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For details on the RHS cultural framework please refer to the full RHS National Report.
KEY FINDINGS

• Approximately 30% (29.2%, 95% CI ±1.4]) of First Nations adults are under the age of 30, while 13.0% (95% CI ±0.5%) are 60 years or older.

• 28.6% of First Nations adult females are 18 to 29 years old, while 29.7% of First Nations adult males are 18 to 29 years old; 13.8% of First Nations adult females are 60 years or older, while 12.2% of First Nations adult males are 60 years or older (95% CIs ±2.0), ±2.0, ±0.6], and ±0.7, respectively).

• Approximately forty percent (39.9%, 95% CI ±1.9]) of First Nations adults reported having less than a high school education.

• Just under half (47.2%, 95% CI ±2.0]) of First Nations adults living in First Nations communities were working for pay (wages, salary, or self-employed) at the time of the survey.

• 40.4% of First Nations adults reported that they struggle with providing food, 34.8% with transportation, 32.2% with utilities, 26.2% with clothing, 16.6% with child care, and 16.0% with shelter.

• 59.2% (95% CI: ±1.9]) of First Nations adults reported having lived outside of their First Nations community at some point in their lives, with 74.6% of these First Nations adults reported being away from their community for one or more years and 37.6% (95% CI ±2.2]) reporting living away for more than five years.

• Among First Nations adults who had lived outside of their First Nations community, almost one-quarter (23.0%) of those aged 18 to 29 years reported having moved two or more times in the 12 months prior to the survey, compared to 9.2% aged 30 to 59 and 5.4% aged 60 or older.

• Employment was the most frequently reported reason for moving among First Nations males (36.3%), while for females it was education (31.2%, 95% CIs ±2.6] and ±2.4], respectively).

• Almost twice as many First Nations females as males reported moving for housing-related reasons (11.9% vs. 6.6%, 95% CIs ±2.4] and ±1.9], respectively).

• 54.9% of First Nations adults reported that, while living outside of their First Nations community, they wanted to receive services, such as health and education, from their First Nations community, and 40.2% reported that they voted in their First Nations elections (95% CIs ±2.0] and ±2.8]).
KEY FINDINGS

- Approximately half of all First Nations adults in both RHS 2008/10 (47.2%) and RHS 2002/03 (48.8%) reported that they were currently working for pay (i.e., wages, salary, self-employed).

- The unemployment rate was higher among males (36.3%) than among females (25.3%) and was higher among younger adults. Among unemployed persons (58.2%), slight less than half reported that they were currently looking for work (44.9%).

- Approximately 60% of First Nations adults reported a total annual personal income of less than $20,000 in RHS 2008/10 and in RHS 2002/03.
KEY FINDINGS

• More than one-third (39.9%) of First Nations adults (18 years and up) reported that they had less than a high school education, compared to 52.4% of First Nations adults (18 years and up) in RHS 2002/03 and 23.8% of adults (15 years and up) in the general Canadian population.

• Only 4.9% of First Nations adults reported having obtained a university undergraduate, graduate, or professional degree, compared to 22.6% of the general Canadian population.

• A higher proportion of First Nations adults with fewer years of formal education were unemployed compared to those with more years of formal education; for example, 71.9% of adults who did not complete high school were unemployed, and 30.7% of those with a college diploma or certificate were unemployed.

• The proportion of First Nations adults who reported that First Nations language is the language they use most in daily life increased from 22.3% in RHS 2002/03 to 36.2% in RHS 2008/10. The proportion of adults who understand and speak a First Nations language increased with age.

• First Nations adults who graduated high school were more mentally balanced and experienced less psychological distress, compared to those who did not graduate high school.

• First Nations adults with greater ability in their First Nations language had contemplated and attempted suicide less often than those with less ability in their First Nations language.
RHS 2008-10 Adult Survey – Chapter 4: Housing and Living Conditions

KEY FINDINGS

- More than one-in-three First Nations adults have an annual household income of less than $20,000. The proportion of adults with a household income under $20,000 has increased since the previous 2002/03 RHS (37% vs. 30.7%, respectively) and remains much higher than that of the general Canadian population (6.4%).

- 16% of First Nations adults financially struggle (i.e., missing payments or having to borrow money) on a monthly or more basis to pay for food and transportation.

- Approximately one-quarter of First Nations adults live in over-crowded housing (23.4%), representing a substantial increase since the previous RHS (17.2%). In the general Canadian population, 7% of adults in live in over-crowded housing (CMHC, 2011b).
  - The proportion of adults living in over-crowded housing is higher among those whose household income is less than $25,000/year and among those who live in band-owned housing.

- 37.3% of First Nations adults report that their home is in need of major repairs.

- A small number of First Nations adults reported not having basic amenities in their home, such as hot running water (3.4%), cold running water (2.1%), and flush toilets (2.7%). No improvement was observed since previous RHS (2002/03).

- More than one-third (35.8%) of First Nation adults did not perceive their main water supply in their home to be safe for drinking year round. No improvement was observed since the previous RHS (2002/03).

- Half of First Nations adults were living in homes with mould or mildew (50.9%), representing an increase since the previous RHS 2002/03 (44.0%).

- Many adults indicated that their household did not have basic safety equipment, such as working smoke detectors (22.6%), fire extinguishers (53.1%) and carbon monoxide detectors (78.1%).

- The proportion of First Nations adults reporting presence of a home computer and internet access increased since the previous RHS; however, rates still lag behind that of the general Canadian population.
KEY FINDINGS

- 38.6% of First Nations adults reported having less access to health services than the general Canadian population, a slight increase from RHS 2002/03 (35.6%). Almost half (49.1%) of all First Nations adults indicated that they had the same level of access to health services as the general Canadian population, an increase since RHS 2002/03. A small percentage (12.4%) rated their access to health services as better than that of the general Canadian population.

- Just over a third (34.8%) of First Nations adults reported difficulties accessing NIHB health services. Women significantly more often reported difficulties compared to men.

- The majority (60.4%) of First Nations adults reported that they did not make use of traditional medicine.

- Significantly more First Nations women (27.7%) than men (19.4%) cited difficulties accessing traditional medicine.

- Regarding health promoting behaviours, First Nations women reported more screening activities than men. Though, 40% of women had never performed a breast self-examination and 59% had never had a mammogram.

- Fewer than half (48.3%) of men reported that they had undergone blood sugar screening, with 60.4% of women reporting the same. Only 38.1% of all First Nations adults had had their cholesterol checked.
KEY FINDINGS

- 1.4% of First Nations adults are underweight, 24.2% are of normal weight, 34.2% are overweight, 34.8% are obese, and 5.4% are morbidly obese. These findings have not changed considerably since RHS 2002/03.

- 30.6% of First Nations adults always or almost always eat a nutritious and balanced diet, while 51.8% sometimes do.

- Physical activity decreases with age, while consuming a nutritious, balanced diet increases with age.

- Being active is positively associated with many characteristics, such as reporting excellent health, being of normal weight, having fewer health conditions, consuming vegetables and fruit several times a day, sharing traditional foods, consuming certain traditional foods, having good support, feeling in balance, and having a high positive and low negative emotional score.

