

Panel 1 TITLE PAGE	Panel 2	Panel 3	Panel 4 - Adults	Panel 5 - Adults
TITLE PAGE	Background on RHS	What are the First Nations Principles of OCAP?	Demographics – Education - Language	Employment and Income
<p data-bbox="163 347 459 407">RHS Phase 2 (2008/10) Ontario Results</p>  <p data-bbox="137 837 486 865">Quick Facts for Leadership</p>  <p data-bbox="118 1224 505 1312">This fact guide highlights key result from the RHS Phase 2 (2008/10) – Ontario Region report.</p>	<p data-bbox="534 321 1016 500">The First Nations Regional Health Survey (commonly abbreviated to RHS) is the only First Nations governed national health survey in Canada. It collects information based on both western and traditional understandings of health and well-being.</p> <p data-bbox="534 532 1016 769">In 1996, the Assembly of First Nations Chiefs Committee on Health mandated that a First Nations health survey be implemented every four years across Canada. This mandate came as a result of the activities that began in 1994, when the federal government began three major national longitudinal surveys that excluded First Nations.</p> <p data-bbox="534 802 1016 980">The first RHS took place in 1997 to address the deficiencies in First Nations and health and well-being while acknowledging the need for First Nations to control their own health information. RHS 1997 is commonly referred to as the pilot survey.</p> <p data-bbox="534 1013 1016 1133">The RHS Phase 1 was implemented in 2002-03. Data collection began in the fall of 2002 and was completed in mid-2003. In total, 22,602 surveys were collected nationally from 238 communities.</p> <p data-bbox="534 1166 1016 1286">The RHS Phase 2 was initiated in 2008 and was completed in the fall of 2010. In RHS Phase 2, 2,870 surveys were collected from 21 Ontario First Nations communities.</p> <p data-bbox="534 1318 1016 1438">The RHS was transferred to its permanent home at the First Nations Information Governance Centre in August 2010 following the incorporation of the Centre on April 22, 2010.</p>	<p data-bbox="1040 289 1591 526">The First Nations Principles of OCAP (ownership, control, access, and possession) means that First Nations control data collection processes in their communities and have the right to own, protect and control how their information is used. OCAP is fundamentally tied to self-determination. OCAP allows a community to make decisions regarding why, how and by whom information is collected, used and shared.</p> <p data-bbox="1040 558 1591 737">Ownership: The notion of ownership refers to the relationship of a First Nations to their cultural knowledge, data, and information. The principle states that a community or group owns information collectively in the same way that an individual owns their personal information.</p> <p data-bbox="1040 769 1591 1013">Control: The principle of control asserts that First Nations, their communities and representative bodies are within their rights in seeking to control research and information management processes which impact them. This includes all stages of research projects and, more broadly research policy, resources, review processes, formulation of conceptual frameworks, data management and so on.</p> <p data-bbox="1040 1045 1591 1224">Access: First Nations must have access to information and data about themselves and their communities, regardless of where it is currently held. The principle also refers to the right of First Nations communities and organizations to manage and make decisions regarding access to their collective information.</p> <p data-bbox="1040 1256 1591 1403">Possession: While ownership identifies the relationship between a people and their data in principle, possession or stewardship is more concrete. It refers to the physical control of data. Possession is a mechanism by which ownership can be asserted and protected.</p>	<p data-bbox="1618 289 1768 316">Demographics</p> <ul data-bbox="1618 321 2091 565" style="list-style-type: none"> • Population data from the RHS Phase 2 indicates that the adult First Nations population (aged 18 years and older) is young. • Approximately 30% of the adult population is less than 30 years of age while 13% are 60 years of age and older. <p data-bbox="1618 597 1725 625">Education</p> <ul data-bbox="1618 630 2091 873" style="list-style-type: none"> • Half of the First Nations adults (51.6%) who participated in the RHS did not graduate from high school. • First Nations females tend to have a higher level of educational attainment across the board – especially at the post-secondary level (39.3% vs. 23.0%). <p data-bbox="1618 906 1733 933">Language</p> <ul data-bbox="1618 938 2091 1247" style="list-style-type: none"> • The ability to understand or speak a First Nations language fluently or intermediately is lowest within the 18 to 29 year age group (20.7%; 15.7%) and highest within the 60 years and older age group (76.7%; 75.2%). • Those who attended residential school were more likely to understand (82.7% vs 39.2%) or speak (80.9% 35.4%) a First Nations language. 	