

***First Nations Regional Longitudinal  
Health Survey (RHS) 2002/03***

***Report on First Nations Seniors'  
Health and Wellbeing***

Prepared by the First Nations Centre at NAHO, on behalf of the  
First Nations Information Governance Committee

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## Introduction

This report provides a statistical overview of First Nations seniors living on reserve. Health indicators as well as other factors affecting an individual's wellbeing are presented for both seniors and young adults; this serves to highlight the challenges faced by the older population. Unless otherwise specified, all results are derived from the 2002/03 First Nations Regional Longitudinal Health Survey (RHS).<sup>1</sup>

Because of the lower life expectancy and earlier onset of chronic conditions experienced by those living on-reserve<sup>2</sup>, a cut off of 55 (years of age) was chosen. Those 55 years and older are defined as **seniors** while those between 18 and 54 are defined as **young adults**.<sup>3</sup> To facilitate comparisons with other Canadian surveys, figures for those 65 and older are also provided in some instances.

## Demographic profile of seniors

Among First Nations living on-reserve, 9% are 55 years or older; the Canadian rate is 24%.<sup>4</sup> Among those 65 and older, the rate is 4% compared to Canadians at 13%.<sup>5</sup> Half of the First Nations population over 55 years of age are women (52%) compared to 54% among Canadians.

### *Education, employment and language*

As seen in Table 1, young First Nations adults are generally more likely to have completed high school or attain post-secondary training. However, the completion rates for a post-secondary diploma or university undergraduate degree were not statistically different.<sup>6</sup> That is, while young adults are more likely to complete high school, there has been little increase in the proportion attaining post-secondary training or education.

**Table 1. Highest level of education attained by age group**

Highest education attained	Age group		Total	65+
	Young adults	Seniors		
Did not graduate high school	49.9%	65.7%	52.4%	75.9%
High school graduate	21.3%	9.5%	19.5%	10.1%
Post-secondary diploma (ns <sup>7</sup> )	23.7%	19.0%	23.0%	12.6%
Bachelor's degree (ns)	4.8%	3.3%	4.5%	*
Graduate degree	0.3%	*	0.6%	*

Overall, 41.3% of First Nations adults were employed fulltime while another 7.5% were employed on a part time basis.<sup>8</sup> Part time employment rates for seniors and young adults were not statistically different. However, less than a quarter of seniors (23.7%) were employed full time compared to 44.6% of young adults.

Table 2 compares the ability of seniors and young adults to speak or understand a First Nations language. As expected, a higher proportion of seniors are able to understand or speak a First Nations language relatively well or fluently. As seen in Figure 1, this trend becomes more evident when youth and children are included in the analysis.

**Table 2. Proportion of adults able to understand or speak one or more First Nations languages fluently or relatively well by age group.**

Language ability	Age group		Total
	Young adults	Seniors	
Understand one or more FN languages	46.2%	70.5%	56.1%
Speak one or more FN languages	39.4%	67.0%	43.9%

<sup>1</sup> Additional information about the survey and related RHS reports are available at [www.naho.ca/fnc/rhs](http://www.naho.ca/fnc/rhs).

<sup>2</sup> Indian and Northern Affairs Canada, 2001. Basic Departmental Data 2001. Ottawa: Minister of Indian Affairs and Northern Development. Catalogue no: R12-7/2000E. [http://www.ainc-inac.gc.ca/pr/sts/bdd01/bdd01\\_e.pdf](http://www.ainc-inac.gc.ca/pr/sts/bdd01/bdd01_e.pdf).

<sup>3</sup> The 1997 RHS report included a chapter about "elders" ( that adopted a cutoff of 45 years for similar reasons. The report is accessible at [http://www.naho.ca/firstnations/english/pdf/key\\_docs\\_3.pdf](http://www.naho.ca/firstnations/english/pdf/key_docs_3.pdf).

<sup>4</sup> Based on adjusted 2002 Indian Register counts. For more details, see the *First Nations Regional Longitudinal Health Survey (RHS) 2002/03 Report on Process and Methods* at [www.naho.ca/fnc/rhs](http://www.naho.ca/fnc/rhs).