- Regularly consuming a balanced, nutritious diet was associated with many characteristics, including being in excellent health, being active, not smoking, consuming vegetables and fruits daily, infrequently consuming soft drinks and fast food, sharing traditional foods, consuming certain traditional foods, not having suicide ideation or attempts, feeling in balance, and having a high posit

**Please note that estimates pertaining to activity levels provided in this chapter are currently being revised. The revised chapter will be made available in July 2012. Please contact the FNIGC office for details.**
KEY FINDINGS

- The proportion of First Nations adults “always or almost always” eating a nutritious, balanced diet increased with age. Nearly half (45.9%) of those aged 65 or older reported “always or almost always” consuming a healthy diet, compared to one-fifth (21.9%) of those aged 18 to 29.

- Nearly one-in-ten adults (9.5%) reported that they “never or hardly ever” consumed milk or milk products.

- More than one-third (39%) reported drinking soft drinks one or more times per day.

- Males were more likely than females to report consuming fast food one or more times a day (13.4% vs. 8.8%, respectively).

- The proportion of First Nations adults participating in the hunting, trapping, and gathering of traditional food has decreased since RHS 2002/03 (31.9% vs. 22.1%).

- The most reported “often consumed” protein-based traditional foods were large land-based animals (26.4%), freshwater fish (22.3%), game birds (8.7%), small game (7.2%), and saltwater fish (6.4%). More than one-third “often” ate bannock or fry bread (37.3%), berries or other wild vegetation (18.6%), wild rice (6.0%), and corn soup (5.7%).

- Nearly nine-out-of-ten First Nations (85.5%) had traditional food shared with their household in the 12 months prior to the survey.

- One-in-five adults reported cutting the size of their meals or skipping meals because there was not enough money for food, and 36.5% of them reported having done so almost every month in the year prior to the survey.

- The consumption of traditional foods, including protein, berries, and other wild vegetation, was higher for remote and isolated communities than for urban and rural communities.

- More than half (54.2%) of all households were food-insecure.

- The proportion of First Nations adults who reported that they “always or almost always” ate a healthy diet was higher among food-secure households.
KEY FINDINGS

• 57% of First Nations adults smoked daily or occasionally – no difference was observed between males and females.
  o Smoking was more prevalent among First Nations adults who were unemployed or had a lower household income; this is consistent with data from the general Canadian population.
  o Approximately one-third of adults who smoke attempted to quit in the 12 months prior to the survey. Quit attempts were more common among First Nations females than among First Nations men (34.5% vs. 26.5%). First Nations females were also more likely than men to report living in a smoke-free home (69.6% vs. 62.2%).

• Approximately one-third of First Nations adults were abstinent from alcohol in the past 12 months. However, of those who do drink, almost two-thirds report drinking heavily.
  o First Nations females were more likely than men to be abstinent from alcohol (39.9% vs. 31.6%) and, of those who drink, less likely to be heavy drinkers (56.3% vs. 69.7%).

• Approximately one-third (32.2%) First Nations adults used cannabis in the 12 months prior to RHS 2008/10, revealing a significant increase since RHS 2002/03 (26.7%).
  o Cannabis use was particularly prevalent among First Nations men (40.5% among men vs. 24.1% among females).
  o Almost 17% of men and 8% of females reported daily or almost daily use.

• Past year use of cocaine/crack, hallucinogens and amphetamines were more prevalent among First Nation males vs. females.

• At least 7.4% of First Nations adults met criteria for problem gambling and another 31.1% met criteria for ‘at-risk’ gambling.
  o Gambling problems were more common among First Nations females (76.2%) than among First Nations men (66.1%).
KEY FINDINGS

• 72.1% of First Nations adults reported being sexually active. The majority (79.3%) of sexually active First Nations adults reported having had only one sexual partner in the past 12 months.

• Compared to First Nations adults 30 years or older, adults 18 to 29 years (particularly males) reported having more multiple sexual partners in the 12 months.
  o Having fewer sexual partners was associated with more years of education, greater income, and avoidance of licit and illicit substances.

• Two-thirds of all First Nations adults who reported being sexually active used at least one form of birth control or protection, such as withdrawal, condoms, birth control pills, Depo Provera (injection), rhythm (natural family planning), surgery (hysterectomy, vasectomy), or other.
  o A higher proportion of those who use licit or illicit substances reported using birth control or protection compared to those who do not use substances.

• Condoms were the most common form of birth control or protection, used by 38.3% of all First Nations adults.

• Approximately one-fifth (21.2%) of all First Nations adults who reported being sexually active also reported “always” using a condom.
  o The proportion of those who “always” was lower among those with higher levels of education and income.

• The majority of First Nations parents had at least two children: 20.3% reported having one child, 44.5% reported having two or three children, 24.5% reported having four or five children, and 10.7% reported having more six or more children.
  o Lower levels of income and education were associated with having more children, whereas reported use of licit and illicit substances was associated with having fewer children.

• First Nations adults appear to be having children at a younger age. Approximately two-fifths (39.4%) of First Nations adults aged 18 to 29 reported having had their first child before the age of 19 years, compared to 16.6% of First Nations adults aged 60 years or older.

• A greater proportion of younger First Nations adults identified as being homosexual, bisexual, or two-spirited compared to older First Nations adults (5.2% for those aged 18 to 24 years vs. 0.9% for those aged 50 to 59 years).

• Approximately half of all First Nations adults reported having been tested for an STI (50.3%) and HIV/AIDS (40.5%). The tendency to undergo a test appeared to decrease as age increased.
  o A greater proportion of females reported being tested for an STI and HIV/AIDS compared to males ([58.0% vs. 43.7%] and [49.9% vs. 32.5%], respectively).
  o The proportion of adults who have undergone testing was higher among those who use substances versus those who do not use substances.
KEY FINDINGS

- The majority (62.6%) of First Nations adults reported having at least one chronic health condition. No change in prevalence of having at least one chronic health condition was observed since RHS 2002/03 (61.6%).

- The most commonly reported chronic health conditions were high blood pressure (21.8%), arthritis (19.9%), allergies (18.0%), back pain (16.2%), and diabetes (16.2%).

- Since the RHS 2002/03, a higher proportion of First Nations adults reporting have been diagnosed with high blood pressure (21.8% vs. 13.4%), stomach and intestinal problems (9.8% vs. 7.7%), and learning disabilities (3.6% vs. 2.2%).

- Similar to that observed in RHS 2002/03, a greater proportion of First Nations women reported having at least one chronic health condition (66.0%), compared to First Nations men (59.3%).

- Prevalence of chronic health conditions and co-morbidity of chronic health conditions increased with age.

- A higher proportion of those with at least one chronic health condition reported their health as “fair” or “poor” (33.6% vs. 6.5%), and reported their health as having worsened in the past year (19.4% vs. 6.0%), compared to those with no chronic health conditions.

- A higher proportion of First Nations adults with at least one chronic health condition (compared to those without a chronic health condition):
  - were overweight (79.2% vs. 67.5%),
  - were rarely physically active (41.4% vs. 35.1%),
  - reported moderate or high depression (34.4% vs. 20.8%),
  - reported suicidal thoughts (24.3% vs. 17.7%),
  - reported suicide attempts (14.9% vs. 9.5%),
  - reported use of opioids (5.0% vs. 3.6%) and sedatives/sleeping pills (6.3% vs. 3.7%) without a prescription.