<p data-bbox="2123 289 2252 316">Employment</p> <ul data-bbox="2123 321 2596 727" style="list-style-type: none"> • Just over half (54.3%) of the adult population reported working for pay at the time of the survey in RHS Phase 2. • The proportion of First Nations adults who were employed at the time of the survey is low for those in the 18 to 29 year age group at 41.0%. • The percentage of employment rises to 69.8% for those First Nations in the middle age groups (30-59) before declining to 21.8% for those 60 years of age and over. <p data-bbox="2123 786 2198 813">Income</p> <ul data-bbox="2123 818 2596 1338" style="list-style-type: none"> • The most commonly reported source of income was from paid employment (59.9%), followed by child tax benefits (31.1%) and social assistance (25.6%). • More than half (60.9%) of First Nations adults have a personal income less than \$25,000, which included income loss. • The total household income was less than \$30,000 for nearly one half (47.6%) of First Nation Adults. • 44.0% First Nations adults reported one income source while approximately 17.4% of the population reported having three or more income sources.

Panel 6 - Adults	Panel 7 - Adults	Panel 8 - Adults	Panel 9 - Adults	Panel 10 – Adults
Housing and Mold	Basic Amenities	Access to Health Services	Barriers to Access Health Services	Food Security
<ul style="list-style-type: none"> • Nearly two-thirds (65.2%) of First Nations adults reported that their household was in need of some type of repair compared to a quarter (25.7%) of the general Canadian population. • One-third (31.1%) of First Nations adults reported that their household needed major repairs compared to 10.2% of the general Canadian population. • Almost half of First Nations adults (49.6%) reported mold and mildew present in their homes. • The average number of individuals living in each First Nations household is higher than reported in the 2006 Census. • The household occupancy density (average number of persons per house) was 3.6 compared to 2.5 occupants per house in the general Canadian population. • 14.9% of First Nation adults are living in overcrowded houses. 	<ul style="list-style-type: none"> • Almost half (44.1%) of all First Nations households do not have an internet connection. • There is a similar pattern for not having a computer in the house (37.3%) • The majority of First Nation adults have a telephone with service in their homes (87.0%). • One in five (21.6%) First Nations households lack a working smoke detector while over half (55.1%) lack a carbon monoxide detector. • In RHS Phase 2, there is 3.2% of First Nations that do not have hot running water in their homes, 2.4% without a flush toilet and 2.1% without cold running water. 	<ul style="list-style-type: none"> • The proportion of those who perceived their level of health care access to be 'less' compared the general Canadian population tends to increase as self-rated health decreases (47.4%). • Of those who rated their health as being very good or excellent, 11.2% estimated that their access to health services as being better than the general Canadian population. 	<ul style="list-style-type: none"> • A higher proportion of First Nations women reported having experienced certain barriers to care than men. • Transportation barriers experienced by First Nations adults include being unable to afford (16.5%) or arrange (13.3%) transportation. • 33.8% of First Nation adults indicated in RHS Phase 2 that the waiting lists to access care was too long. • 26.9% of First Nations adults said that the access to care was not covered by NIHB and 19.1% indicated that approval for services under NIHB was denied. • As for barriers related to geography and availability of services, 20.6% First Nations adults said that a doctor and nurse were not available in their area, 13.2% indicate the service was not available in their area and 11.7% said they did not have a health facility. 	<ul style="list-style-type: none"> • 20.0% of the First Nations adults in the age group of (18-29) reported being hungry but didn't eat due to lack of money for food in the past 12 months and increased for those aged 30-39 (36.9%) and aged 40-49 (29.5%). • 13.4% of seniors skip/cut meals and almost two-thirds of them (63.4%) indicated they do so almost every month. This is slightly higher than the proportion across all other age groups (55.0%, 55.1%, and 45.3% respectively). • First Nations adults aged 30-39 (39.7%) and aged 40-49 (28.7%) reported they often could not afford to eat balanced meals. This may be attributed to the fact that those between of 25 and 54 years of age are more likely to have children to provide for. The same pattern holds for going hungry due to a lack of money.

