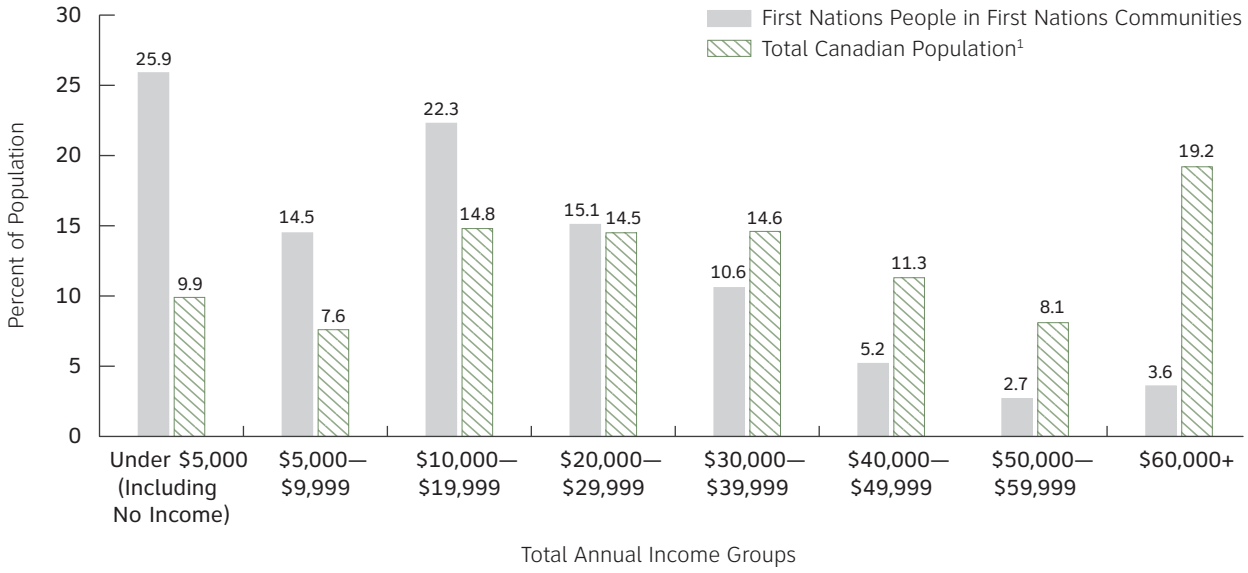
Excluded from Census data are those living in 22 First Nations communities that did not take part in the 2006 Census.

TOTAL ANNUAL INCOME

- In 2005, about one-quarter (25.9%) of First Nations adults in First Nations communities aged 25 to 64 had a total annual income of less than $5,000, compared to 9.9% of those in the total Canadian population[8] (Figure 4).
- A larger proportion of the total Canadian population is found at the higher end of the income spectrum. While 19.2% of those in the total Canadian population had a total annual income of $60,000 or more, 3.6% of First Nations people living in First Nations communities were in this category.

[8] Unless otherwise indicated, data in this section are from the 2006 Census. This source was used as it is able to provide comparable data for the total population of Canada (living outside First Nations communities).

FIGURE 4. Total Annual Income Groups, First Nations People in First Nations Communities and Total Canadian Population[1], Aged 25 to 64 Years, 2005



[1] Total Canadian population living outside First Nations communities.

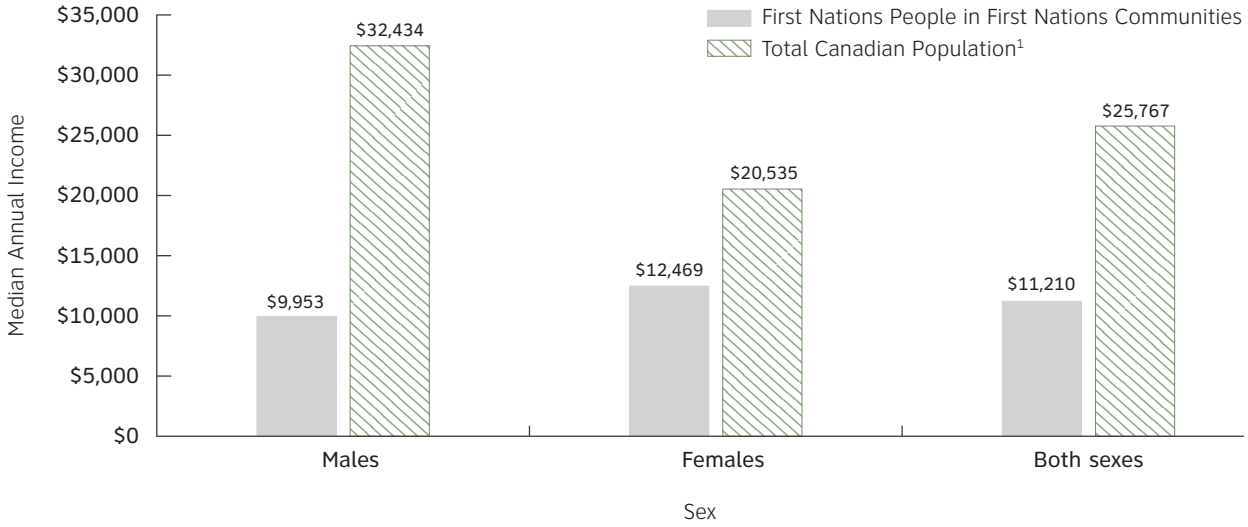
NOTE: Percentages may not add up to 100% due to rounding.

SOURCE: Statistics Canada, 2006 Census custom tabulation.

MEDIAN INCOME

- The median income of First Nations people in First Nations communities is less than half that of the total Canadian population. In 2005, the median income of First Nations adults was $11,210 compared to $25,767 for the total population (Figure 5). For First Nations people living outside First Nations communities, the figure was $16,771 (data not shown).

FIGURE 5. Median Annual Income, First Nations People in First Nations Communities and Total Canadian Population[1] Aged 15 Years and Over, 2005



[1] Total Canadian population living outside First Nations communities.

SOURCE: Statistics Canada, 2006 Census custom tabulation.

- For First Nations men living in First Nations communities, the median income was $9,953, much less than that of men in the total Canadian population ($32,434). The gap between First Nations women in First Nations communities and women in the total Canadian population was smaller than that for men but the median income of First Nations women was still much lower. The median income for First Nations women in First Nations communities was $12,469 compared to $20,535 for women in the total population—a difference of over $8,000.
- First Nations men had a lower median income than First Nations women while the reverse was true in the total Canadian population.

DISCUSSION

Incomes of First Nations adults living in First Nations communities are much lower than those of people in the total Canadian population. The factors contributing to this gap are numerous and complex and are only in part related to higher rates of unemployment and educational disparities.[b] The Royal Commission on Aboriginal Peoples (RCAP) has stated that, "Redistributing lands and resources will greatly improve their (Aboriginal Peoples') chances for jobs and a reasonable income. After that, the tools most urgently needed are capital for investment in business and industry and enhanced technical, management and professional skills to realize new opportunities".[c]

REFERENCES

a. National Collaborating Centre for Aboriginal Health, 2009. Fact sheet—"Poverty as a Social Determinant of First Nations, Inuit and Métis Health". www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/21/Poverty%20(English).pdf

b. Wilson, D. and D. MacDonald 2010. "The Income Gap Between Aboriginal Peoples and the rest of Canada" Ottawa: Canadian Centre for Policy Alternatives. www.policyalternatives.ca/sites/default/files/uploads/publications/reports/docs/Aboriginal%20Income%20Gap.pdf

c. Royal Commission on Aboriginal Peoples. 1996 "Highlights from the Report of the Royal Commission on Aboriginal Peoples—People to People, Nation to Nation". www.aadnc-aandc.gc.ca/eng/1100100014597

Personal Health Practices

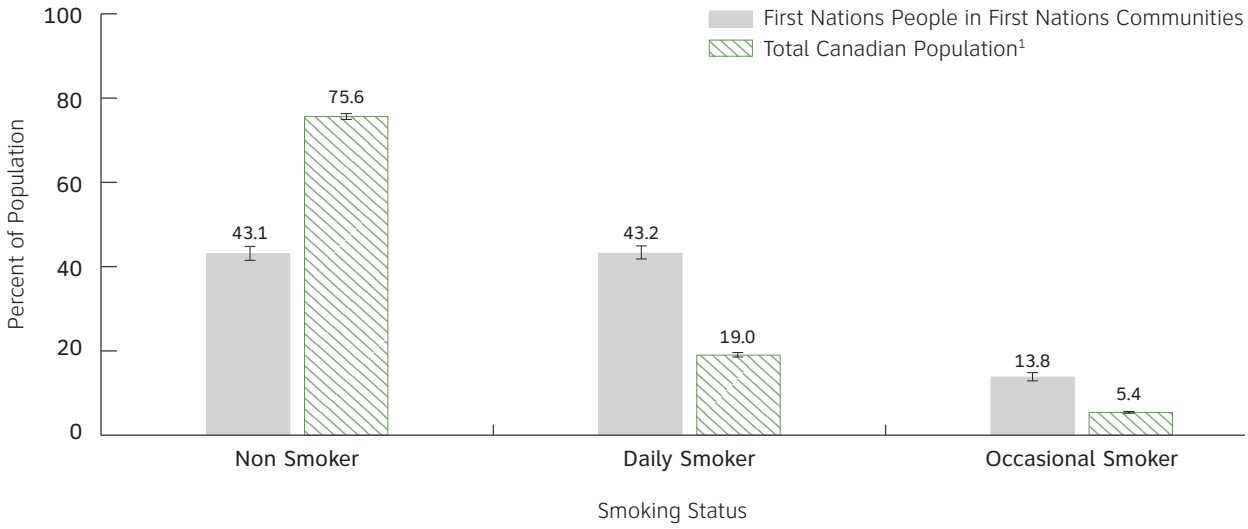
Personal health practices, sometimes known as behavioural risk factors, are the many choices throughout a person's life such as smoking, alcohol use or physical activity that can have both positive and negative effects on an individual's health.[a]

SMOKING

While tobacco was traditionally used for ceremonial purposes among many First Nations peoples[b], non-ceremonial use can present health risks. Some of these include coronary heart disease, lung cancer, emphysema and other illnesses.[c]

- Data from the 2008/10 First Nations Regional Health Survey (RHS) show that First Nations adults living in First Nations communities were more than twice as likely to smoke every day as people in the total Canadian population. Over four in 10 (43.2%) First Nations adults smoked on a daily basis compared to 19.0% of the total population (Figure 6).

FIGURE 6. Smoking Status, First Nations People in First Nations Communities (2008/10) and Total Canadian Population[1] (2008), Aged 18 Years and Over



[1] Total Canadian population living outside First Nations communities.

NOTES: Percentages may not add up to 100% due to rounding. CCHS data have been age standardized to the RHS age structure.

SOURCES: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10, custom tabulation; Statistics Canada, Canadian Community Health Survey 2008.

- The daily smoking rate among First Nations people in First Nations communities has not changed in recent years. The percentage from the 2002/03 RHS (data not shown) was about the same as that from the 2008/10 survey.
- The 2008/10 RHS shows that there was no difference between the daily smoking rates for First Nations men and women (data not shown).