- A higher proportion of First Nations adults without a chronic health condition (compared to those with at least one chronic health condition):
  - were physically active (64.9% vs. 58.9%).

- Overall, the majority (68.3%, 95% CI [66.2, 70.3]) of those who had been diagnosed with a chronic health condition had undergone treatment for their chronic health condition. A higher proportion First Nations women (compared to men) had sought treatment for their chronic health condition (72.4% vs. 63.8%).

- Those who did not seek treatment for their chronic health condition did not report more perceived barriers to accessing health care than those who did seek treatment.
**KEY FINDINGS**

- 16.2% of First Nations adults reported that they had been diagnosed with diabetes.

- The age-standardized diabetes prevalence was 20.7% for adults aged 25 years or older.

- The distribution of diabetes increased as age and body mass index (BMI) increased; and First Nations females had a higher prevalence than males across all age categories, contrary to the pattern observed in the general Canadian population.

- Those with diabetes demonstrated a higher prevalence of co-morbidity across a range of health conditions than did those without diabetes, including retinopathy (36.0%), problems with kidney function (18.0%), neuropathy (33.5%), circulation problems (29.2%), lower limb problems (23.0%), infections (14.5%), and amputation (2.4%).

- Those with type 2 diabetes age 55+ reported a number of health conditions at a much higher proportion than did those without diabetes, including glaucoma (3.3% vs. 7.7%); liver conditions, excluding hepatitis (1.9% vs. 4.6%); stroke (4.8% vs. 10.4%); heart disease (14.5% vs. 29.1%); and hypertension (38.4% vs. 66.1%). More First Nations adults with diabetes indicated having to rely on only a few kinds of low-cost foods, such as macaroni and rice, to feed their children in the past year (49.3% vs. 39.7%), and fewer indicated their children never went hungry because of lack of money (72.5% vs. 81.3%).

- More than half (53.6%) of all those with diabetes were currently attending a diabetes clinic or seeking treatment for diabetes.

- 50.8% of adults with diabetes reported checking blood sugar at least once per day, while 19.6% had not checked at all in the two weeks prior to the survey.

- 97.0% of those with diabetes reported receiving some form of treatment.

- Diet (64.6%) and pills (72.9%) were the most frequently reported therapies, while the proportion reporting no treatment fell from 10.2% in RHS 2002/03 to 3.0% in RHS 2008/10.

- The percentage of First Nations adults who reported exercising decreased in the time period between RHS 2002/03 and RHS 2008/10 from 52.9% to 48.3%, while the percentage taking insulin increased from 16.7% to 22.9%.

- Traditional medicines were used by 11.7% of First Nations adults with diabetes.

- More adults with diabetes reported almost always eating a nutritious balanced diet than did those without diabetes (36.4%vs 30.1%).
KEY FINDINGS

- 44.1% of First Nations adults reported their health as thriving (e.g., “excellent” or “very good”) compared to 60% of the general Canadian population.

- More First Nations men than First Nations women reported thriving health (46.4% vs. 41.8%).

- The top three determinants of health of First Nations adults were good diet (71.7%), good sleep (70%), and happiness (63.5%).

- 29.7% of First Nations adults reported their health to be “much better now than one year ago” or “somewhat better now.”

- There was a clear inverse association between reporting thriving health and increased age among First Nations adults (56.5% for those aged 18 to 29 years, decreasing to 19.4% for those aged 60 or older).

- More First Nations adults who were employed or who had a higher level of income also reported thriving health more often than those who were unemployed, were out of the work force or had lower levels of income.

- 63% of First Nations adults aged 18 or older had an HUI score greater than 0.80, compared to 81.6% of the general Canadian population aged 12 or older.

- Fewer First Nations women than First Nations men had an HUI score of 1.00 (13.6% vs. 22.3%).

- More First Nations adults who reported their health as thriving had HUI scores of more than 0.80 than those who reported their health as non-thriving.

- 21% of First Nations adults diagnosed with type 2 diabetes had HUI scores of less than 0.50, compared to 10% of those without type 2 diabetes.

- 70% of First Nations adults who reported having a consistent sense of mental, physical, spiritual, and emotional balance in their lives had high HUI scores of more than 0.80.
KEY FINDINGS

- 56.5% of First Nations adults reported having dental care in the 12 months prior to the survey, 63.1% of females and 50.0% of males. This compares to 59.2% of First Nations adults in RHS 2002/03 and to 71.6% of Canadian adults aged 20 to 79 in 2007–09.

- The highest rates of dental care within the year prior to the survey were found among those who graduated from high school (65.9%), those who were currently working for pay (63.8%), and those who were 18 to 29 years of age (61.1%).

- The lowest rate of dental care obtained within the year prior to the survey was found among the oldest (60 and above) edentulous group (16.3%).

- Nearly one quarter (24.1%) of First Nations adults complained of long waiting lists for dental care. 12.5% of First Nations adults had difficulty accessing dental services provided through the Non-insured Health Benefits Program of Health Canada during the past 12 months.

- National comparisons show that First Nations adults are more likely to have lost all their natural teeth than non-First Nations in Canada (10.9% vs. 6.4%).

- Edentulism (complete tooth loss) is highest for First Nations aged 60 and over (41.8%) and is more common among women than men (11.4% vs. 10.4%).

- Denture wearing (fixed or removable) is more common among older First Nations adults, consistent with having fewer teeth.

- Relatively fewer (86.3%) edentulous First Nations aged 60 years and over wear dentures in both arches compared to 93.5% of edentulous Canadians aged 60 to 79.

- Overall, one in four First Nations adults had no self-reported dental treatment needs, but dental needs varied according to age and dentate status.

- The need for dental care is higher among younger First Nations adults, except for prosthodontic services, which are required by 41.5% of those aged 60 and over.

- A large proportion of edentulous First Nations need prosthodontic services, 55.1% compared to 39.4% of edentulous people in the Canadian population.

- Restorative (e.g., fillings) and maintenance (checkups and cleanings) needs have increased since RHS 2002/03.
KEY FINDINGS

Injuries

- Nearly one-in-five adults (18.6%) reported having been injured in the 12 months prior to the survey. Young men aged 18 to 34 years demonstrated the highest proportion of injury (27.6%).

- “Fall or trip” was the most common cause of injuries, reported by more than a third (35.2%) of First Nations adults who reported having been injured. Assaults, including domestic or family violence, were the cause of roughly one-in-ten injuries (10.9%).

- Alcohol, marijuana, or other drugs were an influence in 28.9% of injuries. Of the individuals whose injuries were from an assault (domestic violence or other), the percentage involving substance use was over two-thirds.

- A higher percentage of injury was experienced by those with lower personal and household incomes and those who were classified as heavy drinkers.

Disability

- More than one-quarter of adults (27.9%) reported being limited in the kinds or amounts of activity they could engage in because of a physical or mental condition.

- The percentage of First Nations adults reporting disabilities increased with age. Among those aged 55 or older, more than half (50.5%) reported having an activity limitation.