Panel 11 - Adults	Panel 12- Adults	Panel 13- Adults	Panel 14- Adults	Panel 15- Adults																																														
Challenges & Strengths of Community	Migration	Migration	Substance Use and Abuse - Gambling	Diabetes																																														
<p>Table 1: Issues identified as challenges to the community by order of importance</p> <table border="1"> <thead> <tr> <th>Type of challenges</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr><td>Alcohol and drugs</td><td>81.7</td></tr> <tr><td>Housing</td><td>65.9</td></tr> <tr><td>Employment</td><td>61.9</td></tr> <tr><td>Education and training</td><td>56.5</td></tr> <tr><td>Funding</td><td>55.4</td></tr> <tr><td>Health</td><td>44.5</td></tr> <tr><td>Culture</td><td>41.6</td></tr> <tr><td>Control over decisions</td><td>38.0</td></tr> <tr><td>Natural environment/resources</td><td>35.6</td></tr> <tr><td>Gang activities</td><td>26.0</td></tr> </tbody> </table> <p>Table 2: Ranking of main community strengths</p> <table border="1"> <tbody> <tr><td>Family values</td><td>60.5</td></tr> <tr><td>Traditional ceremonial activities</td><td>45.7</td></tr> <tr><td>Community / health programs</td><td>37.7</td></tr> <tr><td>Elders</td><td>35.7</td></tr> <tr><td>Community working together</td><td>35.4</td></tr> <tr><td>Awareness of First Nations culture</td><td>29.3</td></tr> <tr><td>Use of FN language</td><td>27.9</td></tr> <tr><td>Education and training opportunities</td><td>26.3</td></tr> <tr><td>Good leisure / recreational facilities</td><td>24.0</td></tr> <tr><td>Strong leadership</td><td>22.9</td></tr> <tr><td>Natural environment</td><td>22.5</td></tr> <tr><td>Low rates of suicide / crime / drug abuse</td><td>13.2</td></tr> </tbody> </table>	Type of challenges	Proportion (%)	Alcohol and drugs	81.7	Housing	65.9	Employment	61.9	Education and training	56.5	Funding	55.4	Health	44.5	Culture	41.6	Control over decisions	38.0	Natural environment/resources	35.6	Gang activities	26.0	Family values	60.5	Traditional ceremonial activities	45.7	Community / health programs	37.7	Elders	35.7	Community working together	35.4	Awareness of First Nations culture	29.3	Use of FN language	27.9	Education and training opportunities	26.3	Good leisure / recreational facilities	24.0	Strong leadership	22.9	Natural environment	22.5	Low rates of suicide / crime / drug abuse	13.2	<ul style="list-style-type: none"> • The RHS Phase 2 data reveal that 67.5% of First Nations adults have lived outside of their First Nations community at some point in their life. • The proportion of men and women who have lived outside of their community is roughly the same (68.2% male vs. 66.8% female). • First Nations adults who have lived outside of their community for extended periods of time. Over 70% reported being away from their community for one or more years (40.0% reporting more than 5 years) but returned back to the community. • First Nation adults moved away from their community for reasons of employment (33.4%) or education (23.6%). • Twice as many First Nations males were more likely to move away for employment (44.3% vs. 22.3%), while females were more likely to move away for reasons of education (25.7% vs. 21.5%) or relationship (16.5% vs. 10.5%). • Reasons for returning to First Nations communities are quite different from the factors underlying movement away from communities. The majority of First Nations adults return home for family related reasons (56.8%). 	