- The daily smoking rate was highest for young First Nations adults aged 18 to 29 (51.5%) and lowest for those aged 60 and over (25.4%) (Table 7).

TABLE 7. Smoking Status, First Nations People in First Nations Communities by Age Group, 2008/10

Smoking Status	Age Group					
	All Ages (18+)	18–29	30–39	40–49	50–59	60+
Non-Smoker						
Percent	43.1%	33.1%	37.3%	40.1%	52.1%	69.1%
Lower 95% C.I.	41.3%	30.3%	34.2%	36.7%	48.9%	66.6%
Upper 95% C.I.	44.9%	36.0%	40.6%	43.6%	55.2%	71.4%
Daily Smoker						
Percent	43.2%	51.5%	44.2%	44.8%	38.5%	25.4%
Lower 95% C.I.	41.6%	48.6%	40.9%	41.6%	35.5%	23.1%
Upper 95% C.I.	44.8%	54.4%	47.6%	48.2%	41.6%	28.0%
Occasional Smoker						
Percent	13.8%	15.4%	18.4%	15.0%	9.5%	5.5%
Lower 95% C.I.	12.7%	13.7%	15.1%	13.3%	7.8%	4.4%
Upper 95% C.I.	14.9%	17.2%	22.3%	17.0%	11.4%	6.8%

NOTE: Percentages may not add up to 100% due to rounding.

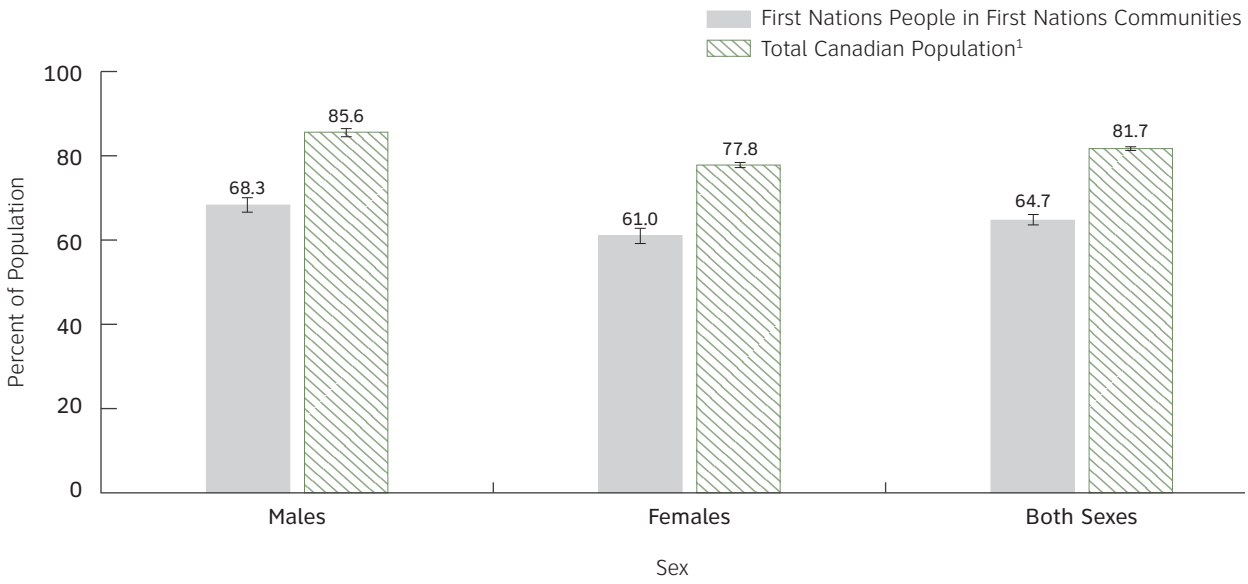
SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

ALCOHOL USE

Excessive use of alcohol can have a number of negative effects, both in terms of physical health and the social and cultural impacts of alcoholism.

- According to the 2008/10 First Nations Regional Health Survey, First Nations adults in First Nations communities are less likely to report drinking alcohol than those in the total Canadian population. Among First Nations adults, 64.7% had at least one drink of alcohol in the past 12 months prior to the survey, compared to 81.7% of adults in the total population (Figure 7). Conversely, 35.3% of First Nations adults abstained from alcohol in the previous 12 months, compared to 18.3% of adults in the total population.
- Among First Nations men, 68.3% consumed alcohol in the previous year while the figure for First Nations women was 61.0%.

FIGURE 7. Consumed Alcohol in the Past 12 Months, First Nations People in First Nations Communities (2008/10) and Total Canadian Population[1] (2008) Aged 18 Years and Over



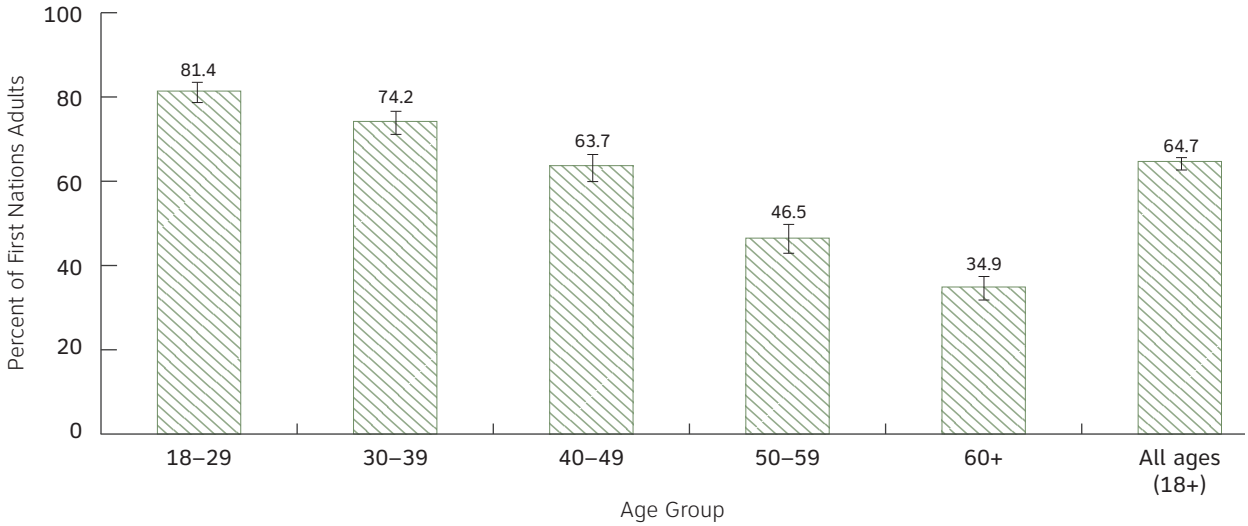
[1] Total Canadian population living outside First Nations communities.

NOTE: CCHS data have been age standardized to the RHS age structure.

SOURCES: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10; Statistics Canada, Canadian Community Health Survey 2008.

- Of all First Nations adults, those aged 18 to 29 years were the most likely to report drinking alcohol (81.4%). The proportion fell with increasing age to 34.9% among those aged 60 and over (Figure 8).

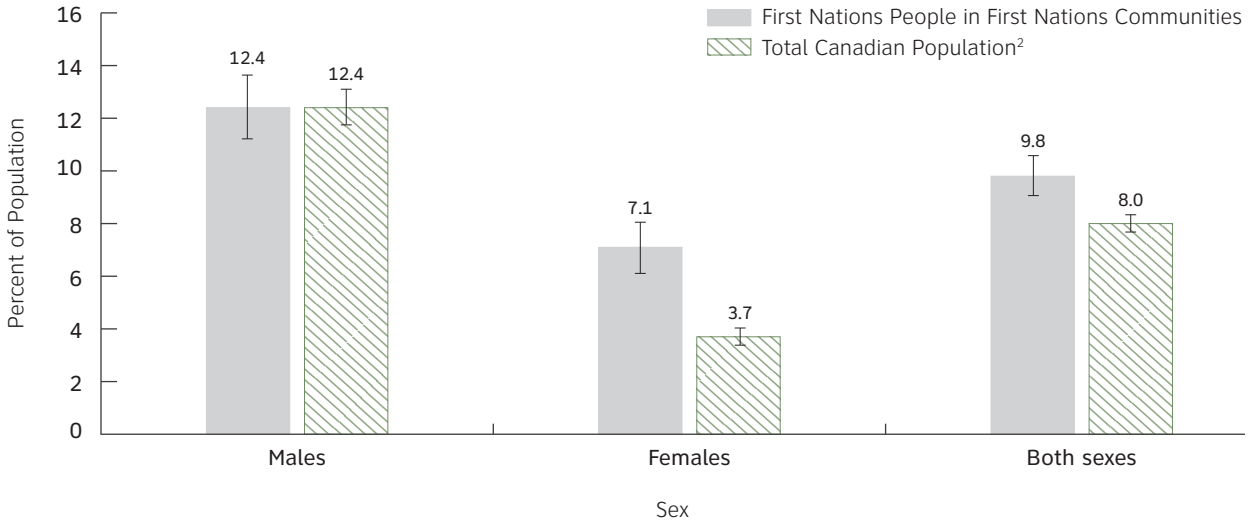
FIGURE 8. Consumed Alcohol in the Past 12 Months, First Nations People in First Nations Communities by Age Group, 2008/10



SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

- Heavy or "binge" drinking is defined here as having five or more drinks on one occasion. A larger percentage of First Nations people aged 18 and over in First Nations communities reported heavy drinking on a weekly basis compared to those in the total Canadian population—9.8% versus 8.0% (Figure 9).
- Men in the total Canadian population were as likely as First Nations men to drink heavily on a weekly basis (12.4% in both cases). However, a larger percentage of First Nations women (7.1%) had five or more drinks on one occasion compared to women in the total population (3.7%).

FIGURE 9. Heavy Drinking[1] on a Weekly Basis, First Nations People in First Nations Communities (2008/10) and Total Canadian Population[2] (2008), Aged 18 Years and Over



[1] Heavy drinking is defined here as having five or more drinks on one occasion at least once a week.

[2] Total Canadian population living outside First Nations communities.

NOTES: The denominator includes those who did and did not consume alcohol in the past year. CCHS data have been age standardized to the RHS age structure.

SOURCES: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10; Statistics Canada, Canadian Community Health Survey 2008.

FOOD CONSUMPTION

A healthy eating pattern helps infants, children, teens and adults get the nutrients needed to grow, be healthy, prevent illness and to have a healthy weight.

- Data from the 2008/10 First Nations Regional Health Survey show that 42% of First Nations adults living in First Nations communities report that they do not consume milk or milk products daily while 10% report never or hardly ever consuming milk or milk products.[d] Canada's Food Guide recommends at least two servings (cups) of milk per day for adults.[e]
- Nearly four in 10 (37%) state that they do not consume vegetables at least once a day, and 43% report not consuming fruit (excluding juice), at least once per day.[d]

- The percentage of First Nations adults in First Nations communities reporting they often consumed traditional meats varied widely by location: urban (30%), rural (37%), remote (58%), and no road access (51%). Traditional fruit and vegetable consumption varied little: 18% for both urban and rural areas, 25% for remote regions and 22% for areas with no road access.[d] Studies show that consumption of traditional foods leads to improved intake of several nutrients.[f]

FOOD SECURITY[9]

Having enough healthy food to eat is essential to good health. As described in Canada's Action Plan on Food Security, food security "exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life".[g] For many First Nations people, food security includes both traditional and market foods. It can be measured at individual, household and/ or community levels.