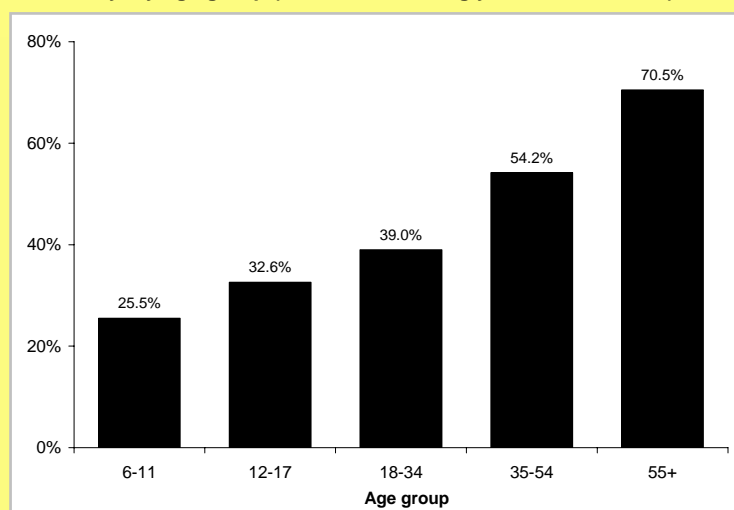
<sup>5</sup> Based on Statistics Canada estimates for 2005:

<http://www40.statcan.ca/101/cst01/demo10a.htm?searchstrdisabed=age%20group%2055&filename=demo10a.htm&lan=eng>

<sup>6</sup> For this report, differences between groups are considered statistically significant if their confidence intervals do not overlap at the 95% confidence level.

<sup>7</sup> "ns" refers to a difference that is not statistically significant. See previous note.

<sup>8</sup> Fulltime employment is defined as 30 or more hours a week of paid employment and part time as less than 30 hours a week.

**Figure 1. Proportion who understand a First Nations language 'relatively well' or 'fluently' by age group (n=19,574 including youth and children)**

### *Marital status and living arrangements*

Seniors are more likely to be married (44.7% vs. 28.0%), divorced (6.5% vs. 3.4%), and widowed (20.5% vs. 1.3%) whereas young adults are more likely to be single (41.4% vs. 14.6%) or living in common law relationships (21.3% vs. 7.0%).

Young adults are twice as likely as seniors (73.0% vs. 35.9%) to live with children<sup>9</sup> about three times more likely to be living in crowded<sup>10</sup> homes (19.2% vs. 6.8%).

## **Lifestyle**

### *Dietary patterns*

First Nations seniors are more likely than young adults to consume a healthy and nutritious diet 'always or nearly always'. Table 3 presents the consumption patterns of various foods (at least once a week). Young adults were more likely to consume soft drinks, fast food, French fries and salty snacks. They were also more likely to add sugar and salt to their meals at least once a week.

**Table 3. Consumption of various foods (at least once a week)**

Food	Age group		Total
	Young adults	Seniors	
Coffee or tea	66.9%	81.7%	69.3%
Soft drinks or pop	35.2%	18.3%	32.5%
Fast food	9.1%	1.6%	7.9%
Cakes, pies, candy, or chocolate (NS)	8.8%	7.4%	8.6%
French fries, potato chips, pretzels, fry bread	10.9%	3.9%	9.8%
Added salt	55.2%	46.8%	53.8%
Added sugar	54.4%	41.2%	52.3%

Interestingly, there were no age group differences (seniors vs. young adults) in the consumption of traditional foods such as, land based animals, fresh and salt water fish or animals, small game, fry bread, berries or wild vegetation, or corn soup.

<sup>9</sup> One or more, under 18 years of age in the household.

<sup>10</sup> More than one person per room. Rooms includes kitchens, bedrooms, living rooms and finished basement rooms but not bathrooms, halls, laundry rooms, and attached sheds

### *Alcohol consumption and non-traditional use of tobacco*

Young adults were more likely than seniors to have consumed alcohol in the previous year (70.6% vs. 40.2%) and (among drinkers) are more likely to have had 5 or more drinks on one occasion (85.1% vs. 64.0% among alcohol users) over the past year.