<ul style="list-style-type: none"> • 33.7% return home because of a strong connection to their community / home while 12.0% return home because the culture is familiar and to expose their children to First Nations culture (10.0%). • Slightly higher percentages of women report family, housing, familiar culture and exposure of children to culture as reasons for returning home. • Younger First Nations adults (18-34) have moved away more frequently than older First Nations adults. 19.3% of First Nations adults aged 18 to 29 years, have moved back and forth more than once per year, compared to 9.9% of 30 to 59 year olds and 8.6% of First Nations adults aged 60 and over. • Even though First Nations adults have moved away from their community at some point in time of their lives, RHS 2008/10 data suggest that respondents still retain strong ties to their communities. • While living outside of their First Nations community at some point in time in the past 12 months, most First Nations adults reported (57.2%) that they still wanted to receive services such as health and education from their community • 32.3% of those who indicated the moved away from their community at some point in time reported that they voted in First Nations elections. 	<p>Substance Use and Abuse</p> <ul style="list-style-type: none"> • 38.6% of First Nations adults are daily smokers with an additional 10.9% self-identifying as occasional smokers. In comparison, 17.1% of the general Canadian population are daily smokers. • Younger First Nations adults, aged 18 to 29 years, have the highest proportion of daily smokers (34.0%). • There is a noticeable significant decrease in the proportion of daily smokers when comparing respondents with less than high school education (46.6%) to those with post-secondary degree / diploma (32.7%) or graduate studies (15.1%). • The highest proportion of alcohol consumption was reported in the 18 to 29 year old age group, with 77.5% drinking in the past year. There is a significant decrease in the consumption of alcohol with increasing age. <p>Gambling</p> <ul style="list-style-type: none"> • 74.8% of First Nations adults have gambled at some point in their lives. This includes betting or spending money on bingo, card games, lottery tickets, VLT machines, casinos or sports games. • Slightly more First Nations adult men are more likely than women to borrow money for gambling (25.8% vs. 23.0%). • First Nations men are more likely to bet more money than they can afford and their gambling is also more likely to have caused financial problems. 	<ul style="list-style-type: none"> • The proportion of self-reported diabetes in the First Nations adult population was 21.6% at the time of the survey. • Type 2 diabetes accounts for the majority of reported diabetes in the First Nations adult population (80.8%). • Diabetes increases with age and First Nations women have a greater frequency of diabetes than men across all age categories, contrary to the pattern observed in the general Canadian population where diabetes is more common among men. • Among First Nations with Type 2 diabetes 60 years of age and older, a number of condition such as glaucoma (9.9% vs. 3.9%) occur at double the proportion observed in the remaining RHS population • Hypertension, an important risk factor for cardiovascular disease and was reported more frequently among Type 2 diabetics (58.9% vs. 41.1%). • 35.3% of First Nations with diabetes have a BMI corresponding to the morbidly obese category (BMI 40+) and 27.2% are considered obese (BMI between 30-39.9). These are high risk of developing health problem according to Health Canada.