Food security is recognized as a socio-economic determinant of health.[h] Several factors undermine First Nations food security including poverty, unemployment, environmental changes affecting traditional food practices and the unreliable supply, quality and high prices of market food in remote and isolated First Nations communities.[i]

First Nations eating patterns may reflect, in part, food insecurity, which is found to a much greater degree generally among Aboriginal populations than non-Aboriginal populations in Canada. Adults and adolescents in food insecure households in Canada have been found to have lower intakes of milk products, fruits and vegetables, and to be at an increased risk of inadequate nutrient intake.[j]

- Over half (54.2%) of First Nations adults in First Nations communities lived in food insecure households, according to the 2008/10 First Nations Regional Health Survey.[d] Although not directly comparable due to differences in methodology and survey weighting (individual vs. household), this is much higher than the 7.7% from the 2007-08 Canadian Community Health Survey for all Canadian households, excluding those in First Nations communities (data not shown).

PHYSICAL ACTIVITY

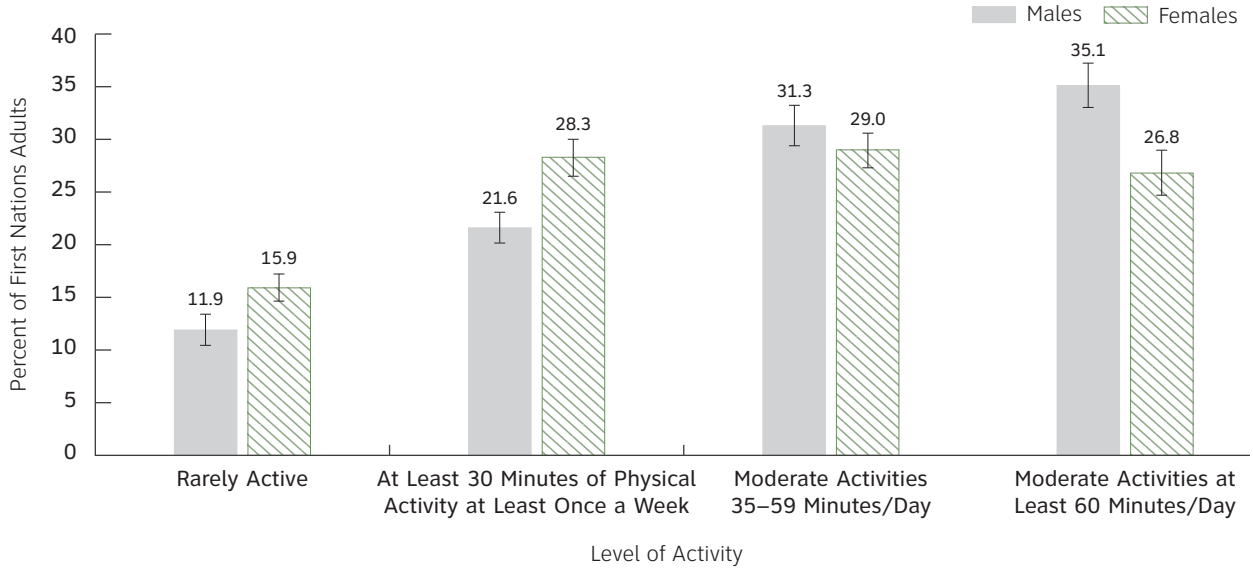
Regular physical activity has numerous benefits including improving overall well-being and quality of life, reducing the risks of many diseases and improving mental wellness. It also contributes to maintaining a healthy weight, an important consideration given that 39.8% of First Nations adults in First Nations communities are obese, compared to 16% of all adults in Canada.[10] A recent study has shown that active First Nations adults are more likely to have fewer health conditions, feel more balanced spiritually, emotionally, mentally and physically and are more likely to express feelings of control over their own lives than are those who are less active.[d]

- When asked to describe their routine in a typical day, 35.1% of First Nations men and 26.8% of First Nations women say that they did at least 60 minutes of moderate activity per day (Figure 10).

[9] While most data in this section are related to personal health practices, some additional data are provided on food security because of its relationship to food and nutrient intake.

[10] First Nations data are from the First Nations Regional Health Survey, 2008/10 while data for the total Canadian population (excluding reserves) are from the 2008 Canadian Community Health Survey. CCHS data have been age standardized to the RHS age structure.

FIGURE 10. Level of Physical Activity, First Nations People in First Nations Communities, Aged 18 Years and Over, 2008/10

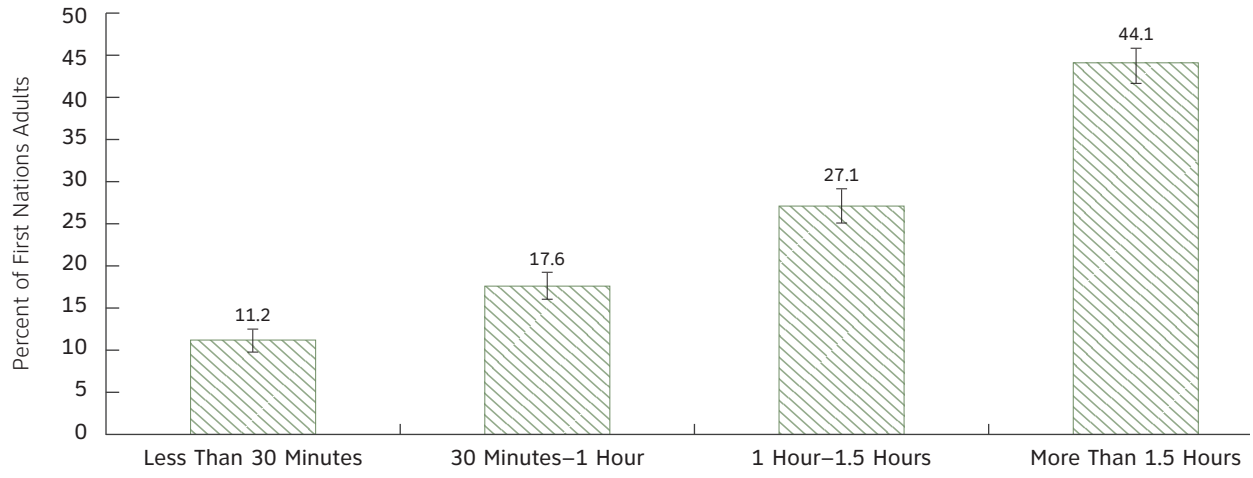


NOTE: Percentages may not add up to 100% due to rounding.

SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

- Over four in 10 (44.1%) First Nations adults in First Nations communities spent more than 1.5 hours a day doing sedentary activities such as watching TV, reading, playing bingo or video games (Figure 11). Differences between men and women were not statistically significant (data not shown).

FIGURE 11. Time Spent Watching TV, Reading, Working at a Computer (outside of workday/schoolday) etc., First Nations People in First Nations Communities, Aged 18 Years and Over, 2008/10



NOTE: Percentages may not add up to 100% due to rounding.

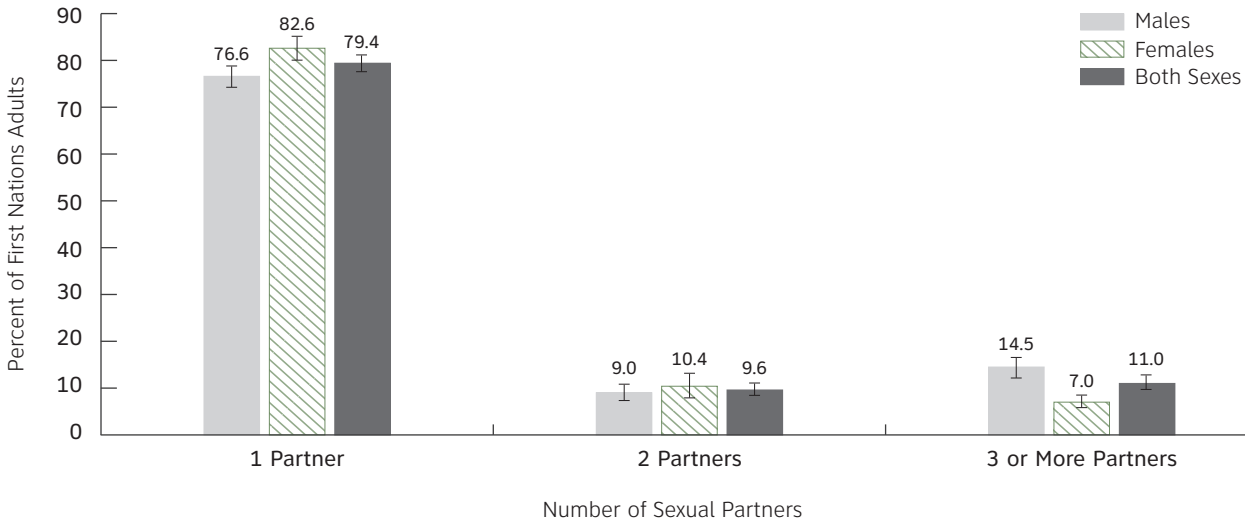
SOURCE: First Nations Information Governance Centre (FNIGC) First Nations Regional Health Survey (RHS) 2008/10.

SEXUAL HEALTH

Sexual health contributes to overall health and well-being throughout the life course. Data from the First Nations Regional Health Survey (2008/10) can provide some insights into the sexual health of First Nations people.

- 72.1% of First Nations adults aged 18 and over stated that they were sexually active (77.4% of men and 66.7% of women—data not shown).
- Among those that had intercourse in the previous year, 89.0% of First Nations adults living in First Nations communities had one or two partners (Figure 12).
- A larger percentage of First Nations men than women reported having had 3 or more partners during the year—14.5% and 7.0% respectively.

