

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



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and Manitoba First Nations Centre for Aboriginal Health Research

Authors:
AMC Health Information Research and Governance Committee (HIRGC)
Dr. Brenda Elias
Jeff LaPlante, B.A.

For further information or to obtain additional copies,
please contact

Assembly of Manitoba Chiefs
Suite 200 - 260 St. Mary Avenue
Winnipeg, Manitoba, R3C 0M6
<http://www.manitobachiefs.com/>

or

Manitoba First Nations Centre for Aboriginal Health Research
Suite 715, 7th Floor
J. Buhler Research Centre
715 McDermot
Winnipeg, MB R3E 3P4
<http://www.umanitoba.ca/centres/cahr/>



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II. ACKNOWLEDGEMENTS

Miigwech

Ekosi

Mahsi Cho

Wopida

Thank you!

Participating Communities

Children's Survey

Black River First Nation
Bloodvein First Nation
Brokenhead First Nation
Canupawakpa Dakota Nation
Ebb and Flow First Nation
Fisher River Cree Nation
Garden Hill First Nation
Grand Rapids First Nation
Hollow Water First Nation
Kinonjeoshtegon First Nation
Long Plain First Nation
Mathias Colomb First Nation
Nisichewayasihk Cree Nation
Norway House Cree Nation
Opaskwayak Cree Nation
Pinaymootang First Nation
Pine Creek First Nation
Rolling River First Nation
Roseau River Anishinaabe First Nation
St Theresa Point First Nation
Sagkeeng First Nation
Sayisi Dene First Nation
Shamattawa First Nation
Sioux Valley Dakota Nation
Tataskweyak Cree Nation
Waywayseecappo First Nation
Wuskwi Sipink First Nation
York Factory First Nation

Youth Survey

Black River First Nation
Bloodvein First Nation
Brokenhead First Nation
Canupawakpa Dakota Nation
Ebb and Flow First Nation
Fisher River Cree Nation
Garden Hill First Nation
Grand Rapids First Nation
Hollow Water First Nation
Kinonjeoshtegon First Nation
Long Plain First Nation
Mathias Colomb First Nation
Nisichewayasihk Cree Nation

Norway House Cree Nation
Opaskwayak Cree Nation

Pinaymootang First Nation
Pine Creek First Nation
Rolling River First Nation
Roseau River Anishinaabe First Nation
St Theresa Point First Nation
Sagkeeng First Nation
Sayisi Dene First Nation
Shamattawa First Nation
Sioux Valley Dakota Nation
Tataskweyak Cree Nation
Waywayseecappo First Nation
Wuskwi Sipink First Nation
York Factory First Nation

Adult Survey

Black River First Nation
Bloodvein First Nation
Brokenhead First Nation
Canupawakpa Dakota Nation
Ebb and Flow First Nation
Fisher River Cree Nation
Garden Hill First Nation
Grand Rapids First Nation
Hollow Water First Nation
Kinonjeoshtegon First Nation
Long Plain First Nation
Mathias Colomb First Nation
Nisichewayasihk Cree Nation
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Waywayseecappo First Nation
Wuskwi Sipink First Nation
York Factory First Nation

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Thank you!

Participating Tribal Councils

Dakota Ojibway Tribal Council
Island Lake Tribal Council
Interlake Reserves
Keewatin Tribal Council
Southeast Resource Development Council
Swampy Cree Tribal Council
West Region Tribal Council

Community Interviewers

Barren Lands First Nation	Neil Thomas
Barren Lands First Nation	Angelique Halkett
Barren Lands First Nation	Horace Laponsee
Berens River First Nation	Florence Jasper
Berens River First Nation	Carol Semple
Bloodvein First Nation	Myrtle Pronteau
Bloodvein First Nation	Donna Young-Skye
Brokenhead First Nation	Delores Chief-Abigosis
Bunibonibee Cree Nation	Roxanne Grieves
Canupawakpa Dakota Nation	Donna Sutherland
Canupawakpa Dakota Nation	Linda Bell
Ebb and Flow First Nation	Arnold Baptiste
Ebb and Flow First Nation	Lillian Houle
Ebb and Flow First Nation	Evelyn Racette
Fisher River Cree Nation	Rose Marie Fleury
Fisher River Cree Nation	Cheryl Kirkness
Fisher River Cree Nation	Amanda Cochrane
Fisher River Cree Nation	Geraldine McKay
Fisher River Cree Nation	Donna Clarke
Fisher River Cree Nation	Carol Cochrane
Fisher River Cree Nation	Corinne Murdoch
Garden Hill First Nation	Dora Murdock
Garden Hill First Nation	Georgina Monias
Garden Hill First Nation	Esther Monias
Grand Rapids First Nation	Olivia Nasikapow
Grand Rapids First Nation	Barbara Nasikapow
Hollow Water First Nation	Zelma Moneas
Hollow Water First Nation	Caroline Moneyas
Hollow Water First Nation	Vivian Hardisty
Hollow Water First Nation	Velma Seymour

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Community Interviewers (continued)

Kinonjeoshtegon First Nation	Sharon Sinclair
Little Black River First Nation	Marc Bird
Long Plain First Nation	Melanie Yellow Quill
Long Plain First Nation	Cheryl Meeches
Long Plain First Nation	Roxane Meeches
Long Plain First Nation	Ralph Francis
Long Plain First Nation	Farah Meeches
Long Plain First Nation	Jessica Malcolm
Long Plain First Nation	Laura Pashe
Long Plain First Nation	Terrence Francis
Long Plain First Nation	Memory Merrick
Long Plain First Nation	Valerie Myran
Mathias Colomb First Nation	Charlene Cook
Mathias Colomb First Nation	Anna Liese Dumas
Norway House Cree Nation	George Duncan
Norway House Cree Nation	Margaret Maxwell
Norway House Cree Nation	Bertha McKay
Norway House Cree Nation	Pauline Dixon
Opaskwayak Cree Nation	Kenneth Lathlin
Pinaymootang First Nation	Cecile Murdock
Pinaymootang First Nation	Myrlene Murdock
Pinaymootang First Nation	Elizabeth Hornbrook
Pinaymootang First Nation	Phyllis Wood
Pinaymootang First Nation	Lorna Ryle
Pinaymootang First Nation	Anthony Thompson
Pine Creek First Nation	Mary Mc Kay
Pine Creek First Nation	Lenora Nepinak
Rolling River First Nation	Daniel Gaywish
Rolling River First Nation	Myrna Young
Rolling River First Nation	Eugene Gaywish
Roseau River Anishinaabe First Nation	James Robbie
Roseau River Anishinaabe First Nation	Marcy Nelson
Roseau River Anishinaabe First Nation	Yolanda Roberts
Sagkeeng First Nation	Vince Fontaine
Sagkeeng First Nation	Kelvin Sinclair
Sagkeeng First Nation	Darlene Courchene
Sagkeeng First Nation	Mabel Harry
Sagkeeng First Nation	Jeff Courchene

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Community Interviewers (continued)

Sayisi Dene First Nation	Edna Thorassie
Sayisi Dene First Nation	Joan Thorassie
Sayisi Dene First Nation	Thomas Cutlip
Sayisi Dene First Nation	Sheila Hyslop
Sioux Valley Dakota Nation	Melissa Bone
Sioux Valley Dakota Nation	Leaha Tacan
Sioux Valley Dakota Nation	Jordan Mc Kay
St. Theresa Point First Nation	Curtis McDougall
St. Theresa Point First Nation	Purvis McDougall
Tataskweyak Cree Nation	Elizabeth Keeper-Garson
Tataskweyak Cree Nation	Robert Garson
Tataskweyak Cree Nation	Maria Morris
Tataskweyak Cree Nation	Stacey Flett
Tataskweyak Cree Nation	Stephanie Kitchekeesik
Tataskweyak Cree Nation	Sylvia Saunders
Waywayseecappo First Nation	Andy Mecas
Waywayseecappo First Nation	Tina Cote
Waywayseecappo First Nation	Andrea Mecas
Wuskwi Sipiik First Nation	Marie Munroe
Wuskwi Sipiik First Nation	Patricia Leask
York Landing First Nation	Leighton Wastesicoot
York Landing First Nation	Sandy Beardy
York Landing First Nation	Leona Saunders

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III. Foreword by Grand Chief Ron Evans

In a little more than a decade since the mid 1990s, the Regional Health Survey (RHS) has become world renown as the first survey of choice of First Nations, designed and implemented by First Nations for First Nations. We are proud that the Assembly of Manitoba Chiefs, and our Health Director at the time, the late Audrey Leader, played such a prominent role in making this RHS a reality, and in the development of the First Nations OCAP principles, that First Nations have ownership, control, access and possession of First Nations data.

The existence of the OCAP principles, and the recognized leadership of First Nations in collaborating across the country to roll out the RHS (1997-98 and in 2002-03) has meant a power shift in research. No longer are First Nations the subjects of research, rather we are now the researchers and partners in research. We own the data which means that, if academics, governments, businesses want to do research about our people, they now have to ask permission from First Nations, and seek partnerships with First Nations.

I wish to congratulate the many people who have worked to oversee and undertake the research process and to gather and analyze the 2002-3 data the Manitoba First Nations Regional RHS Report: the AMC Health Information Research Committee, Dr. Brenda Elias and the staff at the Manitoba Centre for Aboriginal Health Research at the University of Manitoba, AMC health policy staff over several years, and the Chiefs and Councils, Health Directors, the interviewers and participants in the 26 Manitoba First Nations who participated in the 2002-3 RHS.

It is due to the efforts of all these people, and their willingness to contribute their information, that we now have a picture of the health status of our people according to our own criteria. This information can be used by all Manitoba First Nations in planning health services and advocating for change to better the quality of life of our people.

We can now look forward to the 2008 RHS! Ekosi.

Grand Chief Ron Evans



IV. Manitoba Regional Report - The Regional Longitudinal Health Survey (RHS)

In Canada, the Assembly of Manitoba Chiefs Health Information and Research Committee and the Manitoba First Nations Centre for Aboriginal Health Research have taken the lead in developing comprehensive health information databases to address community, tribal council and regional health policy and program development needs (AMC, MKO, SCO).

In Manitoba, First Nations leaders, policy advisors, as well as community and tribal health service workers urgently require information on the health of the Manitoba First Nations population and on factors associated with good and poor health. This information is required to secure immediate and long-term financial and human resources necessary for improving and developing policy and programs for healthy First Nations communities. The Manitoba First Nations Regional Longitudinal Health Survey of Children, Youth and Adults is a joint initiative of the Assembly of Manitoba Chiefs (AMC) and the Manitoba First Nations Centre for Aboriginal Health Research at the University of Manitoba.

In 1997, we successfully launched the first wave of the Manitoba First Nations health survey. This survey was part of a national First Nations and Inuit Health Survey designed to create a regional and national health profile of the First Nations population. In Manitoba, the invited communities welcomed the survey as a means to obtain community and regional health information on the Manitoba on-reserve population. This positive response resulted in one of the highest participation rates achieved out of all regions that participated in the survey. Indeed, we achieved a random sample of 1948 adults and 870 children/youth (0-17 years) from 17 randomly selected Manitoba First Nations communities. The success of the 1997 survey demonstrated Manitoba First Nations' capacity to lead the way in developing health information that meets the needs of Manitoba First Nation communities. The 2003-4 Manitoba First

Nations Regional Longitudinal Health Survey builds on that leadership and success.

The current survey is part of a larger national study conducted in First Nation communities across Canada. The First Nation Centre of the National Aboriginal Health Organization (NAHO) has been responsible for coordinating all national parts of the survey (from design to dissemination) on behalf of the Assembly of First Nations health information governance committee. In Manitoba, the Assembly of Manitoba Chiefs and the Manitoba First Nations Centre for Aboriginal Health Research jointly managed Manitoba's participation (from design to dissemination) on behalf of Manitoba First Nations communities.