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Panel 16 - Youth Family and Household Structure	Panel 17 – Youth Education and Language	Panel 18 - Youth Health Status and Mental Health	Panel 19 -Youth Chronic Conditions	Panel 20 - Youth Physical Activity and Body Mass Index
<ul style="list-style-type: none"> • Just under half (44.0%) of youth live in a household with four or less people (including children, youth and adults) and 6.4% of youth live in households with nine or more people. • More than one third (38.3%) of youth in First Nations communities live in households with five to six people. • Half of the youth (49.3%) reported both parents living together as either married (37.2%) or not married (12.1%). • Four percent (3.9%) of parents of youth are reportedly divorced. The majority of First Nations youth live with both biological parents (48.3%) or with the biological mother (41.8%). The rest live with the non-biological parents such as grandparents, aunts, uncles, cousins (5.2%) or only the biological father (4.7%). 	<ul style="list-style-type: none"> • Ten percent (10.0%) of First Nations youth reported using a First Nations language most of the time in their daily lives. • More than half (54.5%) can understand or speak a First Nations language and 43.5% of youth feel that learning a First Nations language is very important (with 45.8% reporting it is somewhat important). • Most First Nations youth who took part in the survey are currently attending school (86.7%). • The majority of First Nation youth liked school <i>very much</i> (27.4%) or <i>somewhat</i> (49.6%). • A few of the First Nations youth (9.9%) have skipped or advanced a grade as a result of strong academic performance. • A high proportion of First Nations youth (53.1%) reported challenges learning in school, the most frequently cited difficulty was mathematics (52.8%). • 24.0% of First Nations youth reported aspirations to obtain a University degree, with 15.5% wanting to complete a high school degree, 32.8% wanting to complete a college diploma and 4.0% a trade / vocational certificate/diploma. • In addition, 3.0% of youth have aspirations to complete a Masters degree and 2.4% want a Doctorate degree. 	<ul style="list-style-type: none"> • The majority of youth self-rated their general health to be <i>excellent</i> (22.8%) or <i>very good</i> (35.3%). About the same proportion reported their mental health as <i>excellent</i> (24.2%) or <i>very good</i> (34.2%). Half of youth reported that their general health is about the same as it was one year ago (50.8%). • Nearly one in five (17.3%) of youth contemplated suicide and 13.4% of youth have attempted suicide at some point. Of those youth who attempted suicide, 10.5% of the attempts occurred in the past year. • A few respondents (11.1%) had a close friend or family member commit suicide in the past twelve months. • Though the overall percentage has decreased, a significantly higher proportion of girls have thought about (26.6%) and attempted suicide (13.7%), compared to their male peers (24.0% and 13.2%, respectively). 	<ul style="list-style-type: none"> • The most commonly reported chronic health condition among First Nations youth was allergies (17.5%), with significantly more girls (18.5%) than boys (13.7%) reporting this condition. • Of those First Nations youth diagnosed with having allergies, 53.4% reported receiving treatment. • More than one in ten First Nations youth (15.9%) were diagnosed with asthma in RHS 2008/10. Of these, 21.4% reported having an asthma attack in the previous year. At the time of the survey, 60.5% of youth diagnosed with asthma were undergoing treatment for their condition. • First Nations boys were more likely to report having a learning disability (7.4% for boys vs. 4.2% for girls), while First Nations girls were more likely to experience blindness or serious vision problems (4.8% for girls vs. 2.2% for boys). 	<ul style="list-style-type: none"> • The most frequent types of physical activities that Ontario First Nations youth reported in the 2008/10 RHS were walking (83.8%), running or jogging (62.7%), competitive team sports (52.4%) and swimming (52.1%). • A majority of First Nations youth (52.4%) have a self-reported weight and height that corresponds to a healthy weight category (within the normal BMI range). • Some First Nations youth are considered overweight (31.7%), while 15.9% are obese. • When examining BMI by gender, First Nation male youth are more likely to have an unhealthy weight than female youth. • A majority of First Nation youth (66.1%) stated that they were either <i>very satisfied</i> (27.6%) or <i>somewhat satisfied</i> (35.5%) with their weight. Several First Nation youth indicated <i>dissatisfaction</i> with their weight (19.0%).