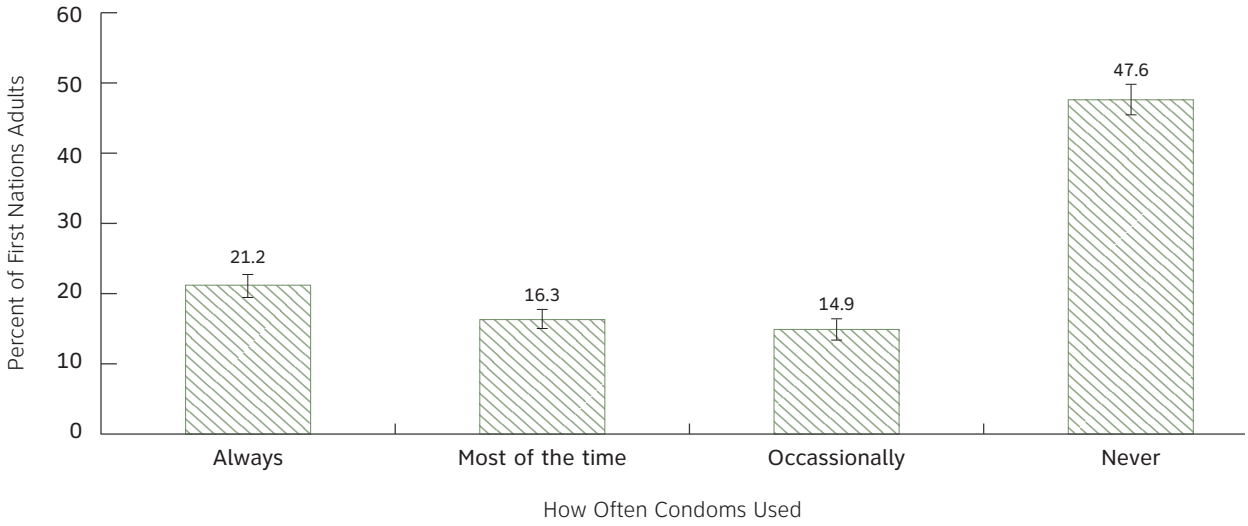
FIGURE 12. Number of Sexual Partners in the Past 12 Months, First Nations People in First Nations Communities, Aged 18 Years and Over, 2008/10



NOTES: Data are for those that had sexual intercourse in the last 12 months. Percentages may not add up to 100% due to rounding.
SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

- Among First Nations adults aged 18 and over, young First Nations men were the most likely to have 3 or more partners. Among First Nations men aged 18 to 29 who reported being sexually active, 25.3% had 3 or more partners during the previous year compared to 13.9% of young First Nations women (data not shown).
- When asked which birth control or protective methods were used, nearly four in 10 (38.3%) First Nations adults reported that they and/or their partner used a condom (data not shown).
- When asked how often they used a condom, 21.2% of First Nations adults stated they always did, and 16.3% reported they did most of the time. An additional 14.9% said they occasionally used a condom while nearly half (47.6%) stated they never did (Figure 13).
- The main reason given for not always using a condom was being with a steady partner (60.0%) (data not shown).

FIGURE 13. Frequency of Condom Use, First Nations People in First Nations Communities Aged 18 Years and Over, 2008/10



NOTES: Data are based on responses to the following question asked of sexually active adults: "Which of the following birth control or protective methods do you and/or your partner(s) use... condoms?". Respondents were not asked to specify frequency of use. Percentages may not add up to 100% due to rounding. Data are for those who reported having sexual intercourse in the past 12 months.

SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

- Young men (aged 18 to 29) were the most likely group to report using condoms (67.8%) while older adults were the least likely to report using them (Table 8).

TABLE 8. Reported Use of a Condom as a Means of Birth Control or Protection, First Nations People in First Nations Communities by Age Group and Sex, 2008/10

Age group	Males			Females		
	Percent	Lower 95% C.I.	Upper 95% C.I.	Percent	Lower 95% C.I.	Upper 95% C.I.
18–29	67.8%	63.3%	72.0%	55.2%	51.2%	59.1%
30–39	41.8%	37.0%	46.8%	30.4%	24.3%	37.2%
40–49	23.9%	19.9%	28.3%	17.6%	13.0%	23.5%
50–59	17.9%	14.2%	22.3%	7.7%[E]	4.6%	12.6%
60+	11.8%	7.5%	17.9%	*	*	*
All ages (18+)	41.9%	39.3%	44.4%	34.1%	31.2%	37.1%

NOTES: Data are based on responses to the following question asked of sexually active adults: "Which of the following birth control or protective methods do you and/or your partner(s) use... condoms?". Respondents were not asked to specify frequency of use. Data are for those who reported having sexual intercourse in the past 12 months. C.I. = confidence interval.

SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

[E] use with caution.

* data not shown for confidentiality/data quality reasons.

ORAL HEALTH PRACTICES

Daily brushing and flossing help maintain good oral health.[k]

- 54.5% of First Nations adults aged 20 to 79 (with at least one natural tooth) living in First Nations communities reported brushing their teeth at least twice a day.[l] For people in the total Canadian population the same age, the figure was 73.4%.[m]
- Among First Nations adults, 27.0%[l] reported flossing at least five times per week, about the same as the 28.9% for the total Canadian population.[m]
- Among First Nations adults aged 20 and over who had at least one natural tooth, more than half (56.6%) had at least one tooth with untreated decay.[l] By comparison, the figure for those in the total Canadian population was 19.3%.[m]

DISCUSSION

Data on personal health practices of those living in First Nations communities suggest the presence of some risk factors that could have health and social consequences. For example, the daily smoking rate among First Nations peoples is more than double that of the total Canadian population.

Personal health practices might be considered lifestyle choices; however, a variety of factors can affect an individual's choice such as income; the amount of free time available; access to recreational facilities, information and resources; availability of traditional foods, and availability and cost of healthy store foods; child and health care, among others. In addition, the displacement of First Nations people from their traditional lands, residential school attendance, racism and a host of other factors all work together to impact the physical, mental and spiritual health of First Nations people.[n]

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l. First Nations Information Governance Centre, 2011. "First Nations Oral Health Survey (FNOHS) 2009–2010 Summary Report", First Nations Information Governance Centre.

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n. Adelson, N. 2005. "The Embodiment of Inequity—Health Disparities in Aboriginal Canada". Canadian Journal of Public Health: March–April.

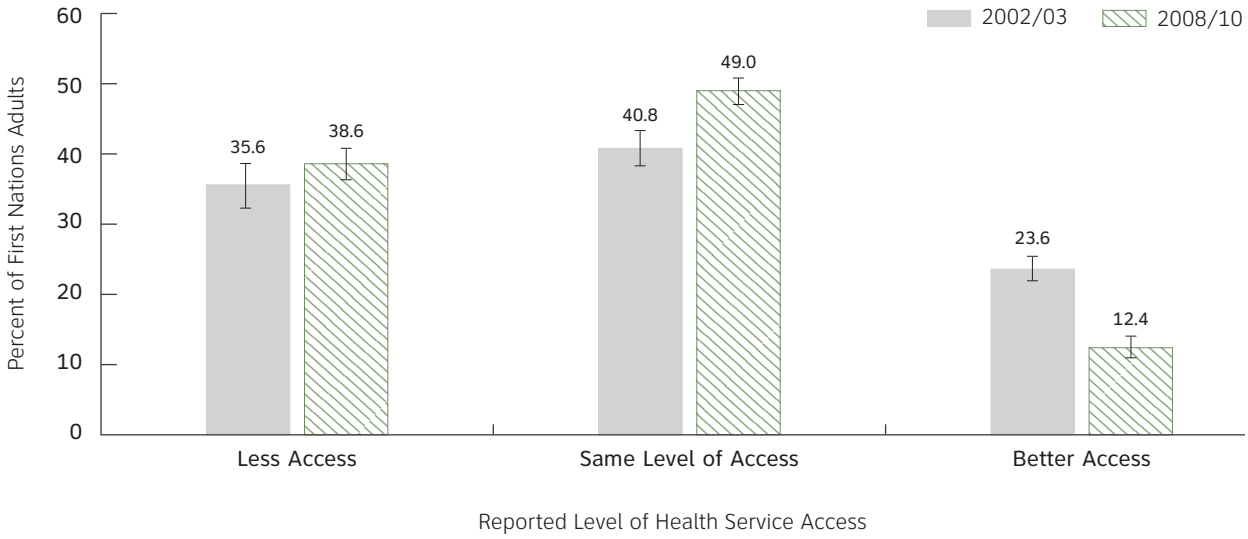
Health Services[11]

Health services can be divided into preventive services (which are designed to maintain health), diagnostic services (which are designed to identify illness and potential illness as early as possible), and therapeutic services (which are designed to treat ill health). This section focuses on access to general health services as well as diagnostic services.

ACCESS TO HEALTH SERVICES

- When asked how they would rate their level of access to health services compared to Canadians generally, 12.4% of First Nations adults living in First Nations communities stated they had better access, 49.0% stated their access was the same while 38.6% stated they had less access to health services (Figure 14).
- For the 2002/03 period, a larger percentage (23.6%) stated they had better access than in 2008/10.

FIGURE 14. Reported Level of Access to Health Services Available Compared to Canadians Generally, First Nations People in First Nations Communities Aged 18 Years and Over, 2002/03 and 2008/10



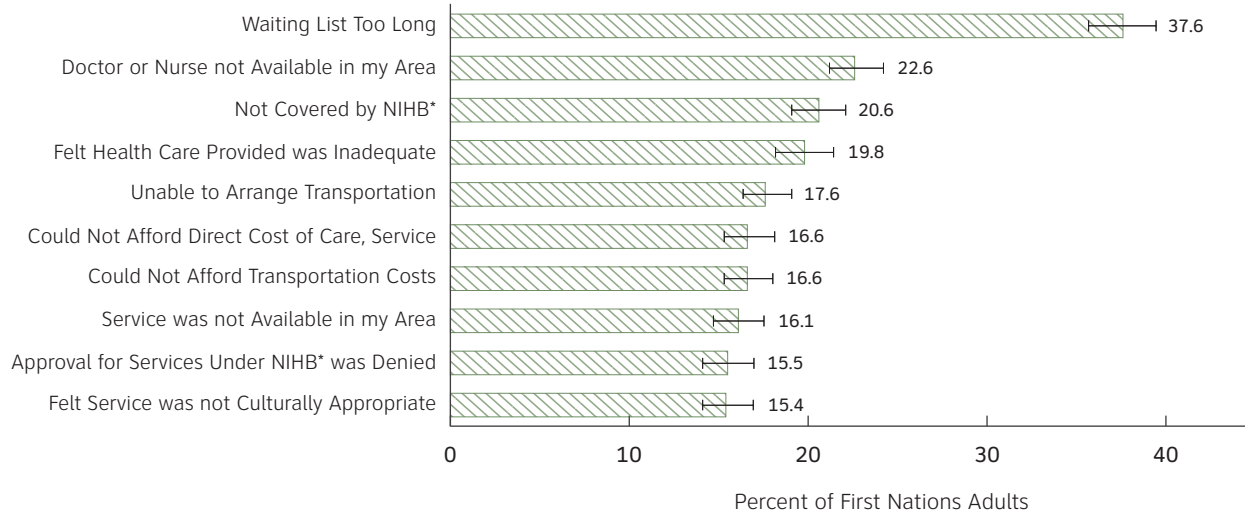
NOTE: Percentages may not add up to 100% due to rounding.

SOURCES: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2002/03 and 2008/10.

- When asked if they have experienced any barriers to receiving health care in the past 12 months, the top response provided by First Nations adults in First Nations communities was that the waiting list was too long (37.6%) (Figure 15).

[11] Unless otherwise stated, in this section, data for First Nations adults are from the First Nations Regional Health Survey (2008/10) while data for the comparison population are from the Canadian Community Health Survey (2008).