The national survey included three unique surveys that addressed the health of children, youth and adults. All three surveys have a set of "National Core Questions" that all participants answered, regardless of region. To make these surveys more applicable to Manitoba First Nation communities, the Manitoba First Nations Centre for Aboriginal Health Research and the Assembly of Manitoba Chiefs Health Information and Research Committee designed Manitoba specific questions to address a broad range of health issues and factors associated with the health of Manitoba First Nations people (Appendix A, B, and C).

The health and social determinant areas covered in these surveys include questions on general wellbeing, health conditions, diabetes, health conditions of women, dental health, disabilities, physical activity, health behaviours, early childhood development, non-insured health benefits, health service utilization, spirituality, residential school issues, housing, environmental health, economic issues, youth resiliency, education issues, community wellbeing, and other social factors related to health. Included in the appendix of this report are copies of the surveys to illustrate

the range of questions required to provide a comprehensive and holistic understanding of health.

Methods

The survey provides cross-sectional estimates of health determinants, health status and health system utilization for children, youth and adults. A multi-stage stratified random sampling approach (tribal community affiliation and community size) was used to select a representative sample of Manitoba on-reserve First Nations communities. Small (pop. < 500), medium (pop. 500 - 999), and large communities (pop. > 1000) were randomly selected from 7 Tribal Council regions. The sample in each community was stratified by age and sex. (Child survey: 0-11 years; Youth survey: 12 - 17 yrs; Adult survey: 18 - 54 yrs and 55 yrs and over).

The survey was implemented in 26 communities for the adult/children surveys and 23 communities for the youth survey. In each community, interviewers randomly selected households and interviewed, where possible, two adults living in the household (1 male and 1 female) and all adults age 55 years and older. In each household, one child or youth under 18 years of age were selected. All respondents aged 14 and over provided written consent and a legal guardian consented for youth and children under the age of 14. Over 60% agreed to link their survey responses to the Manitoba administrative health databases.

Interviewers administered the survey to adults and youth, and a primary caregiver answered on behalf of the child (proxy interview). For more sensitive questions or in less private settings, respondents read the questions and selected responses. In these cases, the interviewer only assisted the

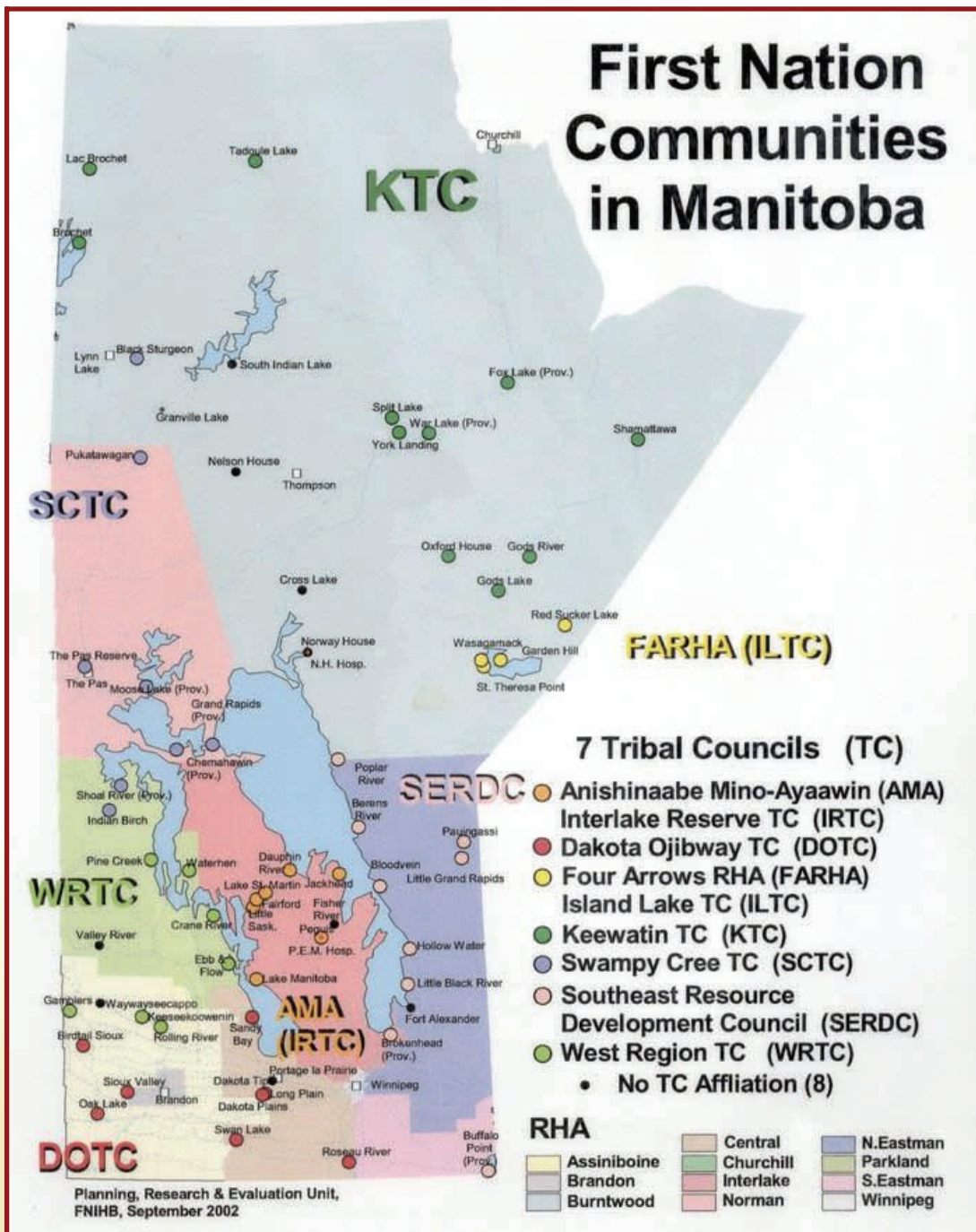
respondent when they had a question.

The response rate for the child survey (0 - 11 years) was 81% (1175 sample; 1448 target sample; N=26 communities), with 60% of the communities achieving a response rate of over 80%. Females and males equally participated (51% females and 49% males).

For the youth survey (12 - 17 years), the response rate was 70.1% (n=1139 sample; 1636 target sample; N=23 communities), with nearly 60% of the communities achieving a response rate of over 70%. The participation rate for females (48%) and males (52%) was approximately equal.

The adult survey achieved a response rate of 77% (n=3301 sample; 4330 target sample; N=26 communities), with 60% of the communities achieving a response rate of over 80%. Slightly more adult females (55%; nf=1815), as opposed to males (45%; nm=1485), participated in the survey.

First Nation Communities in Manitoba



A: Traditional Culture and Language

27% of Youth and 62% of Adults indicated they understand a First Nations language.

22% of Youth and 54% of Adults indicated they can speak a First Nations language fluently or relatively well.

85% of Adults said traditional and cultural events were important in their life.

29% of Youth, 23% of Children, and 21% of Adults practice traditional First Nations beliefs.

I. Language

Respondents were asked to indicate how well they understand and speak a First Nations language, as well as which languages they use on a daily basis.

Many (79%) of the caregivers surveyed reported that their children understood English, or spoke it fluently (76%). Adults were more likely than youth and children to report understanding a First Nations language and the ability to speak a First Nations language. Nearly a fifth of caregivers (18%) reported their children’s understanding of the language is fluent or relatively well, while 27% of youth and 62% of adults reported understanding a First Nations language fluently or relatively well. Children were the most likely to report no understanding at all (37%)(Table 1-A1).

Much like the results for understanding a First Nations language, children and youth rated lower than adults in their ability to speak the language. As for speaking a First Nations language, almost half of all caregivers (46%) indicated their child cannot speak a First Nations language. Youth respondents reported similarly to children in their ability to speak a few words (40%), and only 38% reported not being able to speak the language at all. More youth (22%) than children reported speaking a

First Nations language fluently or relatively well. More than half (54%) of adult respondents reported they could speak a First Nations language fluently or relatively well, while 23% reported being able to speak a few words and 23% reported they could not speak a First Nations language (Table 1-A2). Most (90%) of caregivers and 78% of youth viewed speaking a First Nations language as important.

The RHS asked youth and adult respondents to indicate what language they use most often in daily life. Both youth (81%) and adults (66%) were most likely to use English or French only on a daily basis. As for using a combination of English and First Nations language in daily life, 18% of adults and only 10% of youth reported the daily use of both English and a First Nations language. Of these languages, results show that youth (9%) and adult (16%) respondents were least likely to report using a First Nations language on a daily basis (Tables 1-A3 and 1-A4).

Table 1-A1 Respondents’ understanding of a First Nations language

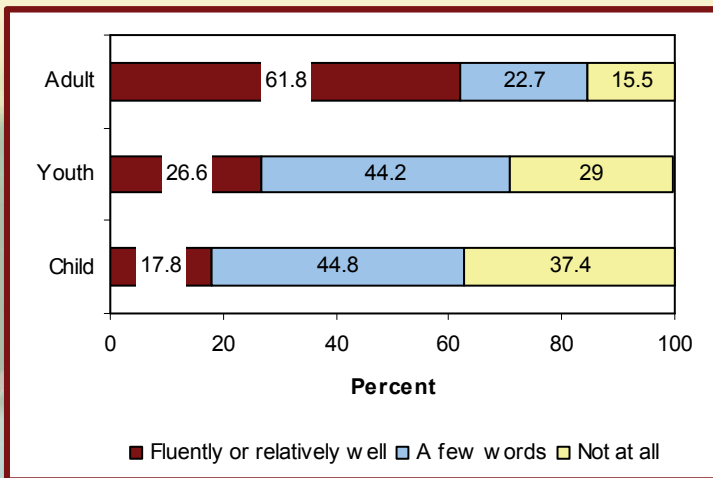
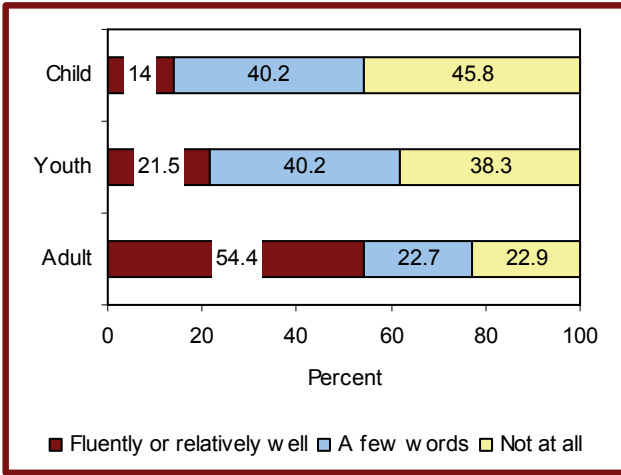


Table 1-A2 Respondent speaks a First Nations language



II. Traditional Activities

Respondents were asked to indicate what types of traditional, spiritual, and cultural activities they participate in. Table 1-A5 shows the activities that more than 50% of adult respondents reported. Many adults reported participating in community events (69%), going on picnics (68%), participating in community feasts (67%), hunting/gathering food (61%), and going camping (56%).

Relating to more specific traditional activities, 39% of adults reported they had taught young people about traditional foods, or how to obtain traditional foods (34%). Over a third (36%) of adults reported having been to a traditional medicine person (36%) and reported still using (35%) or gathering traditional medicines (22%). A quarter (25%) of adult respondents consulted a community member about using traditional plants for traditional medicine. Many adults also go to powwows (57%) but only a small number actually participate (15%).