Panel 21 - Youth	Panel 22 - Youth	Panel 23 - Youth	Panel 24 - Children	Panel 25 - Children
Injury	Sexual Activity	Smoking & Substance Abuse	Household Environment – Prenatal Health	Body Mass Index and Nutrition
<ul style="list-style-type: none"> • A third (31.1%) of First Nations youth reported having been injured in the 12 months prior to the survey. Of those First Nations youth who reported having been injured, higher proportions were found among the older age groups. • There were no discernable differences between males and females in frequency of injury. • The four most common types of injury experienced by First Nations youth were major cuts, scrapes or bruises (49.2%), major sprain or strain (41.9%), broken or fractured bones (25.2%) and burns or scalds (14.1%). • First Nation youth report the injuries were caused by falls or trips (39.4%), bicycle accidents (18.6%), and accidental contact with another person or animal (16.3%). • The four most common locations where the injuries occurred were at home (38.7%), sports fields/facilities of schools (36.8%), at school/college/university (25.4%) and on the street, highway or sidewalk (25.3%). • Most of the First Nation youth hurt while riding a bicycle were wearing a helmet (84.1%). 	<ul style="list-style-type: none"> • Several First Nation youth (28.2%) reported they are sexually active at the time of the survey. Almost of all youth who are sexually active (95.5%) are in the higher age category of 15 to 17 year olds. • More female youth are sexually active (54.2%) compared to male youth (45.8%). • Of those sexually active, many (48.3%) reported having one sexual partner in the previous 12 month period of the 2008/10 RHS. More than one in ten (15.5%) reported having 4 or more partners in the past 12 months. • Most of the First Nation youth (77.1%) use condoms as birth control or protection methods, while (29.5%) use birth control pills. • First Nation youth were asked how often they used condoms. A majority of youth reported that they use them <i>always</i> (55.5%), while some use them <i>most of the time</i> (21.8%) or <i>occasionally</i> (15.6%). • The three most common reasons reported for not always using condoms were because they were under the influence of alcohol or drugs (26.7%), did not have a condom at the time (24.9%) or with their steady partner (21.9%). • Few of the First Nation youth have ever been test for sexually transmitted diseases (9.8%) or HIV/AIDS (6.9%). 	<ul style="list-style-type: none"> • Sixty-four percent (64.7%) of First Nations youth have never used non-prescription cannabis, whereas 6.1% reported using it daily or almost daily. While no significant gender difference was found, cannabis use was more frequently reported among the older First Nations youth (15-17). • About 37.2% of youth stated that they had consumed an alcoholic beverage in the 12 months prior to the survey. • Approximately one in four of First Nations youth (27.2%) reported never having five or more alcoholic drinks on one occasion, while 3.4% have done so more than once per week. • Almost one-third of the First Nations youth reported smoking at the time of the survey. Sixteen percent (16.4 %) of First Nations youth reported they are daily smokers with an additional 13.9% identifying as occasional smokers. • A higher proportion of female youths smoked daily (21.5%) compared to male youths (11.1%). 	<ul style="list-style-type: none"> • Half (49.4%) of children lived with both biological parents (excluding other adults who may live in the household) • 40.0% of children lived with just their biological mother versus 3.4% that lived with just their biological father. • Less than 5% of the children who were not living with their biological parents lived with their grandparents. • More than half (64.5%) of caregivers reported that the child had been breastfed. • As the education level of mothers increased, the percentage of children who had been breastfed also increased. • Approximately half of mothers with less than a high school education (54.8%) breastfed their children, compared to 64.4% with high school education, 70.8% with a diploma/certificate and 76.1% of mothers with a university degree. 	<ul style="list-style-type: none"> • The proportion of children with a Body Mass Index (BMI) of normal or underweight was 39.3%. • More than one third (40.8%) of children had a BMI categorized as <i>obese</i>, whereas 23.0% were <i>overweight</i>. • A majority of First Nations children (55.6%) reported <i>always</i> or <i>almost always</i> consume a nutritious and balance diet and a further 39.0% sometimes do. Very few either <i>rarely</i> or <i>never</i> (5.5%) eat a balanced and nutritious diet. • One in four children (25.3%) reportedly had someone <i>often</i> share traditional food with their household in the 12 months prior to the survey. An additional 58.6% had this happen <i>sometimes</i> and 16.1% <i>never</i> had traditional food shared with their household.