FIGURE 15. Selected Perceived Barriers to Receiving Health Services, First Nations People in First Nations Communities Aged 18 Years and Over, 2008/10



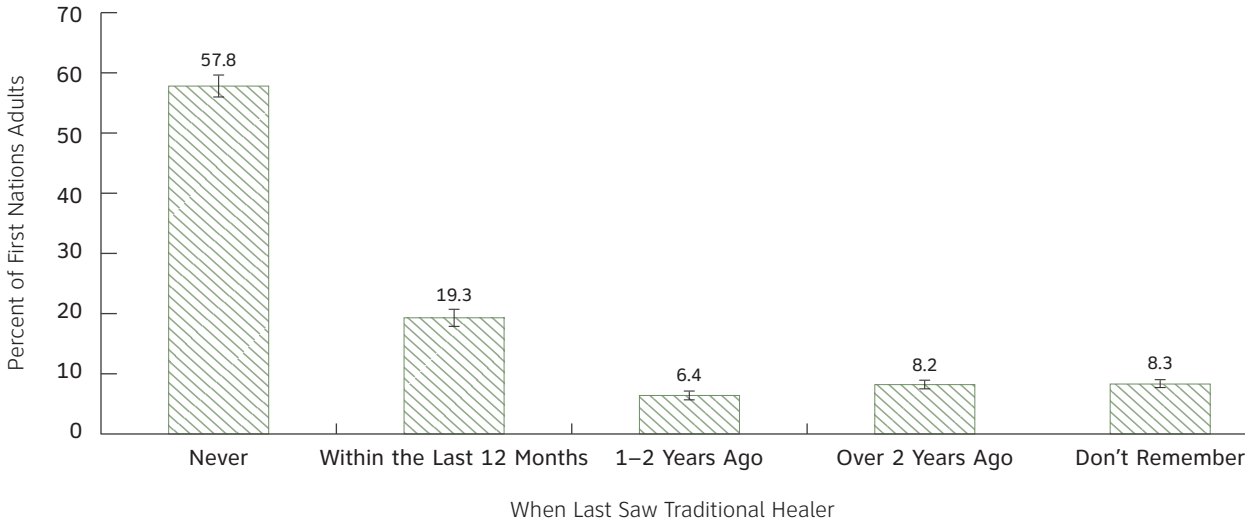
SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

* NIHB = non-insured health benefits

CONTACT WITH TRADITIONAL HEALERS

- Over half (57.8%) of First Nations people living in a First Nations community had never seen a traditional healer, while 19.3% had seen one in the past 12 months (Figure 16).

FIGURE 16. When Last Saw a Traditional Healer, First Nations People in First Nations Communities Aged 18 and Over, 2008/10



NOTE: Percentages may not add up to 100% due to rounding.

SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

- Nearly four in 10 (39.6%) First Nations adults in First Nations communities reported using traditional medicines (data not shown).

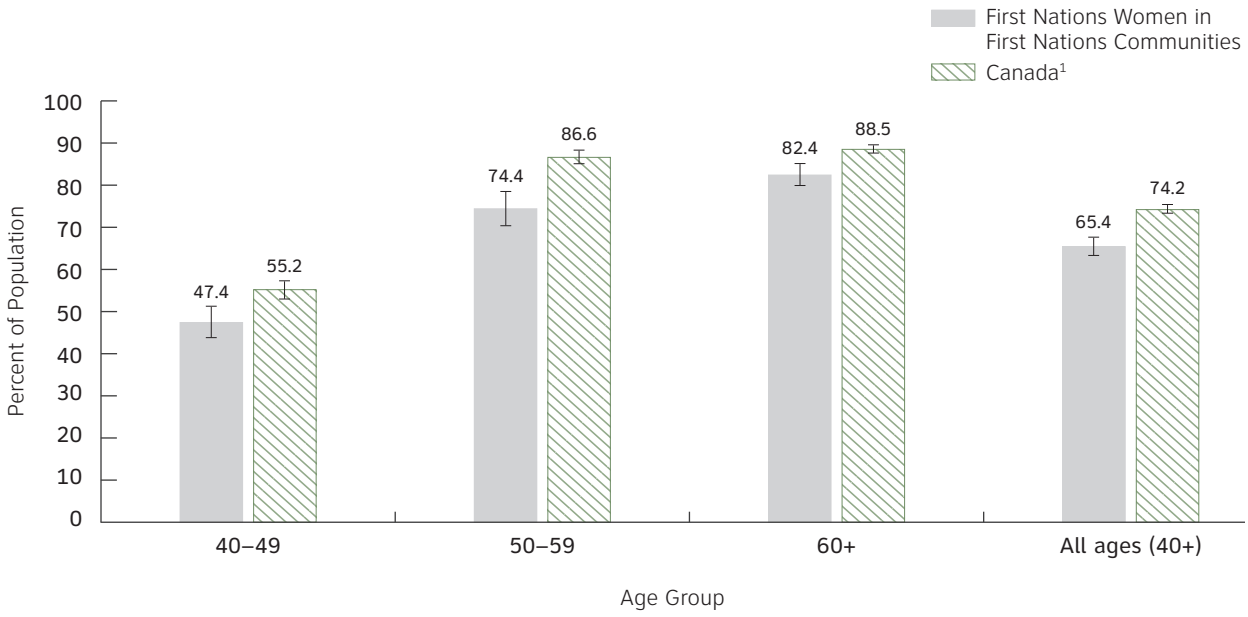
MAMMOGRAPHY

Disease screening is an important part of the health care system, as the early detection of many conditions can have a major effect on the treatment and prognosis of patients.

Breast cancer is the most common type of cancer among women in Canada and the second leading cause of cancer death. Early detection through mammograms can contribute to reducing breast cancer-related deaths.[a, 12]

- Among women aged 40 and over, a larger percentage of those in the total Canadian population reported having had a mammogram in their lifetime (74.2% compared to 65.4% for their First Nations counterparts) (Figure 17).
- The largest gap existed among women aged 50 to 59 where 74.4% of First Nations women living in First Nations Communities reported having at least one mammogram, compared to 86.6% of women in the total Canadian population.

FIGURE 17. Women Ever Having a Mammogram, First Nations Women in First Nations Communities (2008/10) and all Women in Canada[1] (2008), Aged 40 Years and Over



[1] Total population living outside First Nations communities.

NOTES: Percentages may not add up to 100% due to rounding. CCHS data have been age standardized to the RHS age structure.

SOURCES: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10. Statistics Canada, Canadian Community Health Survey 2008.

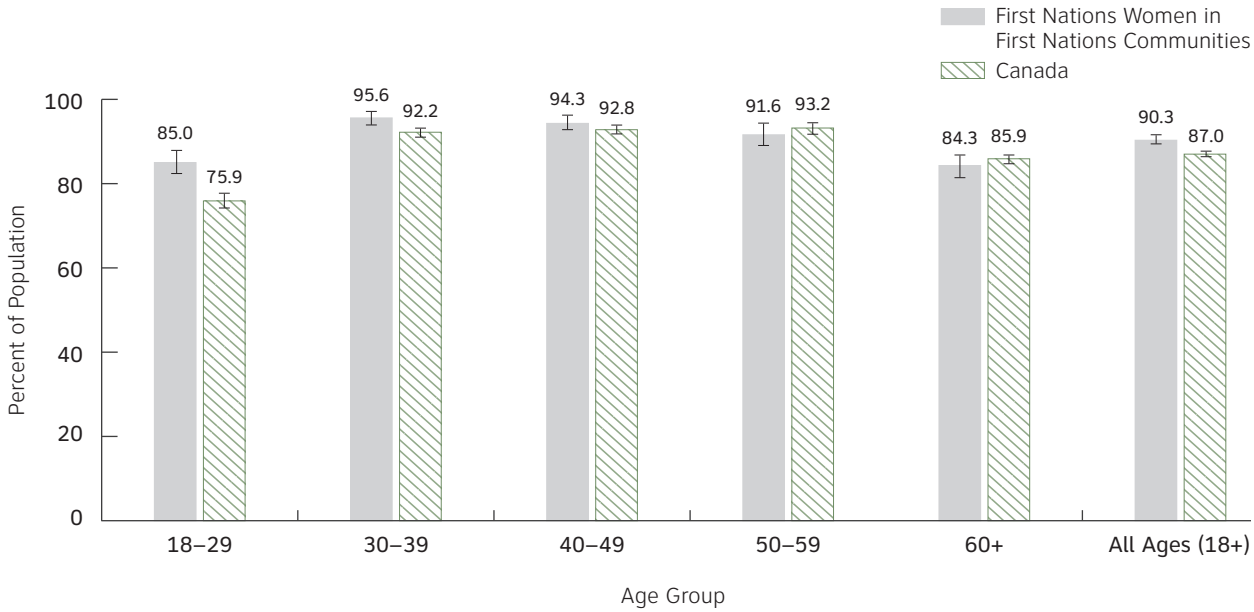
[12] As approximately half of all new cases of breast cancer among women occur to those aged 50 to 69, most provinces and territories offer breast screening services to women in this age group. Less targeted screening is offered to women of other ages in some provinces and territories.[a]

PAPANICOLAOU (PAP) TEST

In the general population, cervical cancer incidence and mortality rates have significantly decreased since the introduction of the Pap test.[b]

- A slightly larger percentage of First Nations women aged 18 and over living in First Nations communities reported ever having a Pap test compared to women in the total population of Canada (90.3% and 87.0% respectively) (Figure 18).
- Across age groups, percentages for First Nations women and their counterparts in the total population were similar. The only significant difference was for those in the 18 to 29 age group. A higher percentage of young First Nations women living in First Nations communities had a Pap test than young women in the total Canadian population (85.0% and 75.9% respectively).

FIGURE 18. Women Ever Having a Pap Test, First Nations Women in First Nations Communities (2008/10) and all Women in Canada[1] (2008), by Age Group



[1] Total population living outside First Nations communities.

NOTE: CCHS data have been age standardized to the RHS age structure.

SOURCES: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10; Statistics Canada, Canadian Community Health Survey 2008.