Similarly, many youth reported their participation in traditional and cultural activities. Table 1-A6 shows which activities more than 40% of youth respondents participated in. As well, 37% indicated they help prepare traditional foods for meals.

Table 1-A7 shows children’s participation in traditional, spiritual, and cultural activities, as reported by more than 20% of caregivers.

Children’s involvement in activities around traditional foods was reported to be somewhat limited, with only 29% of children reported to go out on the land to hunt, trap, fish or gather traditional foods, 13% reported to help in the preparation of traditional foods, and 9% reported to help with butchering/skinning animals or cleaning fish.

Table 1-A3 Language most often used on a daily basis among Youth respondents

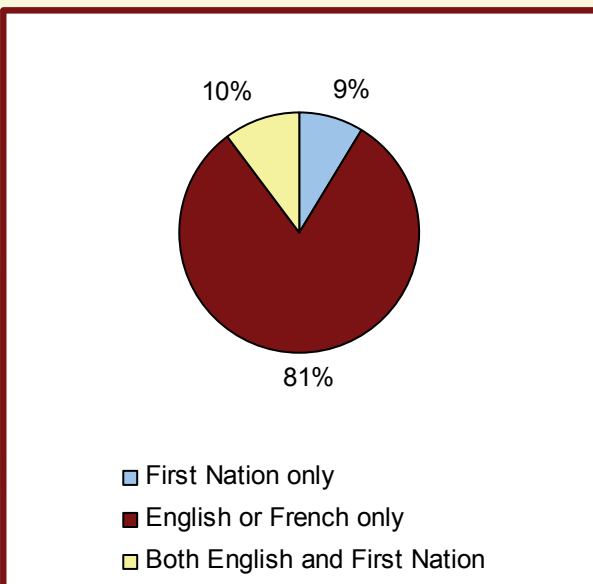
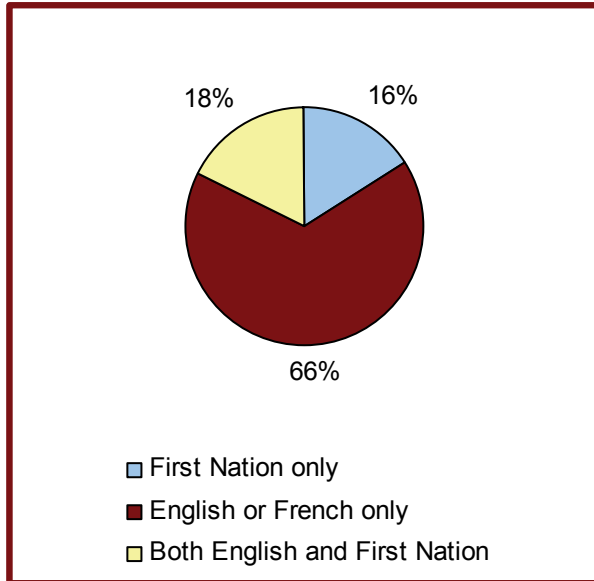


Table 1-A4 Language most often used on a daily basis among Adult respondents



Most adults (85%) indicated that traditional-cultural events were important in their life. Fewer caregivers (72%) considered these events as important in the life of their child and only 57% of youth considered traditional-cultural events as important in their life.

The RHS asked caregivers to indicate which individuals help children understand their First Nations culture, and most said the grandparents (59%) and parents (57%) were integral in this activity. Youth were almost as likely to report that their parents (52%) and grandparents (50%) helped them understand their culture. Table 1-A8 shows which people caregivers and youth indicated were the most likely to help with understanding culture.

III. Spirituality

When asked about their spirituality, the majority of respondents reported they followed a Christian belief system; 55% of adults, 41% of youth, and 59% of caregivers reporting for children. Around a quarter of all respondents reported they hold traditional native belief systems, and youth (29%) were more likely than children (23%) or adults (21%) to hold these beliefs. Youth were also the most likely to report no religion or belief system (17%), compared to 11% of adults and 4% of children. Some respondents practice both traditional and Christian religions or beliefs, and caregivers were more likely (15%) than adult (13%) and youth (9%) respondents to report this combination (Tables 1-A9 and 1-A10).

A large number of adults (69%) ranked spirituality as important and a similar number (68%) believed that spiritual wellbeing contributes to physical, mental and emotional health. However, fewer caregivers of children (64%) and even less youth (35%) believed that spiritual wellbeing contributes

Table 1-A5 Participation in traditional, spiritual and cultural activities reported by more than 50% of Adult respondents

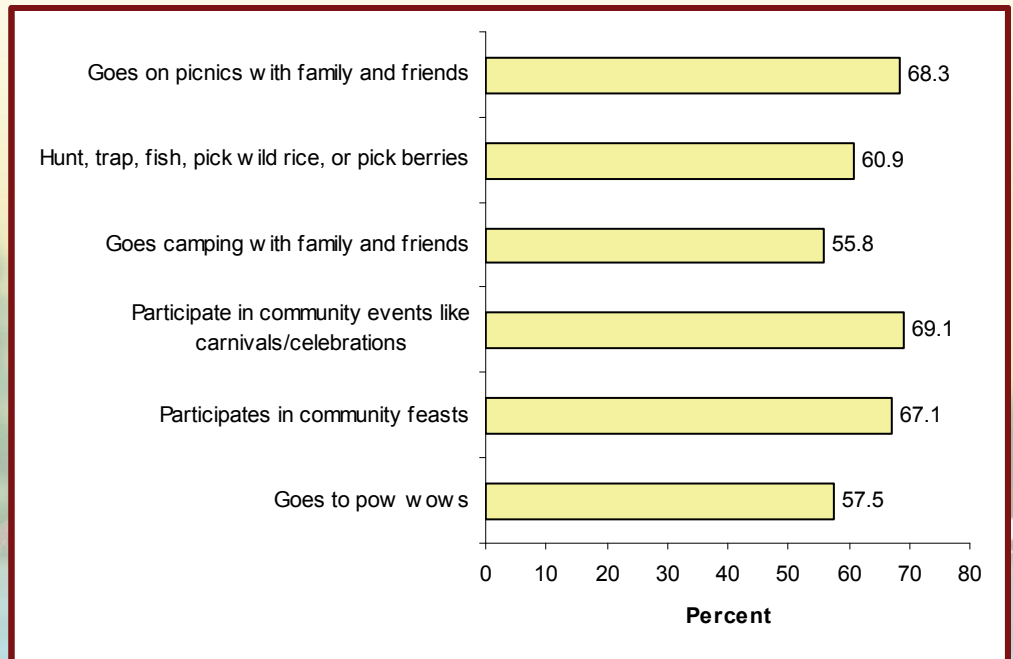


Table 1-A6 Participation in traditional, spiritual and cultural activities reported by more than 40% of Youth respondents

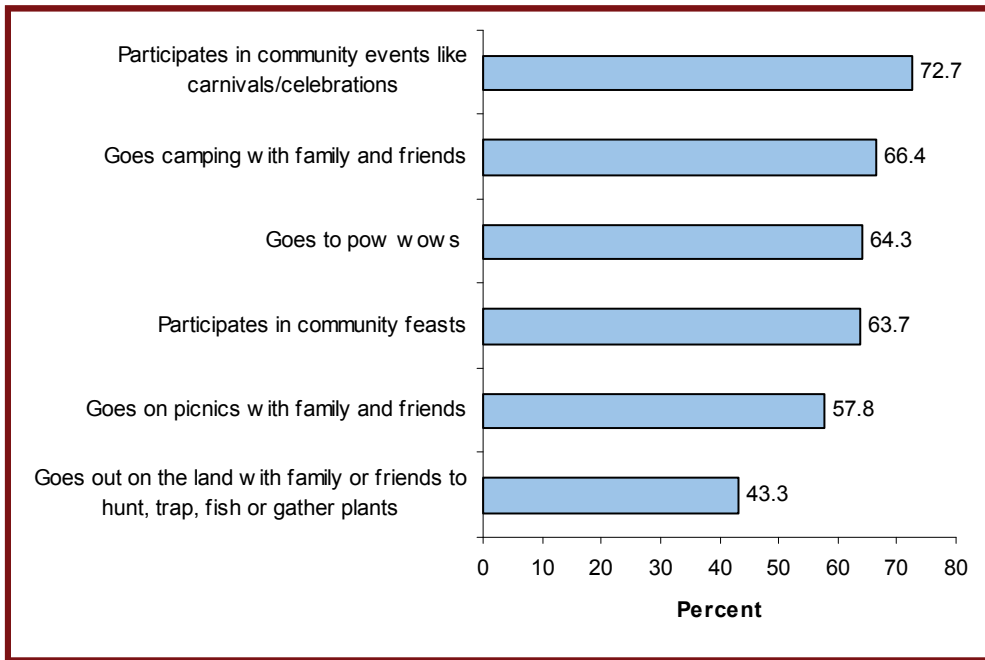


Table 1-A7 Children's participation in traditional, spiritual and cultural activities reported by more than 20% of Caregivers

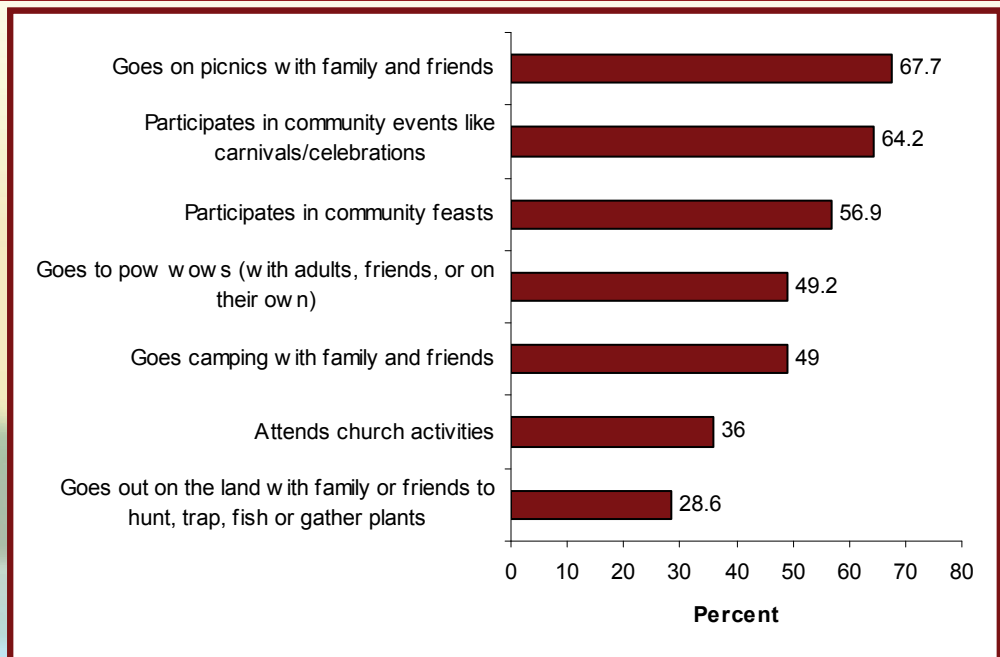
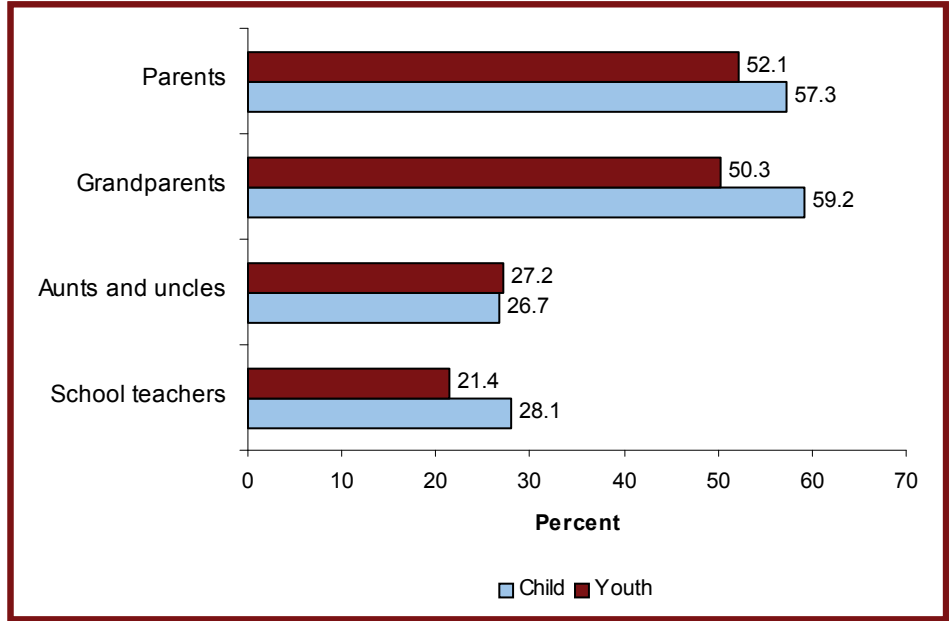


Table 1-A8 People who help Youth and Children understand their culture reported by more than 20% of Caregivers and Youth

to holistic health.