- The most commonly reported limitations included difficulty seeing or reading newsprint (19.8%), lifting or carrying 10 pounds (15.8%), and climbing a flight of stairs without resting (15.0%).

- Average vision, hearing, ambulation, dexterity, and pain scores all worsened with age. In the speech domain, which involved “being understood,” younger adults scored lower than older adults. In the cognitive domain, which involved memory, thinking, and problem solving, the youngest (18 to 29 years) and oldest (60 years or above) adults scored lowest.

- The percentage of First Nations adults with one or more health conditions was nearly five times higher for those who reported an activity limitation than for those who did not.

- First Nations adults with low personal or household incomes, those who were not very active, and those who were overweight or obese reported higher levels of activity limitations.

- First Nations adults with an activity limitation more often reported “fair” or “poor” health and less often reported “excellent” or “very good” health.
KEY FINDINGS

• On average, approximately three quarters of First Nations adults (76.9%) had undergone a form of routine test or examination within the 12 months prior to the survey.

• In order from highest to lowest, First Nations adults had undergone testing for blood pressure (63.9%), blood sugar (54.3%), vision or eye exam (54.1%), complete physical examinations, (40.6%) and cholesterol (38.1%) in the 12 months prior to the survey.

• More First Nations females than males had undergone testing for blood sugar, vision or eye exams, complete physical examinations, and cholesterol in the previous 12 months.

• Participation in specific testing and screening by First Nations adults increased with age.

• Two-thirds (60%) of First Nations women aged 18 years or older had performed a BSE in their lifetime.

• Approximately two-fifths (41%) of First Nations women aged 18 years or older have had a mammogram in their lifetime.

• Approximately three-fifths of First Nations women aged 50-59 (60.2%) and aged 60+ (61.3%) reported having a mammogram within the past 3 years.

• 90.3% of First Nations women aged 18 years or older reported ever having a Pap test. First Nations women’s reported rates of Pap smear testing are similar to that of women within the general Canadian population – irrespective of age.

• The rate of First Nations women who have had a Pap test in the last 3 years (74.0%) comparable to that of females in the general Canadian population (72.8%).

• Over the last five years prevalence of Pap smear testing among First Nations women has remained similar to that of women in the general Canadian population.

• 23.4% of First Nations males aged 18 years or older reported having had a rectal exam (RE) or a prostate-specific antigen blood test (PSA). There is an increase in the frequency of RE/PSA testing by First Nations men as they get older.

• 44.1% of First Nations men aged 50 to 59 years, and 52.5% of First Nations men aged 60 years or older indicated they have had a RE.
KEY FINDINGS

- The top three community challenges identified by First Nations adults were alcohol and drug abuse, housing, and employment/number of jobs.

- Two-thirds (or more) of First Nations adults perceived no improvement or worsening of all 10 possible community challenges listed (i.e., education and training, alcohol and drug abuse, housing, culture, natural environment/resources, health, funding, control over decisions, gang activity, employment/number of jobs).
  - Community gang activity and alcohol and drug abuse were perceived as having made the least progress.

- Family values were perceived as the core of community life, with 61.6% of First Nations adults naming this as a community strength, followed by elders (41.7%) and traditional ceremonial activities, such as powwows (37.8%).
  - ‘Strong economy’ and ‘strong community leadership’ were the least likely to be identified as strengths.

- With respect to participation in community cultural events, two-thirds of First Nations adults reported participating at least “sometimes”.
KEY FINDINGS

- In each of the four facets of well-being—physical, emotional, mental, and spiritual—approximately three-quarters of all First Nations adults reported feeling balanced “most” or “all of the time.”
  - 73.0% reported feeling balanced physically
  - 73.1% reported feeling balanced emotionally
  - 75.0% reported feeling balanced mentally
  - 71.1% reported feeling balanced spiritually

- Approximately half (50.7%) of all First Nations adults reported either moderate or high levels of psychological distress, compared to only one-in-three adults (33.5%) in the general Canadian population.

- The proportion of First Nations adults who reported having attempted suicide at some point in their lifetime (13.1%) was greater than the proportion of adults in the general Canadian population who reported only having thoughts of suicide during their lifetime (9.1%).

- First Nation adults who reported higher levels of stressors, such as low socio-economic status, instances of aggression, and racism, reported being moderately or highly distressed more often than those who did not.

- Just under one-fifth (19.5%) of all First Nations adults reported having attended residential school. Additionally, 52.7% reported having had one or more parents who attended residential school, and 46.2% reported having had one or more grandparents who attended residential school.

- Fewer than half (43.8%) of all First Nations adults who reported that they had attended residential school were defined as having low psychological distress, compared to 50.3% of First Nations adults who had not attended residential school.
KEY FINDINGS

- The majority of First Nations adults (83%) felt that culture within their community remained the same or improved in the last 12 months.

- Many First Nations adults (67%) participated in community cultural events at least “sometimes.”
  - First Nations adults who frequently participated in community 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.
  - No age or gender differences were observed in the rate of participation in community cultural events.

- More than two-thirds of all First Nations adults (69.6%) were able to understand or speak a First Nations language, and more than one-third (36.2%) used a First Nations language daily.
  - The ability to understand or speak a First Nations language and daily use of a First Nations language was less common among younger First Nations adults.

- Traditional spirituality was at least “somewhat” important to approximately 80% of all First Nations adults.
  - Younger First Nations adults were less likely to view traditional spirituality as being “important.”

- Only a minority of First Nations adults (21%) had visited a healer in the 12 months prior to the survey; an increase was observed since RHS 2002/03 (15%). Use of traditional medicine (approximately 40%) appeared to be more common than enlisting the use of a traditional healer.
  - Younger First Nations adults were less likely to use traditional medicine.

- The traditional food consumed most often was bannock or fry bread, followed by land-based animals (moose, caribou, bear, deer, bison, etc.), berries or other wild vegetation, and freshwater fish. Approximately 85% of all First Nations adults had someone share traditional food with their household at least “sometimes” in the 12 months prior to the survey.
  - Sharing traditional food was associated with greater perceived social support.
  - Sharing traditional food did not vary by gender or age, or change compared to the results of RHS 2002/03.

- First Nations adults who participated in traditional activities such as hunting and trapping, fishing, hiking, canoeing or kayaking, snowshoeing, or berry picking or other food gathering were more likely to report physical or spiritual balance than were those who did not.
KEY FINDINGS

- First Nations youth reported living in households with an average of 5.6 people, including the respondent. In contrast, the average number of persons in a household in the general Canadian population is 2.5 (Statistics Canada, 2006).

- Approximately one-fifth (18.7%) of First Nations youth reported living with seven or more people.

- Approximately 40% of First Nations youth live with both of their biological parents. Similarly, approximately 40% are living with their biological mother but not their biological father. More than 15% of First Nations youth live with neither biological parent.

- Just under one-quarter (23.0%) of First Nations youth who live with their biological mother but not their biological father also live with at least one extended family member, such as grandparents, uncles, aunts, and cousins. In contrast, only 3.2% of First Nations youth living with their biological father but not their biological mother also live with extended family.