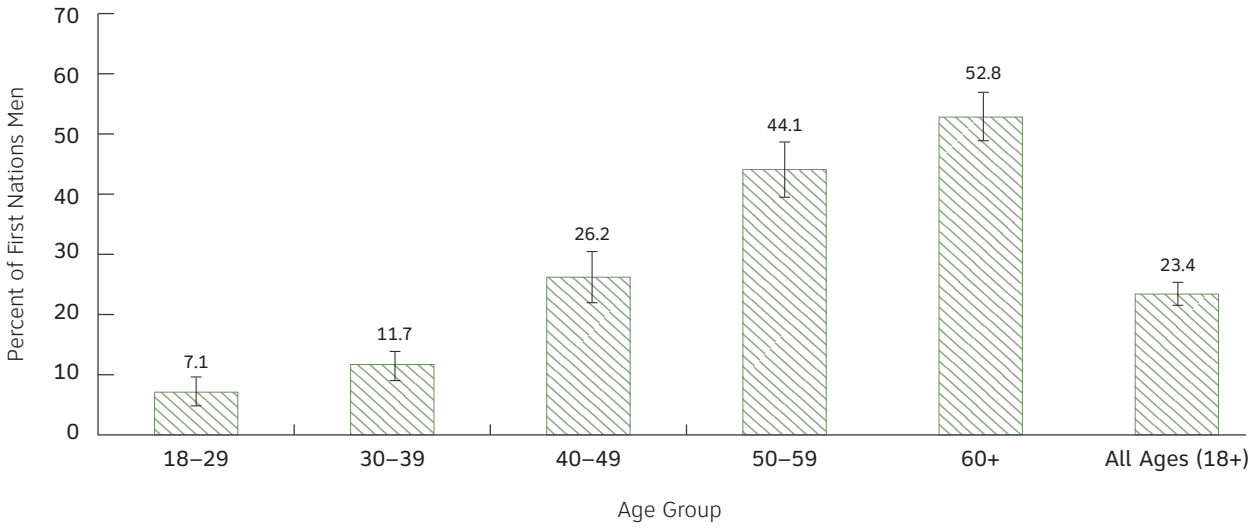
- In 2008, 18.9% of women aged 18 and over in the total Canadian population who reported not having a Pap test in the past three years had not done so due to a hysterectomy. No comparable data are available for First Nations women. This must be kept in mind when comparing rates for these two groups.

PROSTATE CHECKS

Prostate cancer is the most commonly diagnosed cancer among men in Canada and the third leading cause of male cancer death.[c] The prostate-specific antigen (PSA) blood test and a digital rectal exam (DRE) are the two main prostate cancer screening tests.

- Overall, 23.4% of First Nations men aged 18 and over living in a First Nations community reported having had a PSA test or physical prostate check (rectal exam) in their lifetime (Figure 19).
- Over half (52.8%) of First Nations men aged 60 and over reported having had at least one PSA or DRE.

FIGURE 19. First Nations Men in First Nations Communities who Reported Ever Having a Physical Prostate Check or PSA test in their Lifetime, by Age Group, 2008/10



SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

DENTAL SERVICES

Good oral health is essential to overall health and well-being and can reduce premature mortality. Poor oral health can lead to considerable pain and function impairment.[d]

- Over half (56.5%) of First Nations adults in First Nations communities reported having received dental care within the past year. About one-fifth (20.2%) stated they received treatment one to two years ago while 23.3% reported receiving dental care more than two years ago or never (data not shown).
- When asked if they had experienced any difficulties accessing dental care, about one quarter (24.1%) of all First Nations adults stated waiting lists were too long, 18.0% reported that dental services were not available in their area and 17.4% stated that services were not covered by non-insured health benefits (NIHB) (Table 9).

TABLE 9. Selected Difficulties Accessing Dental Care, First Nations People in First Nations Communities Aged 18 Years and Over, 2008/10

Barriers to Access Dental Care	Yes (%)	95% Confidence Interval	
		Lower	Upper
Waiting List Too Long	24.1	22.3	26.1
Dental Services Not Available in My Area	18.0	16.6	19.5
Service Not Covered by NIHB*	17.4	15.7	19.2
Felt Dental Services Were Inadequate	15.5	14.2	16.9
Prior Approval for Services Under NIHB* Was Denied	14.7	13.2	16.3
Direct Cost of Care	14.1	12.6	15.7
Transportation Costs	13.0	11.8	14.2
Other Cost	4.9	4.2	5.6
Childcare Costs	4.4	3.8	5.1

SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

* NIHB = non-insured health benefits

- Data from clinical examinations carried out for the First Nations Oral Health Survey provide evidence of unmet need for dental care among First Nations adults living in First Nations communities. For example, 8.2% were in urgent of treatment. Over eight in ten (83.1%) had some type of dental treatment need—70.3% were in need of fillings, 87.2% required preventative care, over one-quarter (26.3%) were in need of surgery while 24.1% required gum treatment and 6.8% needed root canal treatment.[e]

DISCUSSION

First Nations people are in a unique position in terms of health care in Canada. As with all Canadians, they are entitled to universal health care administered through the provincial health care systems. In addition, those with status also receive non-insured health benefits coverage from the Federal Government for certain medically necessary services not normally covered by the universal health care system, such as prescription drug coverage, dental and vision care, as well as coverage for emergency transport.

A concern of the many First Nations who live in remote communities is access to health services. In many remote communities, primary care is provided mainly by nurse practitioners, while patients with emergencies are transported to facilities in larger centres.

Disease screening is a fundamental aspect of the health care system, as the early detection of many conditions can have a major effect on the treatment and prognosis of patients. Fewer First Nations women report having mammograms than other Canadian women, perhaps in part because of difficulty in accessing screening services, including availability of services, transportation barriers, economic barriers and cultural appropriateness of these services.[f] By comparison, First Nations women have similar rates of Pap tests as other Canadian women.

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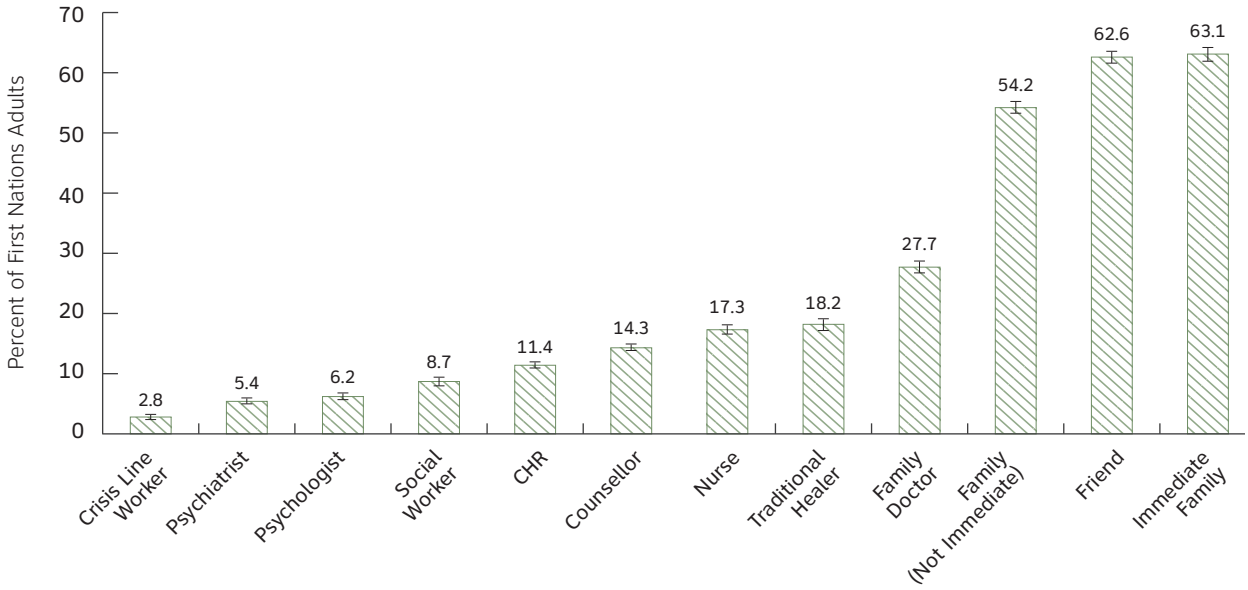
Social Support Networks

SOCIAL SUPPORT NETWORKS

Support from family, friends and others can contribute to good overall health. Strong social relationships can help protect against a number of health problems.[a]

- Data from the First Nations Regional Health Survey show that First Nations people living in First Nations communities were most likely to seek out friends and family if they needed to talk about their emotional or mental health. Just over six in 10 First Nations adults reported seeing or talking to immediate family (63.1%) or friends (62.6%) about their emotional or mental health in the past 12 months (Figure 20).
- Professionals such as psychiatrists (5.4%), psychologists (6.2%) and social workers (8.7%) were seen or talked to much less often.

FIGURE 20. People Seen or Talked to in Past 12 Months about Emotional or Mental Health, First Nations People in First Nations Communities, Aged 18 Years and Over, 2008/10



SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

DISCUSSION

Many studies point to the relationship between good physical, mental and emotional health and strong ties to family, friends and community. However, it has also been argued that for some First Nations people living in small, socially interconnected communities, social support relationships can negatively impact health because of "conformity pressures and social obligations that promote health-damaging behaviours such as domestic violence and smoking".[b]

In addition to existing questions on sources of social support, a more thorough understanding of First Nations adults' support networks would be gained through the development of survey questions on unmet support needs.

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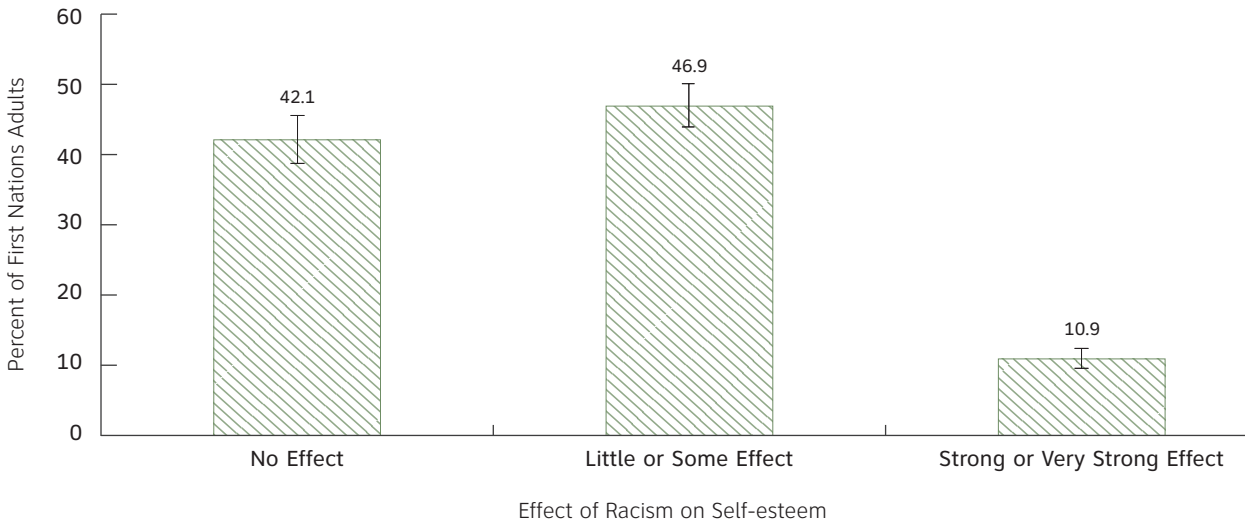
Social Exclusion—Racism

While racism is not one of the determinants of health in the Public Health Agency of Canada's framework, it is a form of social exclusion and can impact socio-economic status, which the World Health Organization considers to be a structural determinant of health.[a] It has been stated that, "the colonial system created social stratification along ethnic lines, with a consequent hierarchical distribution of resources, power, freedom of control, all of which ultimately influenced Aboriginal health".[b]

- According to the 2008/10 First Nations Regional Health Survey, about one third (32.6%) of First Nations people in First Nations communities had personally experienced racism in the past 12 months (data not shown).
- Among those that had experienced racism, 42.1% reported it had no effect on their self-esteem, 46.9% said it had little or some effect and 10.9% said it had a strong or very strong effect on their self-esteem (Figure 21).