The results show that caregivers and adults were more likely than youth to feel that their beliefs of spirituality and healing have a positive impact on their lives. A large number of adults (73%) and caregivers (68%) felt that praying helps them. Nearly as many adult respondents (69%) reported their beliefs made them feel more balanced in their life, as did 58% of caregivers.



Although many youth (73%) indicated that spirituality and faith were important to them, only 39% felt that their spirituality made them a stronger person, helped them through each day, or helped them feel more balanced in their life and with healing (37%). Almost half of youth respondents reported that praying helps them (45%).

Adult respondents were asked if they felt there was some progress in promoting First Nations cultural ways in their community in the past 12 months. For nearly every category, however, a similar proportion of adult respondents felt that there was no progress or were not certain if there was any progress at all. Table 1-A11 shows adult respondents' opinions on the progress, or lack of progress, of traditional, spiritual and cultural awareness in their communities.

Table 1-A9 Religion or beliefs of Youth respondents

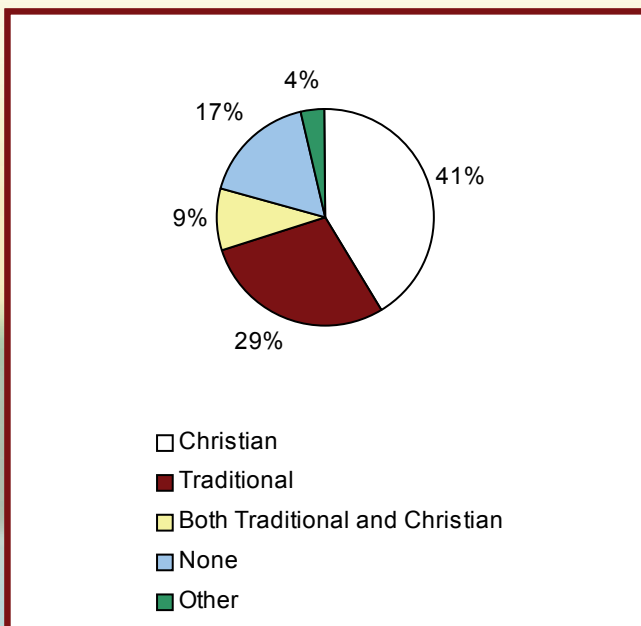


Table 1-A10 Religion or beliefs of Adult respondents

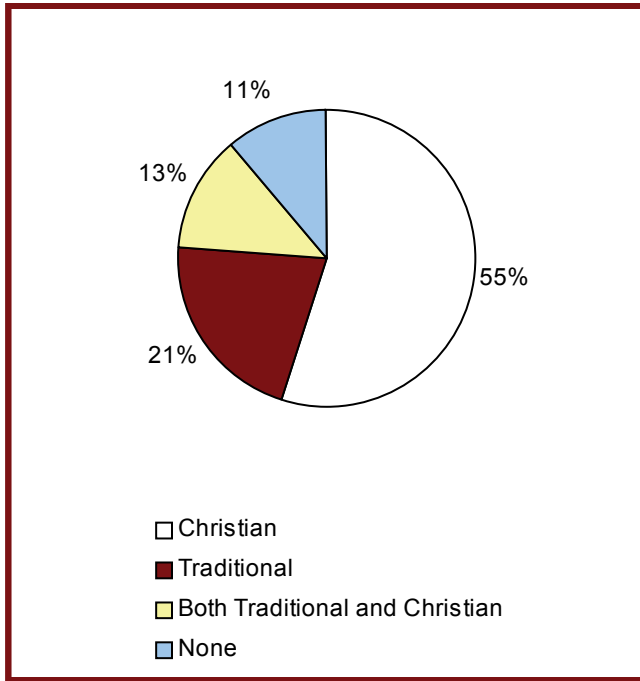
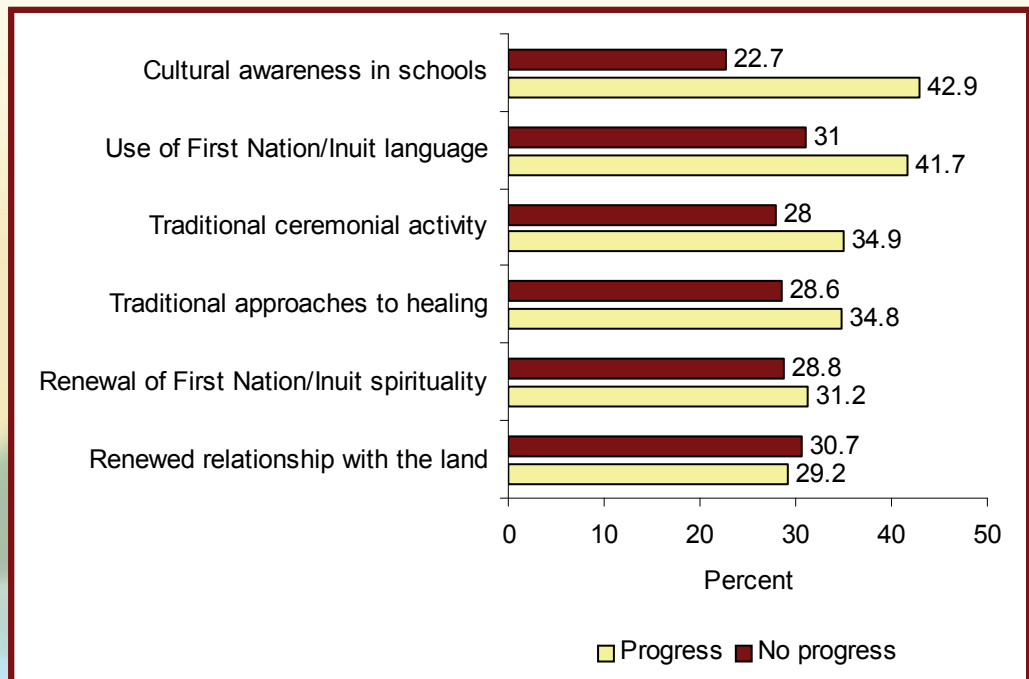


Table 1-A11 Adult respondents' opinions on progress in their communities



B. Education and Economic Circumstances

60% of Children were attending school; 33% were still too young.

94% of Youth were attending school.

14% of Adults have a diploma or degree, and 36% have had some post-secondary education.

.....

54% of Caregivers' main source of income was social assistance.

60% of Adults indicated they were not working for pay at the time of the survey.

Respondents were asked a variety of questions regarding education, such as current attendance and highest level completed.

According to caregivers, 60% of children are attending school, 7% are not, and 33% are still too young. Of those caregivers who reported that their children are currently attending school, 30% attended an Aboriginal Head Start Program at one time (Table 1-B1). Most caregivers (97%) reported that their child always or sometimes looks forward to going to school.

Caregivers were asked to rate how well their child is doing in school compared to other children her/his age, with 28% reporting that their child is above average or average, and 42% rated as below average.

According to caregivers, 18% of children have repeated a grade, while 4% have skipped or advanced a grade as a result of academic performance, or have been enrolled in academically gifted programs. Most caregivers have also taken an interest in their child's academic performance, as 64% reported that they always help their child with schoolwork at home, and 29% reported they help their child when needed.

Many caregivers of children (66%) reported that the school reflects their values and child development goals at home, while 17% indicated that their values differed. Regardless of these differences, a large majority of caregivers (92%) stated that their child feels respected and cared for at school.

The majority (94%) of youth reported they were attending school. When asked how they felt about school, nearly three-quarters (76%) of youth liked school a lot or somewhat, 11% were unsure, and 11%