Overall, 58.8% of adults are smokers (daily or occasionally). Compared with seniors, the smoking rate among young adults is more than twice as high: 64.0% vs. 31.5%. Seniors are more likely to be former smokers (35.7%) than young adults (20.6%).

## **General health, medical Conditions, and health care access**

### *General health*

Seniors are more than twice as likely to report themselves to be in fair or poor health compared to their younger counterparts (41.0% vs. 16.5%) and about half as likely to be in very good or excellent health (21.0% vs. 43.3%).

### *Disabilities and chronic health conditions*

Seniors were nearly three times more likely to have a disability<sup>11</sup> than young adults (48.8% vs. 18.0%). Depending on which survey used to compare, the RHS rate is between 30% and 80% higher than for Canadian seniors in general.<sup>12</sup>

Table 4 presents the prevalence of the reported health conditions for both senior and younger adults. With a few exceptions, the prevalence for each condition is higher among seniors. The most pronounced differences are seen for cataracts (more than 20 times more common), glaucoma, heart disease, osteoporosis, stroke, and emphysema.

Seniors are nearly twice as likely to report one or more chronic health conditions (85.2% vs. 47.8%) and nearly three times as likely to report two or more conditions (66.9% vs. 24.7%).

### *Complications resulting from diabetes and disease management*

Seniors were more likely to report complications resulting from diabetes, including: effects on vision (47.8% vs. 29.4%), lower limbs (29.7% vs. 14.8%), blood circulation (25.8% vs. 18.8%), kidney function (20.7% vs. 12.7%), and cardiac function (17.8% vs. 7.0%).

There were no age-related differences in the way First Nations adults used traditional medicine, traditional ceremonies and healers, diet, insulin, medication, or diabetes clinics to manage their diabetes. However, seniors were more likely to report exercise as a measure to control their diabetes (60.1% vs. 38.7%), but, less likely to (72.8% vs. 88.6%) to say that the condition prompted them to adopt a healthier lifestyle.

### *Access to health care services*

Both age groups felt the same way in terms of their level of access to health care services compared to the general Canadian population. Likewise, there were no differences in the proportion who reported barriers or difficulties in accessing health care services (e.g. availability of doctors and nurses, availability of health care facilities, direct costs of services, and issues of cultural appropriateness). Similarly, there were no reported differences in the difficulty of accessing NHIB funded services.

In terms of traditional medicines, seniors were also more likely to have used traditional medicine in the past year (43.6% vs. 37.3%) while a larger proportion of young adults reported that they did not know enough about them (21.5% vs. 9.4%).

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<sup>11</sup> Respondents were considered to have a disability if they said that, because of a physical or mental condition or health problem, they were "often" or "sometimes" limited in the kinds or amount of activity they could do at home, work or school, or in other activities such as leisure or traveling.

<sup>12</sup> For discussion, see Chapter 4 of the *First Nations Regional Longitudinal Health Survey: Results for Adults, Youth and Children Living in First Nations Communities* ([http://www.naho.ca/firstnations/english/documents/RHS2002-03TechnicalReport\\_001.pdf](http://www.naho.ca/firstnations/english/documents/RHS2002-03TechnicalReport_001.pdf))