FIGURE 21. Effect of Racism on Self-Esteem, First Nations People in First Nations Communities Aged 18 Years and Over, 2008/10



SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

NOTE: Data are for those that reported personally experiencing racism in the past 12 months.

DISCUSSION

First Nations peoples have experienced racism in a variety of forms over a long period of history. Racism and the resulting feelings of social exclusion stemming from the impacts of colonialism can impact the mental health of First Nations peoples and their social support networks and create barriers to health care access, education and employment.[c] Data from the First Nations Regional Health Survey show that one third (32.6%) of First Nations adults living in first Nations communities experienced racism in the 12 months before the survey. Among those that had experienced racism, over one-half stated that it had some impact on their self-esteem.

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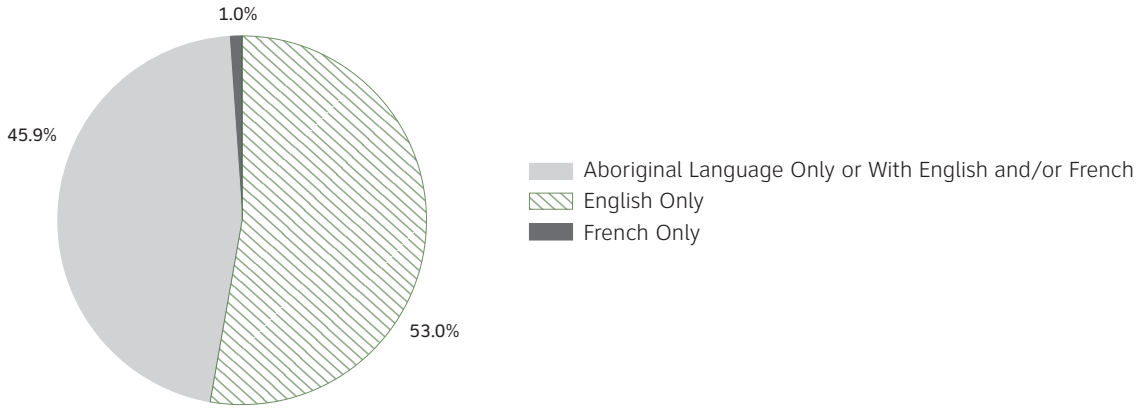
Culture

Culture and tradition are integral components of a First Nations wholistic approach to health and well-being. Although it is difficult to measure something as complex and multifaceted as culture, two indicators used here are the use of a First Nations language and participation in cultural events.

MOTHER TONGUE

- Mother tongue is the first language learned in childhood and still understood. According to the 2006 Census, just under half (45.9%) of all First Nations people living in First Nations communities[13] had an Aboriginal language as their mother tongue (either alone or in combination with English or French) (Figure 22).

FIGURE 22. Languages Learned as Mother Tongue, First Nations People in First Nations Communities, All Ages, 2006

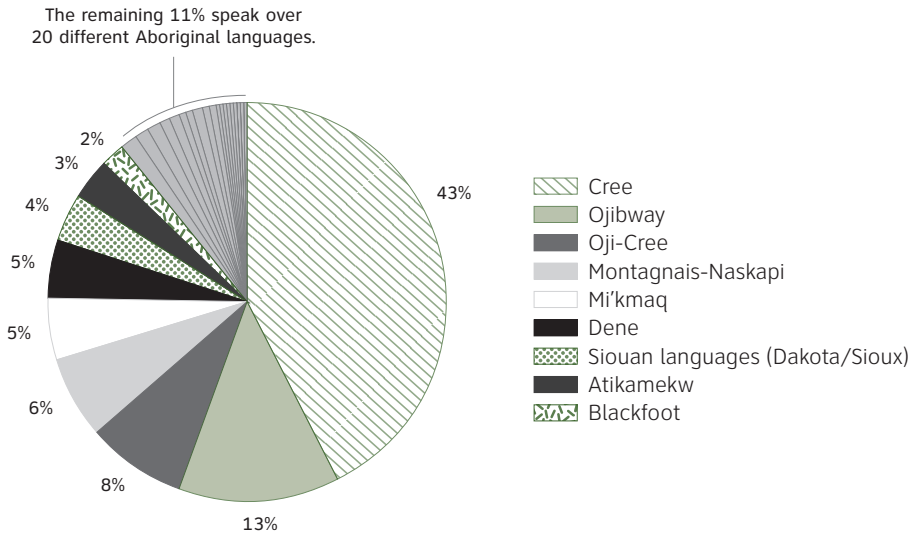


SOURCE: Statistics Canada, 2006 Census, custom tabulation.

- Only a few First Nations languages have an adequate population of speakers needed to maintain the transfer of the language to future generations. In First Nations communities that took part in the 2006 Census, the five most common Aboriginal mother tongues reported were (Figure 23):
  - Cree (42.6%)
  - Ojibway (13.2%)
  - Oji-Cree (8.0%)
  - Montagnais-Naskapi (6.5%)
  - Mi'kmaq (5.2%)

[13] While other data in this report are for adults, figures for language are for First Nations people of all ages

FIGURE 23. Aboriginal Languages Learned as Mother Tongue, First Nations People in First Nations Communities, All Ages, 2006



SOURCE: Statistics Canada, 2006 Census, custom tabulation.

NOTE: Those that reported more than one Aboriginal mother tongue are excluded from this figure.

LIMITATIONS OF CENSUS LANGUAGE DATA

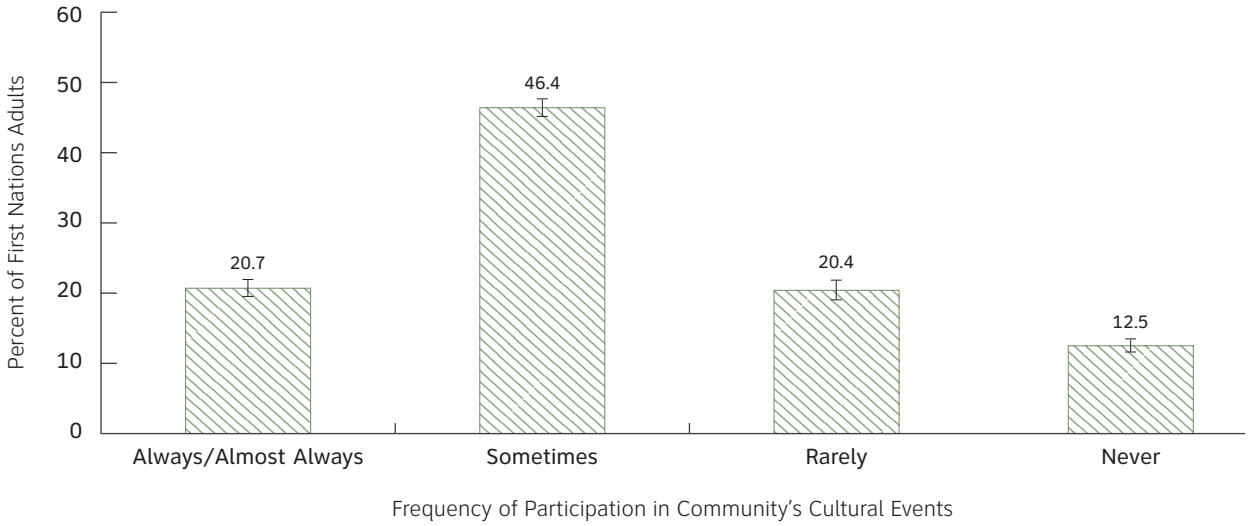
In 2006, approximately 80,000 people living in First Nations communities were not counted by the Census. These people are excluded from the language data. Some language families (i.e.: Iroquoian) are more affected by this exclusion than others.

- First Nations people living in First Nations communities were more likely to speak an Aboriginal language as their mother tongue than are those living outside these communities (45.9% and 13.3% respectively—data not shown).

PARTICIPATION IN CULTURAL EVENTS

- When respondents to the First Nations Regional Health Survey were asked how often they took part in their local community's cultural events, 20.7% of First Nations adults living in First Nations communities responded "always" or "almost always". An additional 46.4% reported sometimes (Figure 24).

FIGURE 24. Frequency of Participation in Community's Cultural Events, First Nations People in First Nations Communities, Aged 18 Years and Over, 2008/10



SOURCE: First Nations Information Governance Centre (FNIGC), First Nations Regional Health Survey (RHS) 2008/10.

DISCUSSION

Nearly half of all First Nations people living in First Nations communities speak an Aboriginal language as their mother tongue. Some of these languages have many speakers, while others have only a few. Strengthening First Nations languages is important as they "reflect distinctive histories, cultures and identities linked to family, community, the land and traditional knowledge".[a]

A lack of cultural connection is frequently cited as a primary cause of many of the social problems facing First Nations people. For example, research has shown that suicide rates are lower in First Nations communities where efforts have been made to preserve and strengthen components of culture.[b] A recent study showed that First Nations adults who took part in cultural events were "less likely to be depressed, more likely to perceive control over their lives, more likely to perceive greater social support and less likely to use licit and illicit substances than those who infrequently participated in community cultural events".[c]

Something as complex as culture cannot be adequately described or measured through the small number of indicators provided in this report. Similarly, while this section has focused on some indicators of culture for First Nations people in First Nations communities, there is not one but many diverse First Nations cultures across the country. The indicators provided here are designed to provide a general national-level overview of a few components of culture.

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Physical Environment

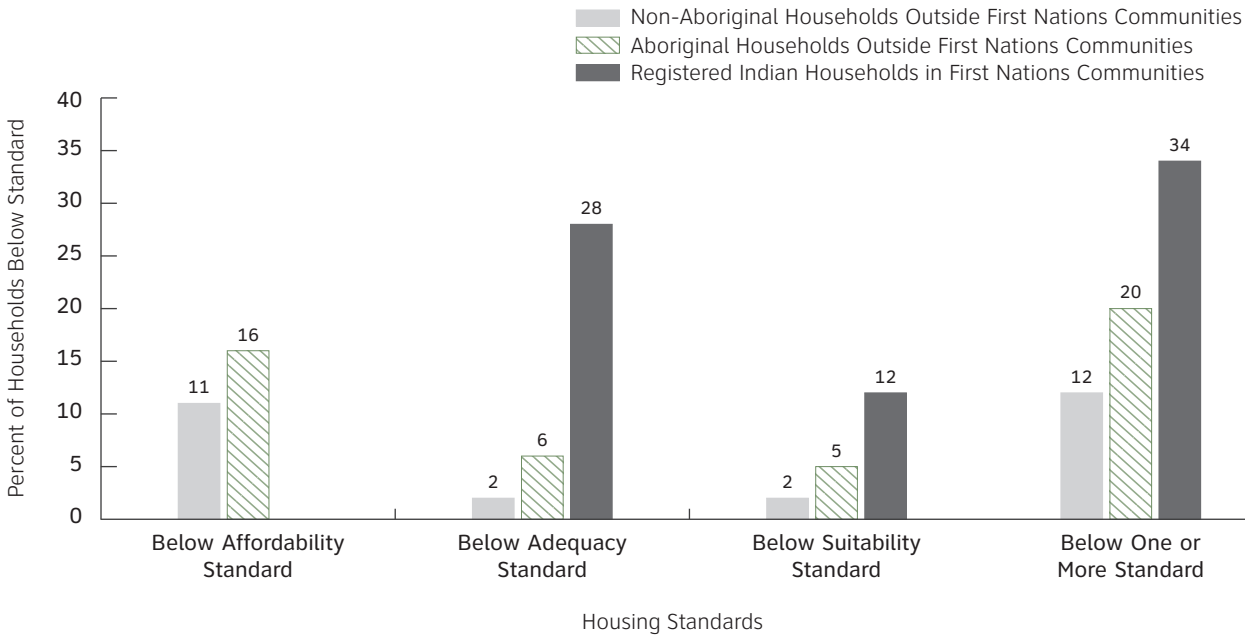
The physical environment encompasses a number of things, including housing quality, clean air and water, sanitation services and the security of community infrastructure. In addition to impacting physical health, it can also significantly influence psychosocial well-being, as is the case with housing quality, for example.