Table 1-B1 Child is attending, or has ever attended, a Head Start program

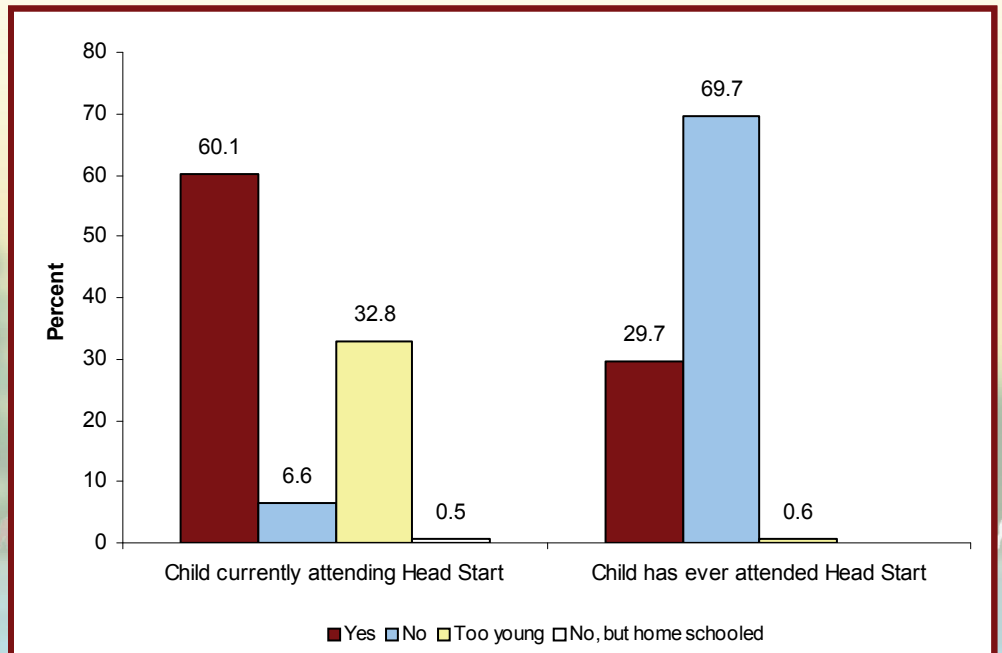


Table 1-B2 Kinds of learning problems Youth experience in school

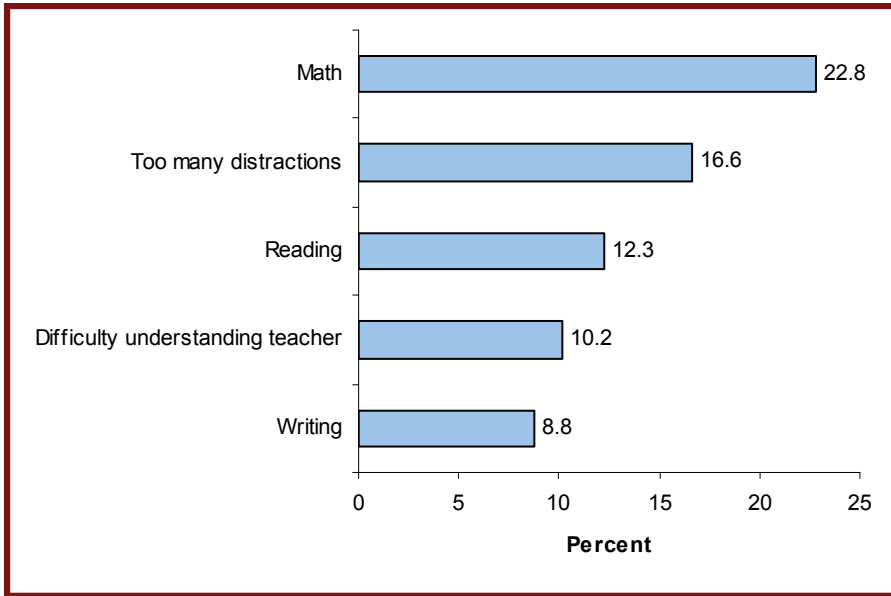


Table 1-B3 Caregiver's highest level of education completed

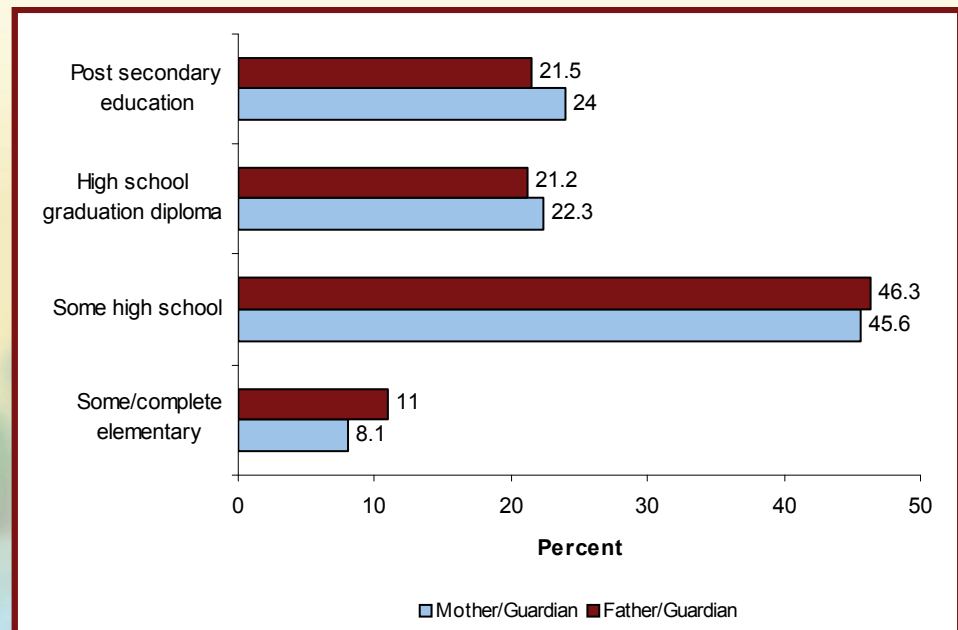
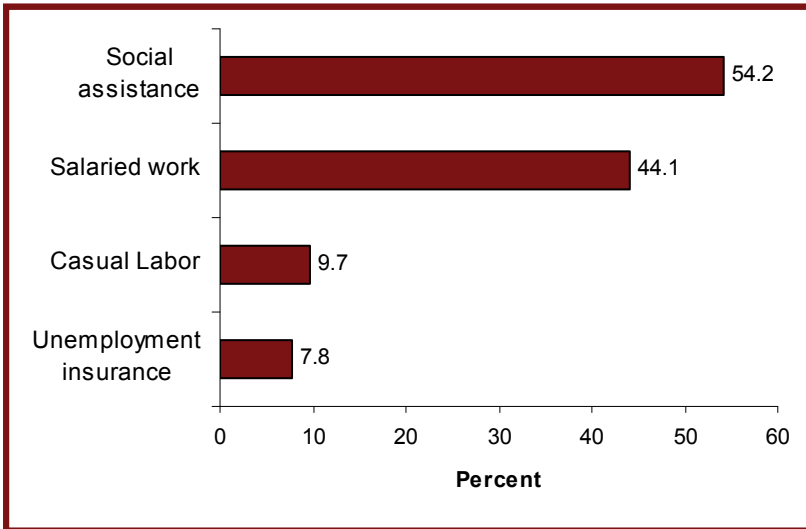


Table 1-B4 Source of Caregivers' household income



followed by junior high (28%), and only 11% of adults did not achieve a junior high education. Although half (50%) of the adult respondents reported no post secondary education, 14% reported a diploma or degree, and 36% reported some post secondary education.

Among participants reporting as caregivers, 45% had completed high school and over 50% reported that they have not completed high school. Of those that reported high school completion, half had some post secondary education (female 24%; male 23%) (Table 1-B3).

reported disliking school. Youth respondents were more likely to report having repeated a grade rather than skipped a grade, as a tenth reported they have skipped or advanced as a result of academic performance, and 44% indicated they have repeated a grade.

Over half (53%) of adult respondents indicated they had seen some progress in education and training opportunities in the last year, although just under 50% felt that there was no progress or were uncertain if there was any progress made.

Nearly half (47%) of the youth respondents disclosed that they have a learning problem; of these difficulties, the most reported were math (23%), too many distractions (17%), reading (12%), and difficulties understanding the teacher (10%). (Table 1-B2)

Respondents were asked about their employment, their income, and household expenses. Among adult respondents, 60% reported they were not currently working

Half (50%) of the youth respondents reported they would like to get a university degree, a quarter (24%) would like to complete high school, and 10% would like to get a college/trade/technical/vocational diploma.

Many (61%) adults reported high school as the highest grade achieved,

Table 1-B5 Expenses covered by household income, as reported by Caregivers

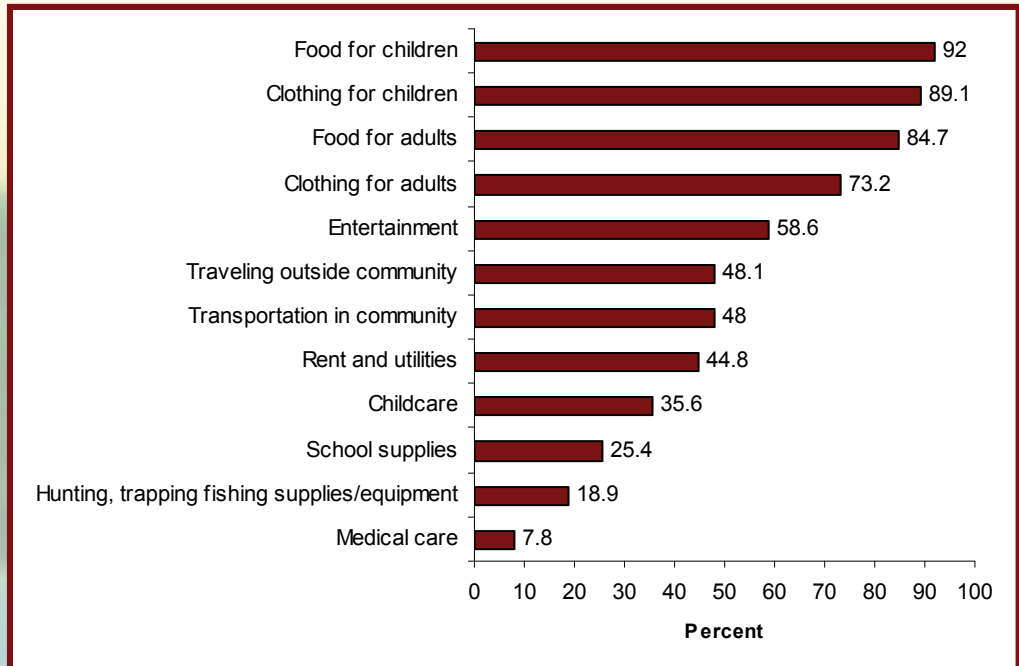
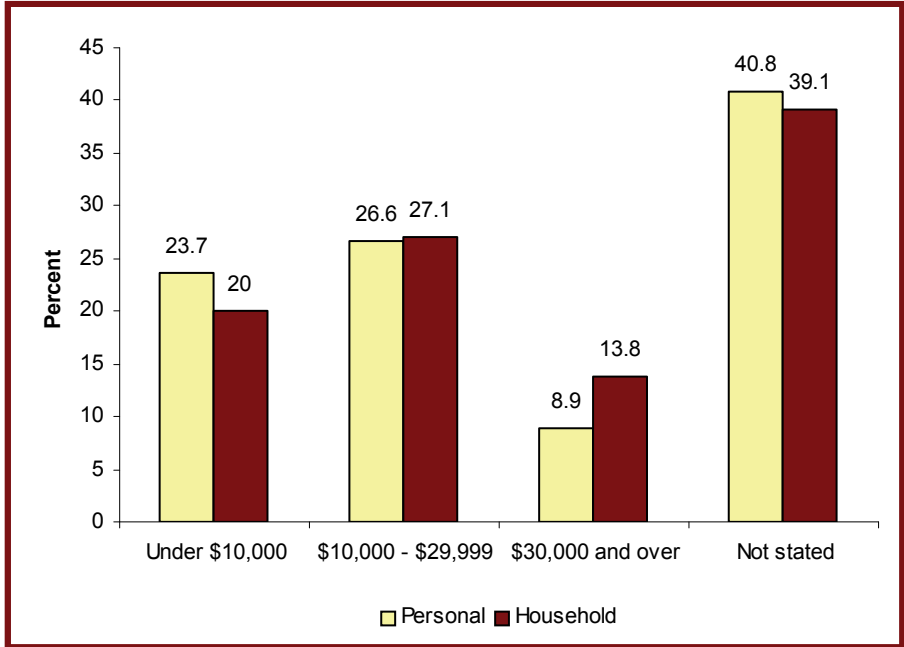


Table 1-B6 Adults' personal and household income from all sources

for pay at the time of the survey. Of those adults who were working, the average number of hours of paid work per week was 38 hours. At the time of the survey, 40% of caregivers reported they were currently working, and another 54% reported that at least one person in the household was working full-time.

Many caregivers (63%) reported that they had worked at a job or business at one point since their child's birth, and nearly 40% reported they had worked continuously since then or had worked part-time or just less than part-time (27%). Just over half (55%) of youth surveyed reported that at least one family member (i.e., mother or father by, birth, step, or foster or guardian) in the household was working.