**Table 4. Prevalence of chronic health conditions by age group**

Condition	Age group		Ratio sr/young	Total	65+
	Young adults	Seniors			
Arthritis	13.7%	<b>43.4%</b>	3.2	18.5%	39.6%
High blood pressure	10.4%	<b>38.5%</b>	3.7	14.9%	36.6%
Diabetes	10.3%	<b>36.2%</b>	3.5	14.4%	35.9%
Hearing impairment	5.4%	<b>23.3%</b>	4.3	8.3%	32.4%
Chronic Back Pain	12.5%	<b>22.4%</b>	1.8	14.1%	20.0%
Allergies (ns)	17.6%	21.9%	1.2	18.3%	17.0%
Cataracts	1.0%	<b>21.5%</b>	21.5	4.3%	33.7%
Heart Disease	2.5%	<b>18.1%</b>	7.2	4.9%	22.5%
Stomach and intestinal problems	6.5%	<b>13.6%</b>	2.1	7.7%	12.0%
Asthma	9.0%	<b>13.5%</b>	1.5	9.7%	12.6%
Osteoporosis	1.6%	<b>10.2%</b>	6.4	2.9%	12.1%
Rheumatism	2.0%	<b>10.0%</b>	5.0	3.3%	12.8%
Thyroid problems	3.0%	<b>8.3%</b>	2.8	3.9%	7.6%
Glaucoma	0.7%	<b>7.3%</b>	10.4	1.7%	10.5%
Blindness or serious vision problems	2.6%	<b>6.8%</b>	2.6	3.3%	7.0%
Tuberculosis	2.3%	<b>6.0%</b>	2.6	2.9%	8.4%
Chronic Bronchitis	2.8%	<b>5.3%</b>	1.9	3.2%	3.4%
Effects of stroke	0.8%	<b>4.9%</b>	6.1	1.4%	6.0%
Cancer	1.2%	<b>4.4%</b>	3.7	1.7%	5.3%
Psychological or nervous disorders (ns)	2.5%	3.8%	1.5	2.7%	*
Liver disease (excluding hepatitis)	1.1%	<b>2.4%</b>	2.2	1.3%	*
Emphysema	0.4%	<b>2.3%</b>	5.8	0.7%	*
Epilepsy	0.9%	*		1.0%	*
Cognitive or mental disability	1.0%	*		1.1%	*
ADD/ADHD	0.9%	*		0.8%	*
Learning disability	2.3%	*		2.2%	*
Hepatitis	1.2%	*		1.2%	*
HIV/AIDS	*	*		*	*

Notes: \*value suppressed due to small cell size; bold values indicate a significantly higher rate.

### Medical tests and examinations

Table 5, below, presents the proportion of adults who received various screening tests and examinations in the previous year. With the exception of PAP smears, seniors were more likely than their younger counterparts to have had each examination.<sup>13</sup> The largest relative difference is seen with rectal examinations and cholesterol tests.

**Table 5. Rate of various medical tests and examinations (within the past year) by age group**

Test or Examination	Age group		Ratio sr/non-sr	Total	65+
	Young adults	Seniors			
Cholesterol test	30.1%	<b>61.8%</b>	2.1	35.1%	59.7%
Vision test or eye examination	55.1%	<b>71.0%</b>	1.3	57.6%	74.8%
Blood pressure test	61.8%	<b>85.0%</b>	1.4	65.6%	86.9%
Blood sugar test	49.0%	<b>78.3%</b>	1.6	53.7%	79.5%
Complete physical examination	39.6%	<b>59.9%</b>	1.5	42.9%	58.0%
Rectal examination	10.0%	<b>23.2%</b>	2.3	12.1%	20.3%
Mammogram (within past 3 years)*	19.6%	<b>59.3%</b>	3.0	26.4%	45.4%
PAP smear (within past year)*	<b>52.6%</b>	24.5%	0.5	48.2%	20.4%

Note: \*among women only; bold values indicate a significantly higher rate.

<sup>13</sup> Some older women believe that they no longer need PAP smears ([www.emedicinehealth.com/pap\\_smear/article\\_em.htm](http://www.emedicinehealth.com/pap_smear/article_em.htm)). Although this is generally not the case, Health Canada does consider it appropriate for older women to have less frequent Pap Smears in some circumstances ([http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/cervical-uterus\\_e.html](http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/cervical-uterus_e.html))

## Summary

- Among the on-reserve population, 16 percent are 55 years of age or older.
- Nearly two-thirds of First Nations seniors did not complete high school or post-secondary school training.
- First Nations seniors are more likely than their younger counterparts to understand or speak a First Nations language fluently or relatively well.
- The most prevalent medical conditions burdening First Nations seniors are: arthritis, high blood pressure, diabetes, hearing impairment, chronic back pain, allergies, cataracts, and heart disease.
- Among First Nations adults with diabetes, seniors are more likely than young adults to have complications with their vision, blood circulation, kidney function, and cardiac function (due to complications from diabetes).
- There were no differences in how First Nations seniors and young adults rated their level of access to healthcare compared to the general Canadian population.
- First Nations seniors are less likely to be alcohol users than young adults: 40.2% vs. 70.6% consuming at least one drink in the past year.
- First Nations seniors are much less likely to be smoking compared to young adults: 31.5% vs. 64.0%.