Panel 26 - Children Education and Language	Panel 27 - Children Health Status and Chronic Conditions	Panel 28 - Children Mental Health and Injury	Panel 29 - Children Oral Health - BBTD	Panel 30 BACK Cover
<ul style="list-style-type: none"> • The proportion of First Nations children attending school reached 98.8% for children 6 to 11 years of age in the RHS Phase 2. • The percentage of children that repeated a grade among 6 to 11 year olds was 11.6%. • Approximately half (49.2%) of First Nations children could speak or understand a First Nations language at the time of the survey. • Children who attended an Aboriginal Head Start (AHS) Program were twice as likely to understand or speak a First Nation language (15.4%) than children who did not attend Aboriginal Head Start Program (8.7%). • Nearly half (45.1%) of children who attended AHS at some point read or are read to daily, compared to 34.3% those who did not attend AHS, as reported by their caregivers. • Family members, specifically parents (70.2%) and grandparents (67.4%), were the primary sources of cultural understanding for First Nations children. Relatives and school teachers also played a key role in supporting children's cultural understanding. 	<ul style="list-style-type: none"> • Almost 85% of caregivers reported their children's health as excellent (52.3%) or very good (32.6%). Only 1.8% rated the child's general health as fair/poor. • 66.3% of caregivers reported that their child had been diagnosed with at least one chronic health condition. Boys experienced a significantly higher percentage of chronic health conditions (72.1%) compared to their female peers (60.2%). • The top children health conditions reported by caregivers are: <ul style="list-style-type: none"> ○ Asthma (15.1%), ○ allergies (12.8%), ○ skin conditions (10.4%), ○ ear infections (7.0%), ○ speech/language difficulties (6.3%) ○ learning disabilities (4.2%). • The most frequently reported barrier to healthcare access were long waiting lists (23.4%). 	<p>Mental and Social Well-Being</p> <ul style="list-style-type: none"> • Most caregivers (85.3%) responded that their child did not have more emotional or behavioural problems than other children their age. For those that indicated yes, there was a higher proportion of behavioural and emotional problems for 6 to 11 year olds (17.6%) compared to their younger peers (10.6%). • A vast majority of caregivers (93.6%) reported that their child has gotten along with the rest of the family with 48.2% responding <i>very well, no difficulties</i> and 45.4% responding <i>quite well, hardly any difficulties</i>. <p>Injury</p> <ul style="list-style-type: none"> • Nearly one in five (17.9%) of children had been injured in the previous twelve months. • Many caregivers reported that the child experienced major cuts, scrapes or bruises (48.7%) followed by broken or fractured bones (23.7%). • The most common causes of injury were falls (55.1%) followed by accidental contact with a person/animal (15.1%) and bicycle related injuries (12.1%). • In addition, 60.8% of all child injuries were reported to have happened at home. More than half of injured children (53.3%) received treatment for their injury in a hospital emergency department. 	<ul style="list-style-type: none"> • Among the 6 to 11 year old First Nations children, 86.4% received dental care in the last year. This percentage is lower than the equivalent finding for the general Canadian population (91.3%) and for Aboriginals living off-reserve (92.2%) • Of the infants surveyed (0–2), 19.2% had their teeth affected by Baby Bottle Tooth Decay (BBTD) with 26.3% of the 3 to 5 year old First Nations children had been affected by BBTD and less than a quarter of 6 to 8 (24.4%) and 9 to 11 year olds (16.3%) had a history of BBTD. • Of the infants with BBTD, 70.9% were treated for the condition. • Of the 84.0% of children who were bottle fed at some point in their early childhood, 52.5% were given iron fortified formula, 52.6% milk and 55.0% water. • One in three of children (38.5) were given 100% fruit juice whereas 12.9% were given Kool-Aid and 2.6% of children were given soft drinks in their bottles. 	<div data-bbox="2190 470 2526 738" data-label="Image"> </div> <p style="text-align: center;">Chiefs of Ontario</p> <p style="text-align: center;">Toronto Administration Office Location 111 Peter Street, Suite 804</p> <p style="text-align: center;">Toronto, ON, M5V 2H1</p> <p style="text-align: center;">Toll free: 1 877 517 6527 Phone: (416) 597 1266 Fax: (416) 597 8365</p> <p style="text-align: center;">www.chiefs-of-ontario.org</p>