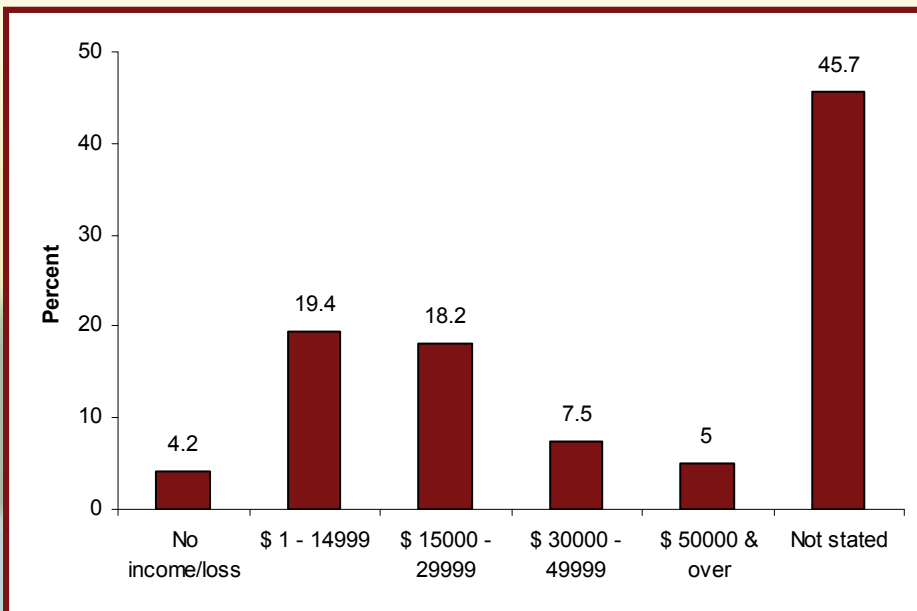
Respondents were asked to indicate their major sources of income, and Table 1-B4 shows the sources of income reported by more than 5% of caregivers. Caregivers



were further asked to rank what expenses are covered by this income. It is obvious the majority of caregivers' incomes go to basic necessities. Table 1-B5 shows most caregivers reported that income is spent on food (92%) and clothing (89%) for children; and food (85%) and clothing (73%) for adults.

A fair amount of adult respondents chose not to report their personal (41%) or household (39%) incomes. Of those that reported their incomes, over a quarter (27%) of adults reported a total personal and household income (from all sources, before deductions) that fell between \$10,000 and \$29,000. About a quarter (24%) of adults reported total personal income of less than \$10,000, and 20% reported a total household income of less than \$10,000. A few adults reported a personal income (9%) and a household income (14%) of over \$30,000 (Table 1-B6).

Table 1-B7 Caregivers' household income from all sources



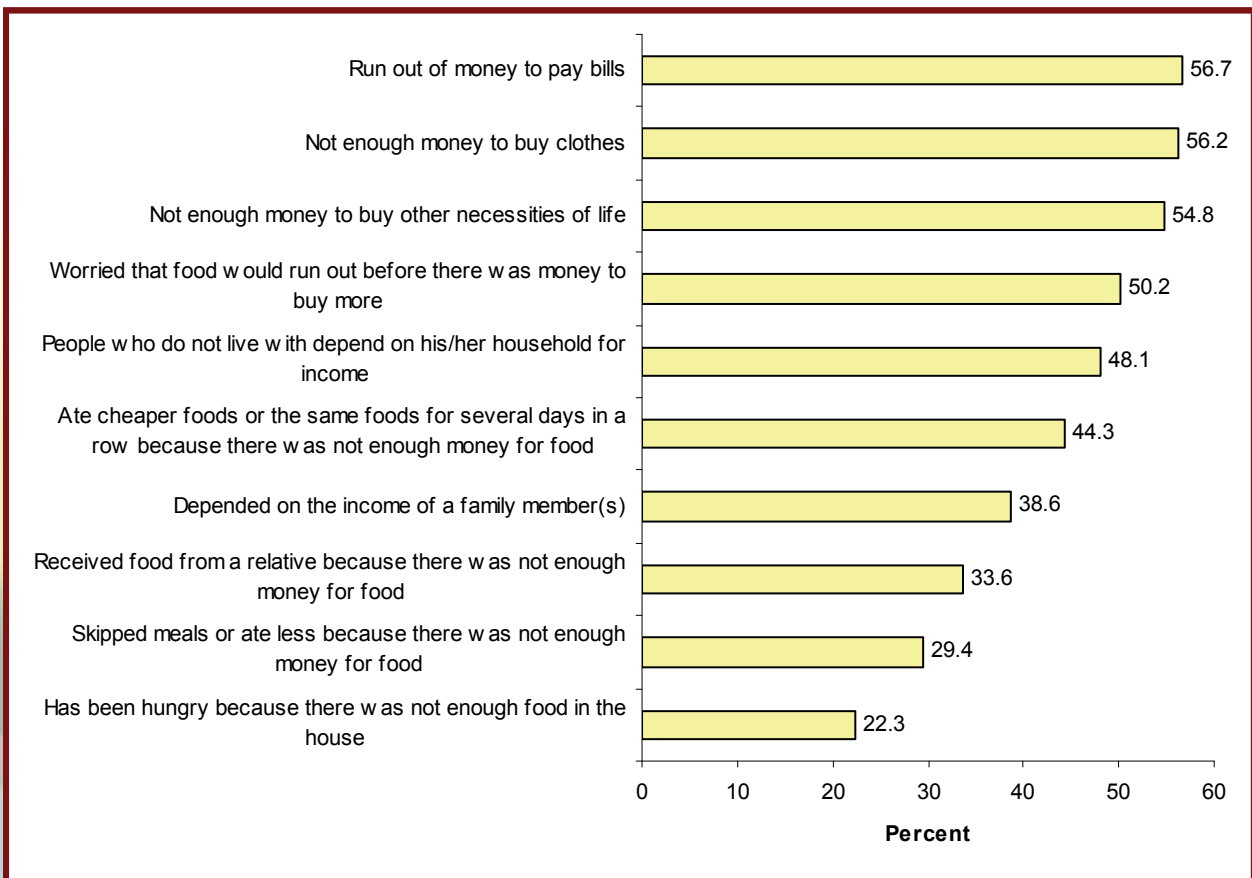
Almost half (46%) of all caregivers chose not to report their income. Even though nearly a quarter (24%) of caregivers had a household income of less than \$15,000, 18% reported an income that falls between \$15,000 and \$29,999, and 13% had an income over \$30,000 (Table 1-B7).

Results from the 1997 RHS showed that 49% of respondents indicated their annual household income was less than \$10,000, and the majority of respondents (80%) reported a household income less than \$25,000.

Adult respondents were asked questions about the relationship between their income and their household expenses, and Table 1-B8 shows the results. Half (50%) of all adults reported that they worry that their food supply will run out before there is money to buy more, and almost half (44%) ate cheaper foods or ate the same foods for several days in a row because there was not enough money for food.

for several days in a row because there was not enough money for food. Over a quarter (29%) indicated they have skipped meals or have eaten less than they should because there was not enough money for food, and nearly as many (22%) have gone hungry because there was not enough food in the house. A third (34%) indicated that they or a family member in their household had received food from a relative because there was not enough money for food. Over half (57%) of adult respondents ran out of money to pay bills or did not have enough money to buy clothes (56%) or other necessities (55%). Nearly half of all adults (48%) were dependent upon the income of family members and the same percentage reported that other people not living with them relied on their household for income. Overall, 46% of adults have found it difficult to manage on the income they have available.

Table 1-B8 Economic concerns of Adult respondents



Almost a quarter (23%) of the youth indicated there were times in the past month that there was not enough food in the house so that everyone could eat, and 15% of youth respondents stated they had actually gone to bed hungry because there was not enough food to eat.

Results among youth respondents show that insufficient income may cause problems at home, with 28% reporting that not having enough money to buy food, pay bills, or buy other things had caused arguments in their home.

According to the 1997 RHS, 46% of respondents indicated their household had at one time run out of money to buy food.

When asked to compare the economic situation of their community today to how it was five years ago, 42% of adults reported they believed the economic situation of their community had not changed. About a third (34%) of adults reported that their community's economic circumstances had improved, while 23% found that the community's economic situation had gotten worse.

Over half (57%) of adult respondents believed their personal economic circumstances, or that of their household, would not change if they continue to live in their community. A little over a quarter (28%), however, felt that they would be better off if they stay in the community, while 15% believed they would be worse off for having stayed in the community.

Caregivers were asked what obstacles stood in the way of working to her/his fullest potential. Although nearly a quarter (24%) of respondents stated that they had reached their full potential, 37% reported lack of employment opportunities as an obstacle, 35% reported a need for training or education, and 33% indicated their childcare responsibilities kept them from reaching their fullest potential.



C. Housing and Community

84% of Youth reported they currently live in an overcrowded home.

96% of Adults reported that their home was in need of some repair or maintenance.

48% of Adult respondents reported that their home had mold or mildew problems.

32% of Adults stated the water in their household was not safe to drink.

Respondents were asked if their home was rented or owned by them or another member of their household, and then asked if they live in band-owned housing. This sequence of questions could be responsible for the variations in the meaning of band-owned housing among respondents found in survey responses. For instance, 76% of the adult respondents reported that they resided in band-owned housing, while 59% reported that they, personally or a family household member, currently owned their home. Only 6% described their home as actually band owned, while 31% described their residence as a rental accommodation (i.e., rented even if no money was being paid or rented to own).

Youth respondents were much more likely than adults or caregivers to report overcrowding in their homes. To determine a measure of overcrowding, a ratio of 1.5 persons per room was calculated for each of the surveys. Results show that 12% of adult respondents, 8% of caregivers and 84% of youth reported they currently live in an overcrowded home (Table 1-C1).

As for the condition of their home, an overwhelming majority of adult respondents (96%) reported that their home was in need of some repair or maintenance, ranging from regular maintenance (25%), minor repairs (36%), and

major repairs (36%) (Table 1-C2).

Mold was found to be a big problem in the participants' communities. Almost half (48%) of adult respondents reported that their home had mold or mildew problems due to water damage in the past 12 months. Household molds are known to produce substances that can cause allergic reactions, asthma attacks in people with asthma who are allergic to mold, irritants, and occasionally, toxic substances known as "mycotoxins".

When asked about the main source of the household's water supply, over a half (52%) stated their water is piped in, 22% reported their household's water was trucked in, 16% came from a well, 5% reported their water comes from the water plant, and only 3% collected water from a river, lake or pond (Table 1-C3).

Respondents were also asked whether the main supply of water in their household was safe to drink. While a little over half (54%) of adult respondents reported their water was safe to drink, 32% stated that their water was not safe to drink and 14% were not sure. Just over a third (35%) reported they were continuing to use the drinking water as it is supplied to their home. A large proportion (57%) of adults

Table 1-C1 Respondent believes their house is overcrowded

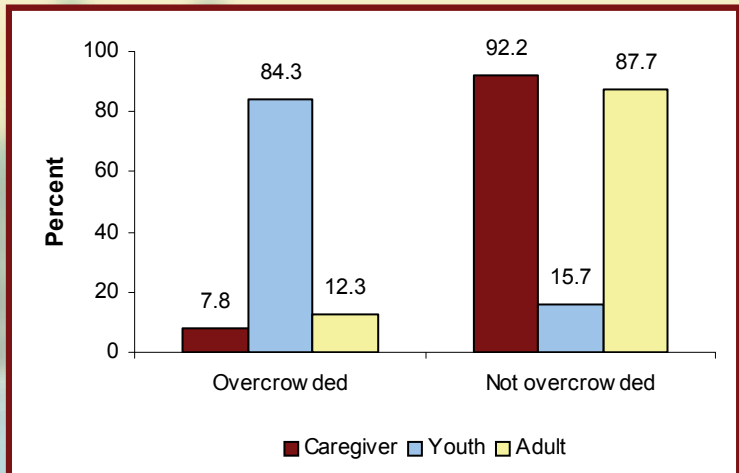
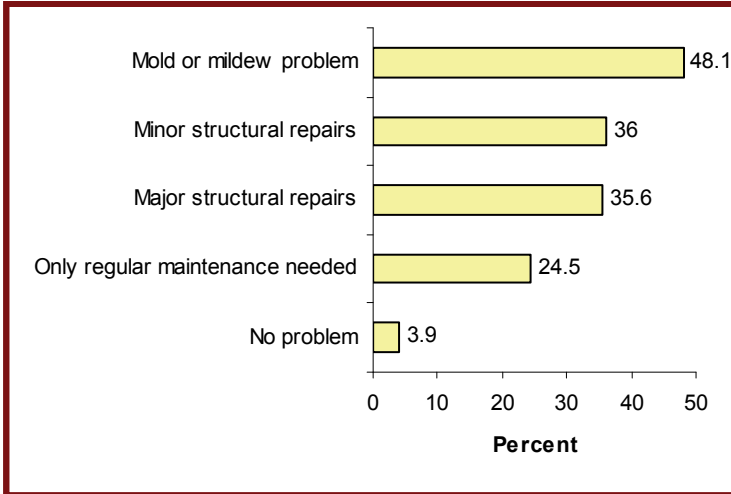


Table 1-C2 Condition of home, as reported by Adult respondents



reported that they are now using bottled, filtered or boiled water.