- Of the 16% of First Nations youth who live with neither biological parent
  - Approximately half (48%, 95% CI [43.8, 52.3]) reported living with grandparent(s);
  - One-quarter (23.8%; CI: 20.2, 27.9) reported living with an aunt, uncle, or cousin;
  - Very few (5%) live with someone they are not related to.

- A small proportion (approximately 13%) of First Nations youth who live with one biological parent also live with a stepmother or stepfather.

- First Nations youth living with only one other person reported feeling lonely, unloved, and depressed more often than those living with two other people; the only exception was that First Nations youth in households of 9 or more people also reported depression more often.

- Compared to First Nations youth who do not live with both biological parents, a lower proportion of First Nations youth who live with both biological parents reported feeling ‘moderately to very’ lonely, ‘not at all to moderately’ loved and ‘quite a bit to very’ stressed.

- Approximately one-quarter of First Nations youth who live with their biological father but not their biological mother or who live with neither biological parent reported feeling “not at all” to “moderately” loved.
KEY FINDINGS

- More than one-fifth (21.5%, 95% CI [±1.8]) of First Nations youth used a First Nations language in their daily life, and 56.3% (95% CI [±3.7]) understood or spoke a First Nations language. Furthermore, 86.1% of First Nations youth felt that it was either “very important” or “somewhat important” to learn a First Nations language.

- More than four-fifths (85.7%) of First Nations youth felt that traditional cultural events were “very important” or “somewhat important” in their life.

- The majority of First Nations youth (87.7%) reported that they were currently attending school.

- The majority (80.5%) of First Nations youth reported that they liked school “very much” or “somewhat.”

- Compared to RHS 2002/03, fewer youth indicated repeating a grade (41.7% in RHS 2002/03 vs. 34.4% in 2008/10 RHS).

- Just under 40% (39.0%, 95% CI [±2.2]) of First Nations youth reported having experienced learning problems at school, which is a decrease from 43.6% in RHS 2002/03.

- When asked about the highest level of education they would like to achieve:
  - 23.4% aspired to a high school diploma
  - 19.0% aspired to a college or CEGEP diploma
  - 7.1% aspired to a trade or vocational certificate
  - 23.8% aspired to an university degree
  - 7.3% aspired to a professional degree
  - 6.0% aspired to a master’s or doctoral degree
  - 12.3% were unsure about their educational aspirations

- Among youth, signs of educational success (e.g., attend school, like school, no failed classes, no problems learning) were positively associated with:
  - Good health
  - Nutritious diet
  - Higher parental education
  - Avoid substance use
  - Feel loved, but not lonely or stressed
  - Not currently sexually active
KEY FINDINGS

- More than half (57.3%) of First Nations youth were of normal weight or underweight, while 29.9% were overweight and 12.8% were obese.

- Walking was the most frequently reported physical activity participated in during the year prior to the survey, reported by 81.4% of First Nations youth. This was followed by running or jogging (60.7%); swimming (54.6%); competitive or team sports, such as hockey, basketball, baseball, lacrosse, and tennis (53.1%); bicycle riding or mountain biking (44.6%); using weights or exercise equipment (36.1%); skating (30.2%); and fishing (29.9%).

- More than one-third (38.6%) of First Nations youth spent more than 1.5 hours watching television, reading, playing bingo or video games, or working at the computer outside of school or work; 27.0% spent more than 1.5 hours on the computer; and 29.7% spent more than 1.5 hours playing video games.

- Less than one-quarter (23.7%) of First Nations youth reported that they always or almost always ate a nutritious balanced diet, while 53.6% sometimes did and 22.7% rarely or never did.

**Please note that estimates pertaining to activity levels provided in this chapter are currently being revised. The revised chapter will be made available in July 2012. Please contact the FNIGC office for details.**
KEY FINDINGS

**Smoking**
- One-in-three (33.1%) First Nations youth were current smokers, compared to about 8% of youth in the general Canadian population.
- By 15-17 years of age, 29.6% of First Nations youth are daily smokers.
- Daily smoking was more common among First Nations females than among First Nations males (24.5% vs. 16.4%, respectively).
- Daily smoking decreased from 25.6% in 2002/03 to 20.4% in 2008/10.
- About 60% of First Nations youth reported living in a smoke-free home.
- The prevalence of smoking was high among youth whose biological parents were no longer together or did not complete high school, and among youth who lived with many other household members.
- Ex-smokers reported that they quit smoking in order to improve their health, tending most often to use abrupt cessation—going cold turkey.

**Alcohol Use**
- About 60% of youth reported abstinence from alcohol; rates of abstinence were higher among males than among females (64.7% vs. 57.1%).
- The prevalence of abstinence among First Nations youth was greater than that observed among youth in the general Canadian population (61% vs. 47%).
- Of the First Nations youth who consumed alcohol in the 12 months prior to RHS 2008/10, more than half (56%) reported frequent binge drinking (once a month or more)—a rate much higher than that observed among youth in the general Canadian population (39%).

**Drug Use**
- Approximately one in three First Nations youth reported smoking cannabis in the 12 months prior to the survey, and one in ten reported smoking cannabis daily or almost daily.
- Fewer than 5% of First Nations youth reported use of other illicit drugs (besides cannabis) in the past 12 months.
- The use of sedatives/sleeping pills increased from 0.8% in the RHS 2002/03 to 2.2% in the RHS 2008/10.
KEY FINDINGS

- More than one-quarter (27.9%) of First Nations youth aged 12 to 17 years reported being sexually active.
- Sexual activity for First Nations youth increased with age, with 64.7% of 17-year-olds reporting being sexually active.
- Less than one in 10 (9.9%) of First Nations youth aged 12 to 14 years reported sexual activity.
- First Nations youth aged 12 to 14 years reported more sexual partners than did older youth aged 15 to 17 years.
- More than three-quarters (79.1%) of sexually active First Nations youth reported using a condom.
- More First Nations boys (84.1%) reported using a condom than girls (74.4%).
- First Nations youth aged 15 to 17 years reported more condom use (80.0%) than did younger youth aged 12 to 14 years (75.1%).
- 59.0% of First Nations youth who reported using condoms stated that they “always” used condoms.
- The most frequently reported reason (26.5%) for not always using condoms was being with a steady partner.
- Less than one-quarter (22.5%) of First Nations youth who were sexually active in the year prior to the survey reported using birth control pills.
- Less than one-fifth (16.0%) of sexually active First Nations youth reported having been pregnant or having gotten someone pregnant.
- 60.7% of those First Nations youth who reported having been pregnant or having gotten someone pregnant reported having one child.
- 58.0% of First Nations youth with children had their first child a very young age, between the ages of 12 and 15 years.
- Only 9.6% of First Nations youth reported having ever been tested for STIs, while only 6.8% of First Nations youth reported having been tested for HIV/AIDS.
- 80.0% of First Nations youth who reported being sexually active also reported having consumed alcohol in the year prior to the survey.
KEY FINDINGS

- The RHS 2008/10 revealed that 37.8% (95% CI [35.7, 39.9]) of First Nations youth reported having been diagnosed with at least one health condition.

- The most commonly reported health conditions among First Nations youth were allergies (16.0%), asthma (12.7%), learning disabilities (5.8%), and dermatitis (4.3%).