HOUSING

Poor housing quality can affect the quality of the indoor air, or allow the growth of mould or the manifestation of other harmful agents. Overcrowding can contribute to a host of physical ailments (such as communicable diseases like tuberculosis) as well as psychological effects, such as stress between household members.

- Census data show that over one-quarter (28%) of Registered Indian households in First Nations communities fell below the adequacy standard—they were considered by their residents as requiring major repairs (Figure 25). This was more than 10 times the percentage for non-Aboriginal households outside of First Nations communities.
- In addition, 12% of Registered Indian households fell below the suitability standard—their homes did not have enough bedrooms for the size and make up of those living in the home.

FIGURE 25. Aboriginal and non-Aboriginal Households Outside First Nations Communities and Registered Indian Households in First Nations Communities Below CMHC Housing Standards, 2006



SOURCE: Canada Mortgage and Housing Corporation based on 2006 Census data.

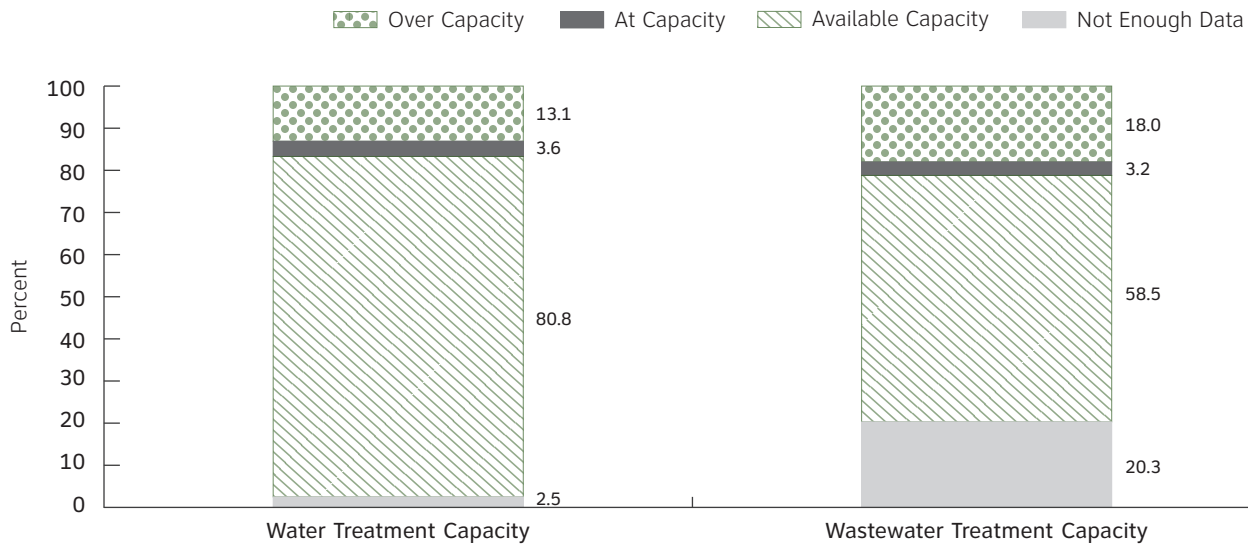
NOTE: The affordability standard cannot be calculated for Status Indian on-reserve households, since many homes on-reserve are paid for through Band housing arrangements.

- Data from the Regional Health Survey show that for the 2008/10 period, 50.9% of First Nations adults in First Nations communities reported that there had been mould or mildew growing in their home in the past 12 months. This was up from 44.0% in 2002/03 (data not shown).
- A separate survey showed that 50% of First Nations people living in First Nations communities that reported having mould in their home believed that their own health or the health of others in their household had been affected by the presence of mould. Respiratory-related problems such as asthma, shortness of breath, bronchitis and allergies were often reported.[a]
- For the 2008/10 period, some First Nations people living in First Nations communities reported not having hot running water (3.4%), cold running water (2.1%) or flush toilets (2.7%) in their home. There has been no significant change in these numbers since 2002/03.[b]

WATER SYSTEMS

- In First Nations communities, 1,880 homes (or 1.5%) were reported to have had no water service (no plumbing in the house), in the 2009-2011 National Assessment of First Nations Water and Wastewater Systems.[c]
- The same assessment found that 13.1% of water treatment systems were operating beyond estimated capacity as they could not meet present needs. Another 3.6% was operating at capacity (current needs were being met) (Figure 26).[c]

FIGURE 26. Water and Wastewater Treatment Capacities, First Nations Communities, 2009–2010



N = 807 for water treatment; N = 532 for wastewater treatment

NOTES: Existing systems that are unable to meet current needs are considered to be over capacity. Those at capacity can meet current needs. Available capacity suggests that the existing system has the capacity to meet more than current needs. For more details, please see the source cited below.

SOURCE: Adapted from Department of Indian and Northern Affairs Canada, 2011. "National Assessment of First Nations Water and Wastewater Systems—National Roll-Up Report. www.aadnc-aandc.gc.ca/eng/1313770257504/1313770328745

- In First Nations communities, 314 or 39% of water systems inspected were categorized as high risk—they had major deficiencies that could lead to environmental or health and safety concerns and posed a high water quality risk. Of these, 192 did not meet a health parameter laid out in the *Guidelines for Canadian Drinking Water Quality* (GCDWQ). The majority of these were determined to be high risk because they exceeded the bacteriological parameter. [c]

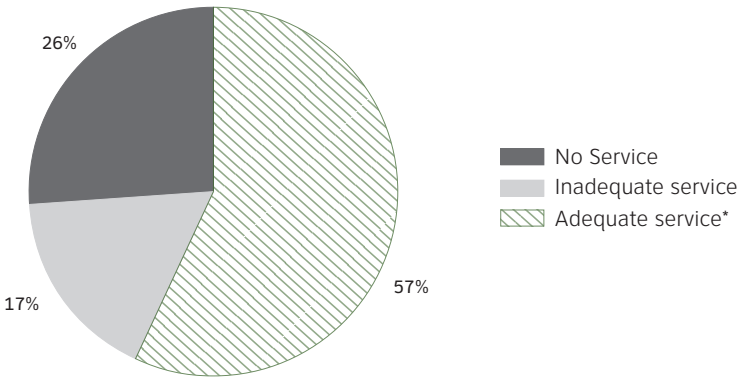
WASTEWATER SYSTEMS

- Among First Nations individuals living in First Nations communities, 2% of homes were reported to have no wastewater service.[c]
- 18.0% of wastewater treatment systems were operating beyond capacity and 3.2% were operating at capacity (Figure 26).[c]

FIRE SERVICES

- 43% of sites under the jurisdiction of Aboriginal Affairs and Northern Development Canada (AANDC) had no fire service (26%) or inadequate fire service (17%). Over half (57%) had adequate service (Figure 27).

FIGURE 27. Fire Protection Services on AANDC-Administered First Nations Sites[1], 2009–2010



N = 973 sites

[1] "Site" refers to a First Nations settlement. A First Nation or Band may include more than one location or site with different community services. Each of these sites would be counted separately.

* Adequate service means fire protection services are verified by a site survey conducted by a Fire Protection Specialist. Inadequate means service has not been verified or does not meet the Level of Service Standard.

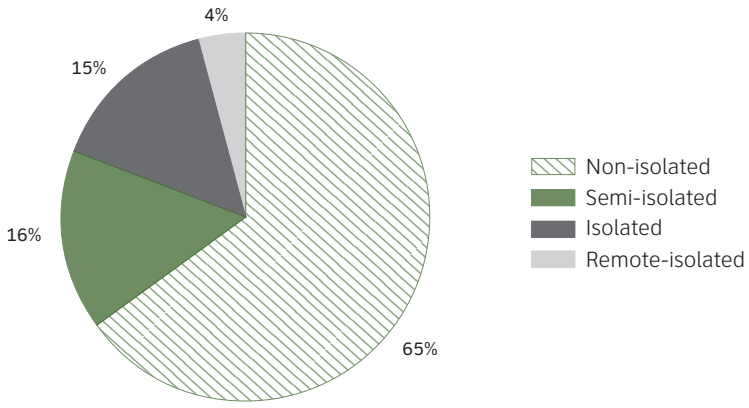
NOTE: Excludes communities in the territories, the Inuit communities of Nunavik (northern Quebec) and the communities under the James Bay and Northern Quebec Agreement.

SOURCE: AANDC 2010, Integrated Capital Management System.

COMMUNITY ISOLATION

- The majority (65%) of First Nation communities were non-isolated. They were accessible by road and were less than 90 kilometres from physician services (Figure 28).
- 16% were semi-isolated communities that had road access, but the nearest physician services were farther than 90 kilometres away.
- Another 15% were isolated in that they had scheduled flights and good telephone service, but no year round road access.
- Less than 4% of First Nations communities were remote isolated. These had no scheduled flights or road access, and minimal telephone and radio service.

FIGURE 28. First Nations Communities by Degree of Isolation, 2008



N = 627

NOTE: The number of communities is as of December 31, 2008.

SOURCE: Health Canada, First Nations and Inuit Health Branch, Community Planning and Management System.

DISCUSSION

Concerns in the physical environment can range from a simple lack of sanitation to contaminants in the air, water, food or soil that can cause a variety of adverse health effects, including cancers, birth defects, respiratory illness and gastro-intestinal ailments.[d,e,f] In addition, the physical environment, such as the house one lives in, can significantly influence psychosocial well-being.

Data provided in this section have shown some First Nations people in First Nations communities may face challenges from their physical environment. Homes are more likely to be crowded and half are reported to contain mould. Many communities do not have fire protection services and the water and wastewater systems in some communities are operating at or beyond capacity.

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5. ACKNOWLEDGEMENTS

The publication of this report would not be possible without the contribution of the Health Data Technical Working Group (HDTWG). Their hard work and dedication is gratefully acknowledged. In addition, thanks are expressed to the organizations that provided data for this report—the First Nations Information Governance Centre (FNIGC), Statistics Canada, and Aboriginal Affairs and Northern Development Canada (AANDC).