As for other household amenities, 98% or more of adults reported that their home had electricity and a fridge and stove. Nearly 90% had cold and hot running water and were hooked up to a sewage service or septic tank system, although only 76% reported their household had a flush toilet. About 80% had garbage collection service. Three-quarters indicated their household had telephone service (74%) and/or a working smoke detector (74%), 5% had a carbon monoxide detector, and 40% reported they had a fire extinguisher. Almost a third (29%) of adult respondents reported their household had a computer, and 21% noted they had internet access in the home.

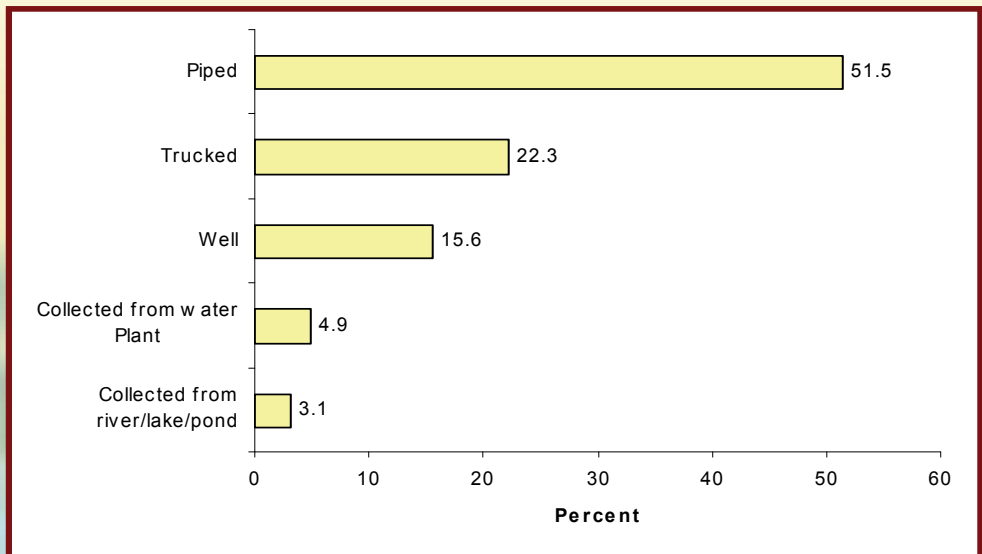
Almost three-quarters (70%) of caregivers reported that their home had running water, but only 52% reported their home had good indoor plumbing. Only 66% reported that everyone in their home had a warm and comfortable place to

sleep. More than half (60%) of adult respondents reported window problems in their home, and a quarter (25%) said there was mold in the house and their home was too cold in the winter. Almost half (43%) of adult respondents reported that their home was safe-proofed for children and had enough space for privacy or reflection, and 41% believed that air circulates well in their home.

The RHS asked adult participants if they believe there has been progress in housing and community infrastructure development and services in the past 12 months. Nearly half (49%) reported they felt they had seen progress in water and sewage facilities, 39% reported progress in housing quality, 32% felt there was progress in recreation and leisure facilities, and half (50%) saw progress in police services.

As for community safety, caregivers were more likely to rate their community as being a safe place to bring up children (42%) instead of a poor place to raise children (18%).

Table 1-C3 Main source of home's water supply, as reported by Adult respondents



D: Family and Community Networks

86% of Children’s Caregivers surveyed were women.

87% of Children reside with their biological mother.

77% of Youth respondents reside with their biological mother.

Half (50%) of all Adult respondents were either married or living common-law.

.....

80% Caregivers believe that their school age Child is capable of accomplishing whatever he/she wants to achieve.

49% of Youth indicated they like living in their community.

81% of Adults indicated they have someone who shows them love and affection.

63% of Caregivers said they do not have someone who helps them feel safe, secure, and happy.

Respondents were asked a number of questions about themselves, their children, and other people living in their households.

Of the caregivers surveyed, most (90%) reported they are the child’s birth parent, with another 8% being step, adoptive, foster, or grand parents. The majority (86%) of caregivers surveyed were women and the median age of all caregivers was 31 years of age.

Caregivers reported that children were more likely to reside with their biological mother (87%) than their biological father (49%). Almost a third (30%) of children were also reported to be living with a brother and/or sister, and 13% lived with her/his grandparents. The results were

similar among youth respondents, with many (77%) reporting that they were living with their biological mother, 47% living with their biological father, and another 21% reporting that they live with either their grandparents or an aunt/uncle (Table 1-D1).

Youth respondents were also asked about the marital status of their parents, with almost half (45%) reporting that their birth parents are married. Another 30% reported that their birth parents are living together common-law and 19% reported that their parents are either separated or divorced. A small number (5%) of youth reported that one or both parents are deceased.

Half (50%) of all adult respondents reported being either married or living common-law, while 35% reported they have never married, and approximately 7% are divorced, separated or widowed (Table 1-D2).

Compared to the 1997 RHS, this is less than the 67% of respondents who indicated they were living with a partner either married or common-law.

Respondents were asked a variety of questions regarding their relationships within their households and communities.

When asked to describe the general atmosphere of their household, 52% of caregivers described their home as peaceful and relaxed or as a happy home filled with humour (52%).

When asked what things he/she does or have done with her/his child, the majority (96%) of caregivers reported that they make the time to play or converse with their child during the day. Many caregivers (60%) also stated they could spend as much time as they would like participating in activities with their child, with 29% reporting they could make the time, and 11%

Table 1-D1 People living with children and youth most of the time, as reported by Caregivers and Youth

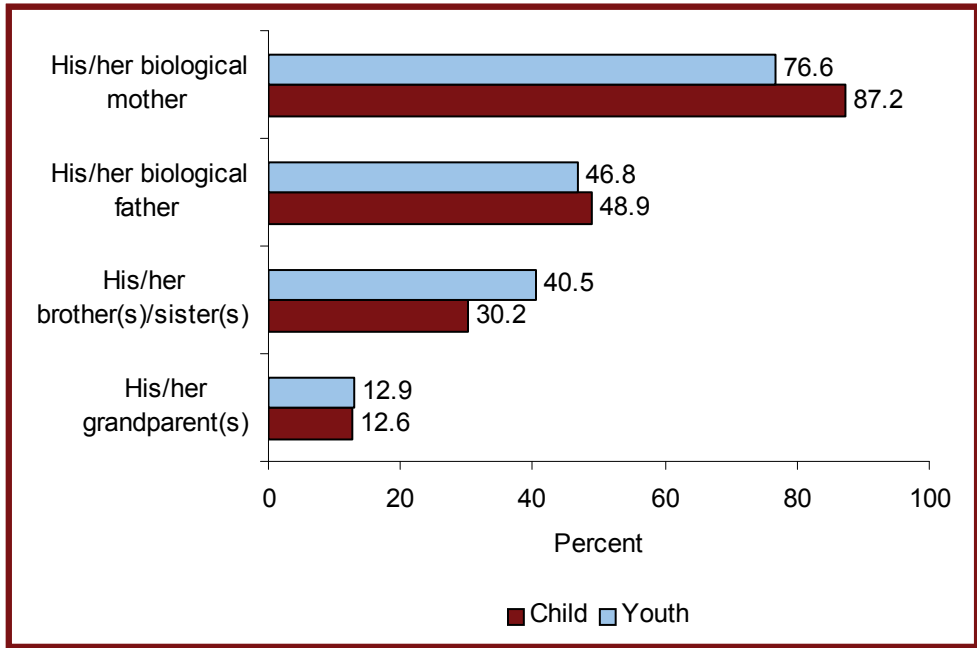


Table 1-D2 Adult respondents' marital status

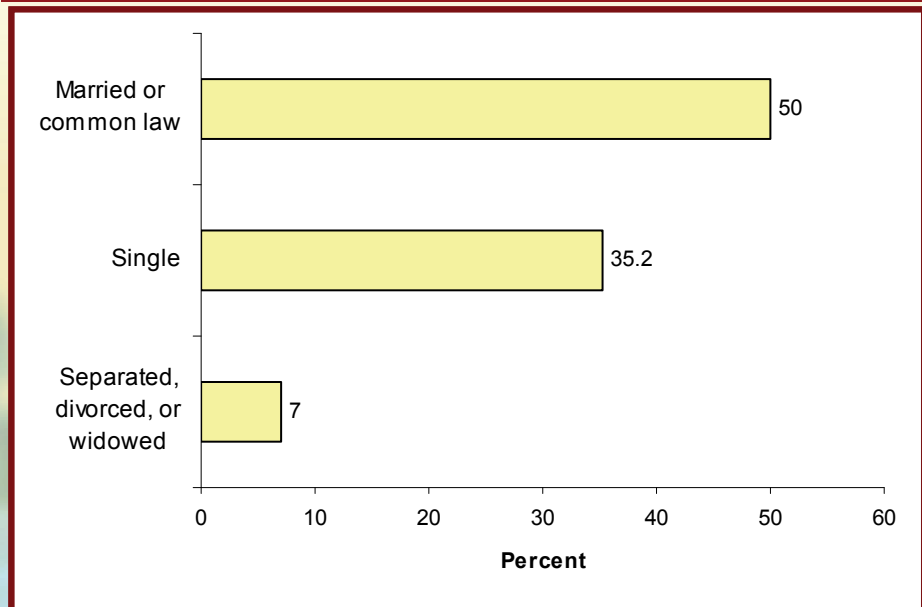
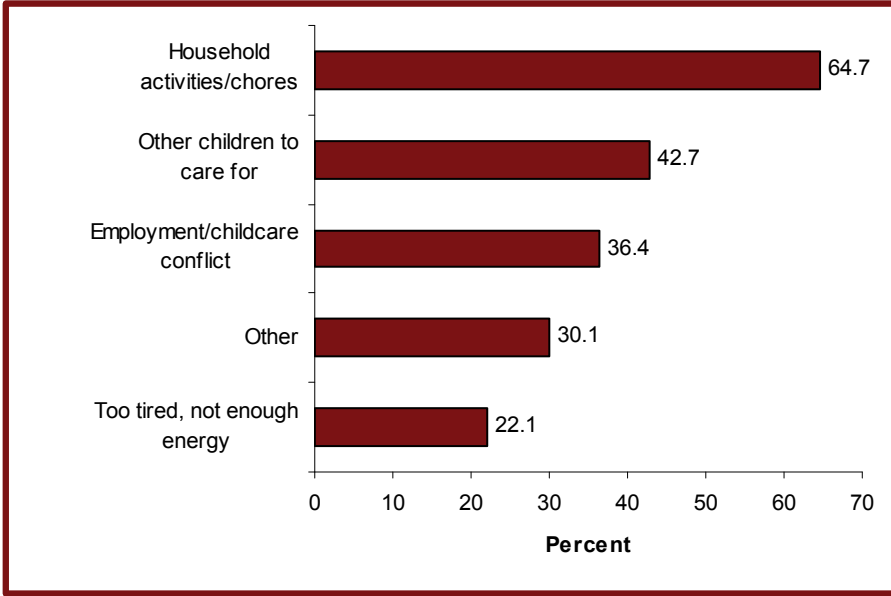


Table 1-D3 Obstacles in the way of Caregivers spending as much time as they would like with their child



However, 77% reported that the community does not offer consistent support so that children have the opportunity to attain their goals. Nearly three quarters (73%) of caregivers reported that their school age child talks about what he/she would like to be when he/she grows up and 76% stated that their child perceives that he/she has opportunities available to him/her in the community for a full and happy life. The majority (90%) of caregivers agreed that there are community members who would make good role models or mentors for their school age children.

reporting that they did not have that freedom. Table 1-D3 shows the obstacles that keep caregivers from spending as much time as they would like with their children .