- Compared to RHS 2002/03, First Nations youth in RHS 2008/10 with allergies were more likely to report that they were currently seeking treatment or taking medication (39.1% in RHS 2008/10 vs. 26.3% in RHS 2002/03, 95% CIs [34.4, 44.1] and [20.9%, 30.5%], respectively).

- Slightly higher rates of ADD/ADHD (5.1% vs. 2.3%) and learning disabilities (7.4% vs. 4.2%) were reported among First Nations boys compared to girls.

- The presence of learning disabilities has increased since RHS 2002/03 (5.8% vs. 3.5%).

- First Nations youth with a health condition were slightly less likely to report that they liked school and more likely to report having had learning difficulties than those without a health condition.

- First Nations youth with a health condition did not differ from those without, regarding future post-secondary educational goals.

- The majority of First Nations youth with a health condition rated their general health and mental health “good” or “very good/excellent.” Fewer than 3% of First Nations youth rated their general health and mental health as “poor.”

- Although First Nations youth tended to report their mental health as at least “good,” First Nations youth with at least one health condition were almost twice as likely as those without to report having felt sad, blue, or depressed in the past year, or to have thought about or attempted suicide.

- Almost half of First Nations youth are overweight or obese (42.7%), and physically inactive (43.8%).

- First Nations youth with at least one health condition were no more or less likely to report consuming nutritious meals than those without a health condition.

- Although a large variation was seen among First Nations youth who reported undergoing treatments for health conditions, the majority of those with a health condition reported having seen a health care professional (e.g., doctor, community health nurse) in the year prior to the survey.
KEY FINDINGS

- Three in four (75.9%) First Nations youth reported receiving dental care in the year prior to RHS 2008/10, yet 21.1% had experienced a recent episode of dental pain in the month prior to the survey.

- Having parents or guardians who have more than a high school education, having an appreciation of traditional culture and participating in community cultural events, attending school regularly and not repeating a grade, having good self-rated mental health and not feeling depressed for two weeks or more in a row in the past 12 months, eating a nutritious and balanced diet, and not smoking were factors associated with increased access to dental care.

- The occurrence of dental pain was associated with understanding or speaking a First Nations language, not attending school, repeating a grade or having problems learning at school, having poor self-rated general and mental health, having depression or diabetes or being very dissatisfied with one’s weight, drinking soft drinks and eating sweets several times per day and rarely eating a nutritious, balanced diet, and smoking.

- Overall, 5.3% of First Nations youth reported a severe tooth injury in the 12 months prior to the survey, 3.1% for those aged 12 to 14 years and 7.2% for those aged 15 to 17 years. The highest prevalence of dental trauma (9%) occurred in females aged 15 to 17 years.

- Over three quarters (77.7%) of First Nations aged 12 to 17 years perceived a need for dental treatment, compared to 24.9% of Canadians aged 12 to 19 years, whose dental needs were clinically assessed in the 2007–09 CHMS.

- The most common treatment reported by First Nations youth was maintenance, such as checkups and cleanings (57.1%), followed by restorative (42.0%) and orthodontic (13.9%) needs, the latter most frequently reported among females (16.5%). The next most common was fluoride treatment (13.7%), most frequently reported by those aged 12 to 14 years (16.6%). This was followed by the need for extractions (7.2%). Periodontic, prosthodontic, and urgent care needs were each found among 2.1%, 1.1%, and 1.1% of First Nations youth, respectively.

- Self-perceived need of dental care among First Nations youth has increased for all types of treatment compared to the findings of RHS 2002/03, most notably for regular maintenance and restorative procedures.

- First Nations youth appear to require more restorative and orthodontic treatment than youth in the general Canadian population (57.1% vs. 13.0%, and 13.9% vs. 6.4%, respectively).
KEY FINDINGS

- In RHS 2008/10, 30.5% (95% CI [28.5, 32.6]) of all First Nations youth reported that they had been injured in the 12 months prior to the survey.

- The three most common types of injuries reported were minor cuts, scrapes, or bruises; major sprain or strain; and broken or fractured bones.

- Hands, ankles, and arms were named as the most common locations of injury.

- Injuries most often occurred in the home, at sports fields or facilities of school, and on the street, highway, or sidewalk.

- Falls, accidental contact with another person or animal, and bike riding were the causes of most injuries reported.

- For First Nations youth who received medical treatment for their injury, this treatment most often occurred at the hospital emergency room, at home, or at a doctor’s office.

- Approximately one in 10 First Nations youth (10.9%, 95% CI [8.4, 14.0]) were under the influence of alcohol, and 4.5% (95% CI [3.5, 5.9]) were under the influence of marijuana when their injury occurred.

- Rates of injury were higher among youth who felt sad, blue, or depressed for two or more weeks in a row in the 12 months prior to RHS 2008/10, who had ever thought about committing suicide, or who had ever attempted suicide.
KEY FINDINGS

- 13.0% of First Nations youth reported never having visited a doctor or community health nurse, a problem much more common among males.

- 70.6% of First Nations youth reported never having consulted with a traditional healer, up from 65% in RHS 2002/03.

- More than half (56.7%) of all First Nations youth who reported fair or poor mental health had never received counseling or mental health services, suggesting a potentially high level of unmet needs.

- One-fifth (19.6%) of asthma sufferers who reported having an attack in the year prior to the survey were not receiving treatment.

- Approximately two-thirds (65.9%) of those who reported having diabetes said they were receiving treatment for the disease.

- A lower proportion of First Nations youth receive health screening tests and preventive care than youth in the general Canadian population, and less than what is recommended by the College of Family Physicians of Canada and the Canadian Paediatric Society.

- There is a positive relationship between level of parents’ education and frequency of physical examinations and health screening among First Nations youth.
KEY FINDINGS

- The main challenge to community wellness reported by First Nations youth was drug and substance abuse (74.7%).

- Over one-third (36.7%) of all First Nations youth reported that drug and substance abuse in the community is worsening.

- Almost half (42.6%) of all First Nations youth reported loss of culture as a community challenge.

- Fewer than one-in-ten (6.8%) First Nations youth reported that good progress is being made in the area of culture loss.

- Over half of all First Nations youth (58.1%) identified family values as a community strength.

- Nearly half of all First Nations youth (40.2%) identified traditional ceremonial activities as a community strength.

- Only 29.5% of all First Nations youth reported use of First Nation language as a community strength.

- More than half (53.7%) of all First Nations youth reported learning culture from their grandparents.

- Fewer than one-in-five (19.1%) First Nations youth felt they had some control over decision-making.

- Almost half (46.1%) of all First Nations youth reported that gang activity in communities was worsening, with another 35% reporting that there had been no improvement in this area.
KEY FINDINGS

• The majority of First Nations youth reported feeling balanced physically (75.0%), emotionally (65.3%), mentally (65.6%), and spiritually (60.8%) at least most of the time.

• Approximately one-third (33.8%) of female and just under one-fifth (17.2%) of male First Nations youth reported that there was a time when they felt sad, blue, or depressed for two weeks or more in a row in the previous 12 months.

• The large majority of First Nations youth have not considered suicide (83.5%) nor attempted suicide in their lifetime (5.9%). Rates of suicide ideation are much higher than those observed in the general population.

• A minority of First Nations youth reported that they were currently being bullied (11.7%).
  
  • A higher proportion of First Nations youth who were currently being bullied reported experiencing depressed mood (44.2% vs. 22.7%) and feeling lonely (quite a bit to a lot) (14.6% vs. 6.5%), compared to First Nations youth who were not currently being bullied.

• Self-esteem, self-mastery, and social support were generally high among First Nations youth.

• Participation in sports teams was the most common activity among First Nations youth, followed by working a part-time job.

• First Nations youth who participated in cultural or extracurricular activities on a regular basis demonstrated increased levels of personal resource variables, such as self-esteem, social support, and mastery, and reported feeling balanced more often than First Nations youth who did not participate in such activities.
KEY FINDINGS

- Approximately 43% of First Nations children live in a household with an annual household income of less than $20,000.

- First Nations household with children had an average of 3.4 children compared to 1.1 children in general Canadian households.

- On average, First Nations children live with 5.7 household members at least half of the time. No significant change in household membership was observed since the earlier RHS 2002/03.

- RHS 2008/10 demonstrated that 37.5% of First Nation children are living in a crowded home, an increase from 32.4% observed in the previous RHS 2002/03.

- 48.4% of First Nations children live with both biological parents, whereas 39.2% live with their biological mother but not their biological father.

- 15.4% of First Nations children live in homes that also include a grandparent (compared to 3.8% of children in the general Canadian population). Approximately 5% of children live with only their grandparents (compared to 0.5% of children in the general Canadian population).

- Approximately half as many First Nations children are currently receiving child care compared to those in the general Canadian population (28.8% vs. 53.8%).

- Overall, the proportion of First Nations children receiving child care has decreased in the period between RHS 2002/03 and RHS 2008/10 (34.7% vs. 28.8%).

- Most children in child care were cared for in home settings; however, the use of more formal day care settings, including daycare centres, nursery school or preschool, and before and after school programs, increased by almost 10% in the period between RHS 2002/03 and RHS 2008/10.
KEY FINDINGS

- Almost half (49.7%) of all First Nations children were reported to be able to speak or understand a First Nations language.

- Having First Nations children learn a First Nations language and participate in cultural activities were highly valued by primary caregivers, with over 85% of primary caregivers reporting that these were important or very important for the child.

- First Nations children have many sources of support in their lives to help them understand their culture. Family members were the primary transmitters of culture for First Nations children, but community members such as elders, friends, and teachers also supported cultural understanding.

- Close to 20% of First Nations children aged 9 to 11 years have repeated a grade. According to data from the 2006–2007 National Longitudinal Survey of Children and Youth, at age 9, 3.6% of children in the general Canadian population have repeated a grade.

- A little over one-third of First Nations children had attended an Aboriginal Head Start program. First Nations children who had attended were more likely to speak or understand a First Nations language.
KEY FINDINGS

- 37.5% of First Nations children (aged 2 to 11) living in First Nations communities were of normal weight or were underweight, 20.3% were overweight, and 42.2% were obese.

- Walking was the most frequently reported physical activity among First Nations children (during the year prior to the survey; 81.4%), followed by swimming (54.9%), running or jogging (51.6%), bicycle riding or mountain biking (48.3%), berry picking or other food gathering (31.5%), dancing, such as aerobic, traditional, or modern (28.7%), and skating (25.6%).

- During the average day, more than one-third (37%) of First Nations children spent more than 1.5 hours watching television, 8.3% spent more than 1.5 hours on the computer, and 20.6% spent more than 1.5 hours playing video games.

- In the 12 months prior to the survey, more than half (58.6%) of First Nations children ‘always or almost always’ ate a nutritious balanced diet, while 36.5% only ‘sometimes’ ate a nutritious, balanced diet.

- Being active was positively associated with consuming fruit or vegetables, consuming berries and other vegetation, consuming traditional foods, and participating in sports teams or lessons, traditional singing, drumming, and dancing.

- Always or almost always eating a balanced, nutritious diet was positively associated with ‘excellent’ health; participating in sports teams or lessons, traditional drumming, singing, or dancing; sharing traditional food; consuming vegetables and fruits; consuming certain traditional foods; and getting along well with one’s family. Eating a nutritious, balanced diet was negatively association with consuming soft drinks or fast food; and consuming sweets.

**Please note that estimates pertaining to activity levels provided in this chapter are currently being revised. The revised chapter will be made available in July 2012. Please contact the FNIGC office for details.**
KEY FINDINGS

- The majority of parents/guardians of First Nations children with a health condition perceived their children’s health to be “good”, “very good”, or “excellent.”

- One-third (35.6%, 95% CI [33.7, 37.5]) of First Nations children had been told by a health care professional that they had at least one health condition.

- First Nations girls were less likely than First Nations boys to have been diagnosed with at least one health condition (31.6% vs. 39.3%) and to have two or more health conditions (11.0% vs. 15.9%).

- The most commonly diagnosed health conditions were allergies (11.4%), asthma (10.1%), dermatitis or atopic eczema (7.9%), and chronic ear infections (6.9%).

- Approximately 7% of First Nations children had been diagnosed with a health condition that is likely to negatively impact their learning ability, such as a cognitive or mental disability, a learning disability, ADD/ADHD, or speech or language difficulties. Girls were approximately half as likely as boys to have been diagnosed with these conditions (4.6% vs. 10.0%).

- No change in the prevalence of allergies was observed since RHS 2002/03; however, First Nations children with allergies were more likely to be undergoing treatment at the time of RHS 2008/10 (42.5% vs. 29.5%).

- The prevalence of asthma decreased (14.6% vs. 10.1%), and the treatment of asthma increased (57.2% to 69.2%) between the 2002/03 RHS and the 2008/10 RHS.

- The prevalence of chronic ear infections decreased between the 2002/03 RHS and the 2008/10 RHS (9.2% to 5.9%).

- First Nations children whose mothers smoked during pregnancy and First Nations children born with low birth weight were more likely than First Nations children without these circumstances to have been diagnosed with a health condition [(37.7% vs. 33.1%) and (44.0% vs. 34.8%), respectively].

- First Nations children who live in a smoke-free home were half as likely as those who live in a home with cigarette smoking to have been diagnosed with chronic bronchitis (0.8% vs. 2.1%).

- Parents/guardians of First Nations children with at least one health condition faced to treatment. The barriers to treatment most often reported were: “waiting list is too long” (34.2%), “felt health care provided was inadequate” (19.3%), “doctor or nurse not available in my area” (19.2%), and “service was not available in my area” (17.1%).
KEY FINDINGS

- 69.2% of parents and caregivers interviewed reported their child (ages 0 to 11 years) had some dental care in the 12 months prior to the survey, 68.3% for boys and 70.2% for girls.

- The highest rates of dental care utilization within the previous year occurred among children aged 9 to 11 years (87.6%), followed by children aged 6 to 8 years (79.6%) and aged 3 to 5 years (74.3%), and were lowest among children aged 0 to 2 years (28.7%).

- 83.8% of First Nations children aged 6 to 11 years received dental care in the last year. The equivalent finding for non-Aboriginal peers was 91.3% and for Aboriginal children living off-reserve was 92.2%.

- The prevalence of BBTD was high among First Nations children: 18.7% of infants had teeth affected by BBTD compared to 11.9% in RHS 2002/03; 30.9% of children aged 3 to 5 years had been affected by BBTD compared to 29.4% in RHS 2002/03.

- Of the infants with BBTD, 40.6% were treated for the condition, compared to 27.4% in RHS 2002/03, while over three-quarters of preschoolers (77.1%) were also treated for BBTD, compared to 67.4% in RHS 2002/03.

- Among children aged 6 to 11 years, 26.9% had a history of BBTD, but the vast majority (90.4%) had been treated for the condition.

- The proportion of children with BBTD was lower among those who were fed breast milk in their baby bottles (23.5%) than among those who were not fed breast milk in their bottles (30.2%).

- A trend was found between the duration of breastfeeding and the prevalence of BBTD; 20.7% of children who were breastfed for more than six months were affected by BBTD, compared to 28.8% of those who were breastfed for less than 12 weeks.

- Among children who were given soft drinks in their baby bottles, the proportion with BBTD was nearly twice as high as the proportion with BBTD among those who were not given soft drinks (51.3% vs. 27.6%).

- Among children bottle-fed Kool-Aid and other powdered drinks, the proportion with BBTD was twice as high as the proportion with BBTD among those who were not fed sugary powdered drinks (47.7% vs. 24.4%).

- A higher proportion of obese children (33.7%) than of overweight (24.9%) and underweight or normal weight children (23.2%) experienced BBTD.

- Children living in crowded homes were more likely to be affected by BBTD than those in less crowded homes (30.3% vs. 23.1%).

- 21.7% of First Nations children required care before their first birthday according to primary caregiver reports. The rate of dental care needs increased to 49.8% for children aged 1 to 2 years, 71.2% for those aged 3 to 5 years, 76.9% for those aged 6 to 8 years and 74.2% for children aged 9 to 11 years.

- Among children aged 1 to 2 years, 21.4% required restorative treatment, 23.3% needed fluoride treatment, and 13.3% needed extractions because of dental caries.

- 36.2% of children aged 3 to 5 years and 41.9% of children aged 6 to 11 years needed dental fillings in RHS 2008/10, compared to 28.4% and 35.4% in RHS 2002/03, respectively.

- 71.1% of First Nations children aged 9 to 11 years were in need of a checkup and preventive care, and 14.3% required orthodontic care, as reported by a parent or caregiver.

- Three in four First Nations children aged 6 to 11 years had dental treatment needs, compared to one in four children of the same age who received an oral examination as part of the 2007–09 Canadian Health Measures Survey.
KEY FINDINGS

• In the RHS 2008/10, 12.2% (95% CI [10.9, 13.6]) of all First Nations children were reported to have been injured in the 12 months prior to the survey.

• The three most common types of injuries reported were minor cuts, scrapes, or bruises; broken or fractured bones; and major sprains or strains.

• The most common body parts that First Nations children were reported to have injured were the head, legs, and knees.

• The places at which First Nations children were reported to have been injured most often were the home; school; and street, highway, or sidewalk.

• The most common causes of injury reported by the primary caregivers of First Nations children were experiencing a fall, accidental contact with another person or animal, and riding a bike.

• Of those First Nations children who were reported to have been injured, medical treatment for their injury was received most often at the hospital emergency room, at home, or at a community health centre.

• First Nations children were reported to have been injured significantly more often if
  o they were active;
  o they had gotten along with the rest of the family “not too well, lots of difficulties” during the six months prior to the survey;
  o they had had more emotional or behavioural problems than other children of the
KEY FINDINGS

- First Nations mothers and their children experience disproportionately high levels of poverty, household crowding, and multi-generational trauma, compared to mothers in the general Canadian population.

- First Nations mothers are less likely to have completed post-secondary education programs than mothers in the general Canadian population.

- The prevalence of high birth weight is greater among First Nations infants (19.8%) than among infants in the general Canadian population (11.7%).

- The proportion of low birth weight among First Nations (4.8%) is similar to that among the general Canadian population (6.0%).

- First Nations children with low birth weight were reported to have good or excellent health less often than children with normal or high birth weight.

- Just under half (46.9%) of First Nations mothers smoked during pregnancy, while 40.0% of pregnant mothers lived in homes with another smoker.

- Maternal smoking during pregnancy was associated with poorer child general health and school failure.

- First Nations mothers who were experiencing poverty were at a higher risk for smoking during pregnancy.

- Poverty, lower levels of educational completion, household crowding, parent or grandparent residential school attendance, and living in a remote or isolated community were all positively associated with a higher prevalence of maternal smoking.

- The proportions of breastfeeding initiation and duration found in RHS 2008/10 were similar to those found in RHS 2002/03. According to RHS 2008/10, 60.2% First Nations mothers initiated breastfeeding, and of those, 44.8% continued to breastfeed for six months or more.

- First Nations communities have not experienced the same increases in breastfeeding initiation that have been documented over the past decade in the general Canadian population. For First Nations women who did initiate breastfeeding, the number who breastfed for six months or more was similar to that in the general Canadian population.

- First Nations women who were under the age of 20, who completed high school or less, or who had an annual household income of less than $15,000 were less likely to breastfeed than women who were older than age 20, who had achieved a higher level of education, or who had a higher annual household income.
KEY FINDINGS

- Overall, a large majority of First Nations children were reported to have gotten along well with the rest of their family, to have fewer emotional or behavioural problems than other boys or girls of the same age, and to have low rates of anxiety, depression, and ADD/ADHD.

- 95.7% got along “very well” or “quite well” with the rest of the family.

- 12.3% had more emotional or behavioural problems than other boys or girls of their age.

- 0.7% had been diagnosed with anxiety or depression.

- 2.0% had been diagnosed with ADD/ADHD.

- First Nations boys were diagnosed approximately twice as often as First Nations girls with anxiety or depression (0.4% vs. 0.9%) and ADD/ADHD (1.4% vs. 2.6%).

- Older First Nations children were more likely than younger First Nations children to have had trouble getting along with their family or to have been diagnosed with anxiety, depression, or ADD/ADHD.

- First Nations children got along better with their family, had fewer emotional and behavioural problems than other boys or girls of the same age, and had lower rates of anxiety, depression, and ADD/ADHD when their primary caregivers were both of their biological parents rather than only one or neither of their biological parents.

- As household income increased, primary caregivers less often reported that their First Nations children had more emotional or behavioural problems than other boys or girls of the same age.

- First Nations children who were reported to have had difficulty getting along with the rest of the family were diagnosed with depression more often (4.0% vs. 0.5%) and diagnosed with ADD/ADHD more often (7.1% vs. 1.8%) than children who did not have difficulty getting along with their family.

- First Nations children who were reported to have more emotional or behavioural problems than other boys or girls of their age were diagnosed with depression more often (3.5% vs. 0.3%) and diagnosed with ADD/ADHD more often (6.9% vs. 1.3%) than children who had fewer emotional or behavioural problems.