Most (80%) caregivers believe that their school age child is capable of accomplishing whatever he/she wants to achieve.

community members who would make good role models or mentors for their school age children.

Thirty five percent (35%) of caregivers reported they were involved in local community organizations like school groups, church groups, traditional aboriginal

Table 1-D4 Caregivers' perception of their communities

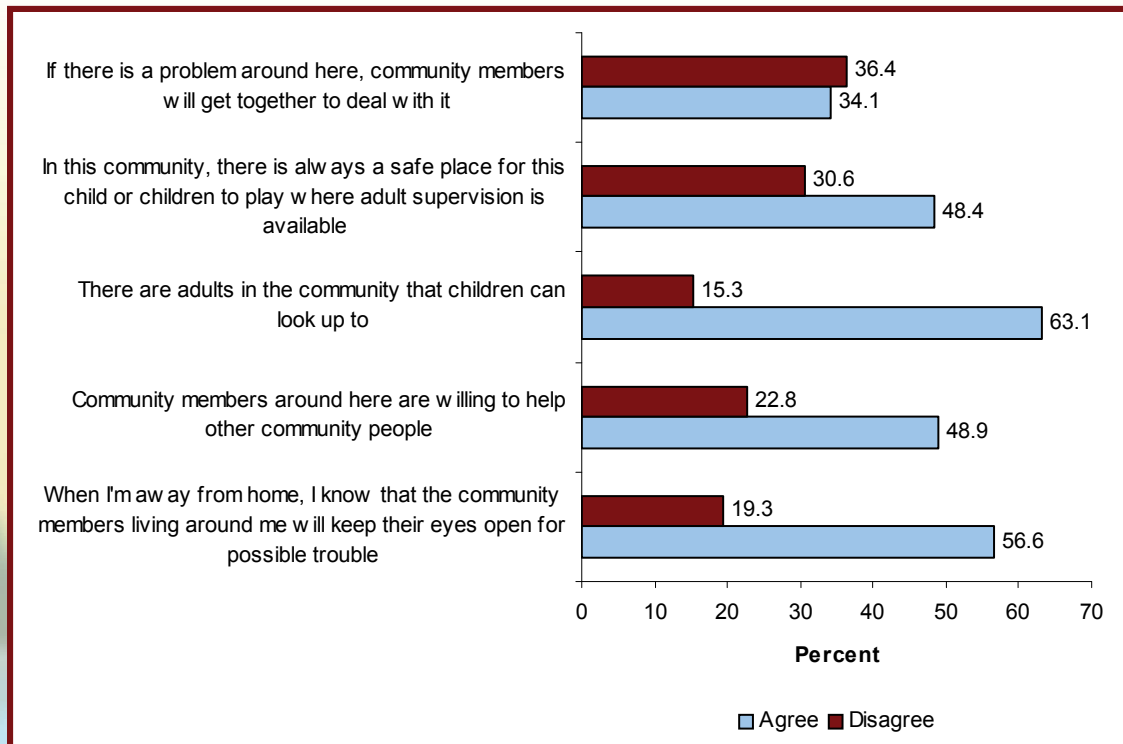
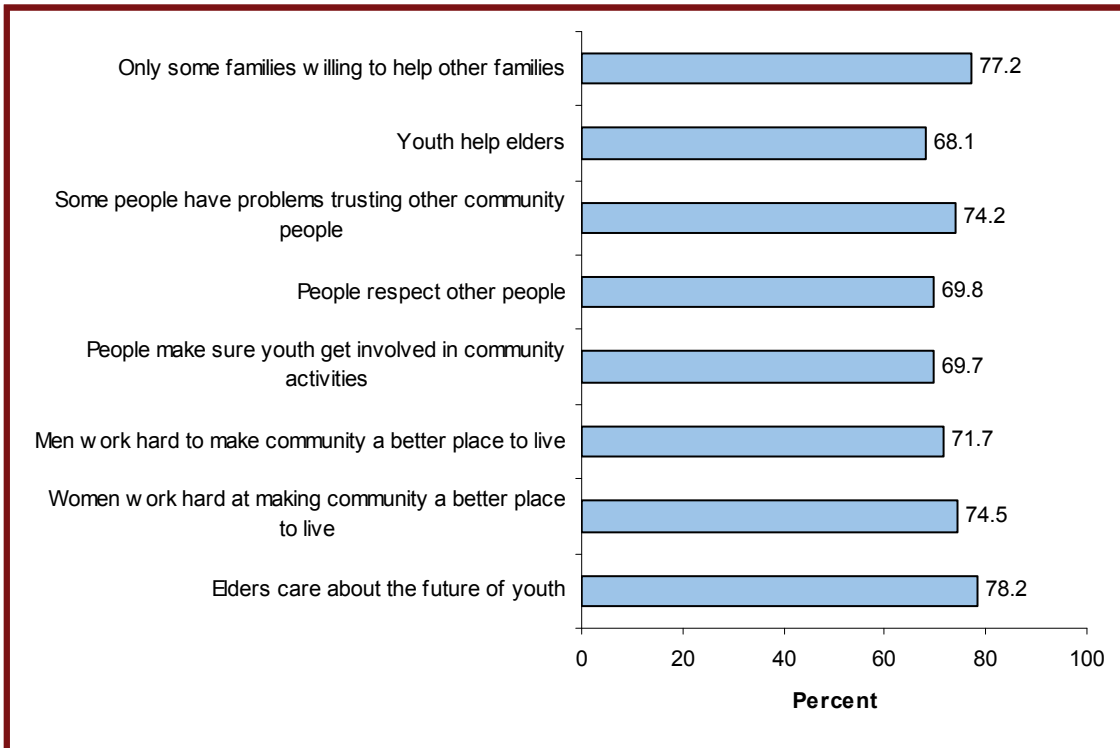


Table 1-D5 Youth respondents' perception of their communities



groups, community committees or other groups. Table 1-D4 shows the responses given by caregivers when asked to agree or disagree with comments about their community.

Youth were asked to assess a number of comments regarding their community and indicate how they felt, and the results in Table 1-D5 show that youth respondents generally hold a positive view of their community.

Overall, many youth feel that community members are very proud of themselves (70%). Unfortunately, only 45% are of the opinion that these community members are actually happy. As well, while a large number believe that their friends like living in the community (70%), only 61% feel that their families are happy about living here, and only half of these youth personally like living in their community (49%).

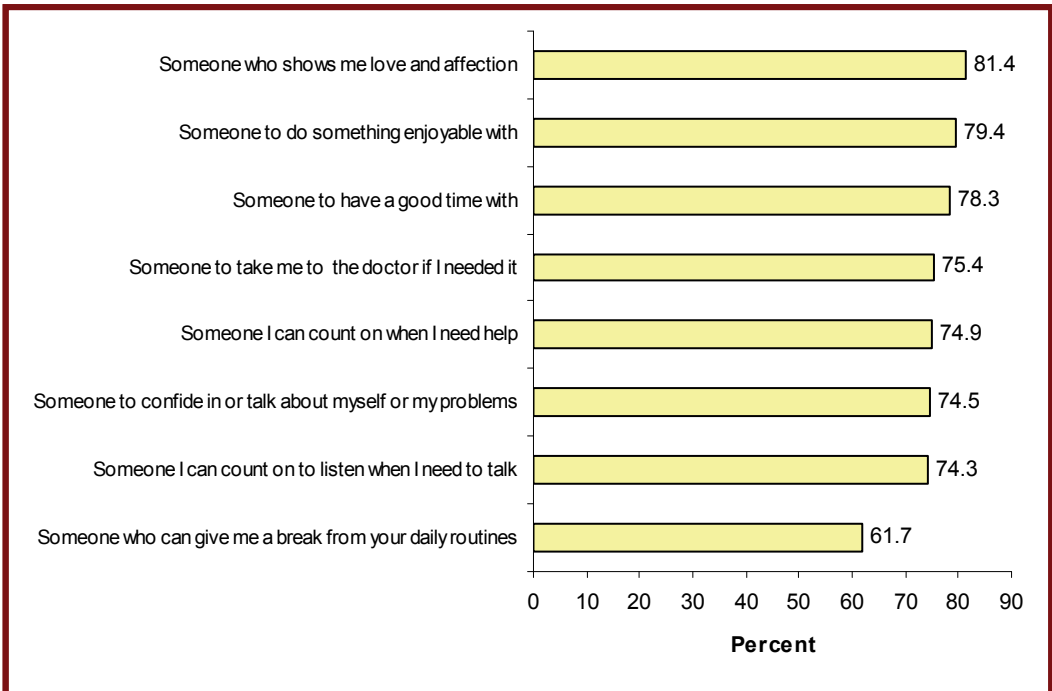
Adults were asked how often they looked to others for companionship, assistance, guidance or other types of support, particularly when they needed it the most. Table

1-D6 shows the types of social support adult respondents believe are available to them all, most, or some of the time.

When asked about relationships and the support they get from others, 58% of caregivers reported that if something went wrong no one would help them. Even more caregivers disclosed that they do not have family and friends who would help them feel safe, secure or happy (63%), that they do not have someone they trust whom they could turn to for advice if they were having problems (62%), or they do not have people they can count on in an emergency (63%). Over half (52%) reported they have someone with whom they feel comfortable talking about problems, although 54% indicated they lack closeness with another person.

For youth, they tended to turn to family members and friends more often. Table 1-D8 shows the people youth respondents indicated they would most likely turn to with an emotional or mental health need in the past 12 months. Youth respondents were asked further who they would consult

Table 1-D6 Types of social support available to Adult respondents when needed



likely go to their parents/guardians (42%).

If they had a problem concerning a sexual/physical assault, they would seek out their parents/guardians for help (55%) and their friends (13%). For a problem concerning sexually transmitted diseases, they would talk to their parents/guardians (45%),

about specific types of problems. For a family problem, they would go to a parent/guardian (46%), a friend their age (25%) or another family member. For a boy and girl relationship problem, they would go to a friend their age (50%) or a parent/guardian (21%).

or a doctor/nurse/health aid (25%). As for birth control issues, they would most likely seek assistance from their parents/guardians (45%).

Finally, youth respondents prefer to discuss pregnancy problems with their par-

As for financial problems, they would seek help from parents/guardians first. For a drug or alcohol problem, they would again talk to their parents/guardians (41%). If they had anger or feeling out of control, they would seek help from their parents/guardians (42%). As for depression, they would seek the help from their parents/guardians (42%). When they have problems with friends, they would

Table 1-D7 Type of support Caregivers received from extended family, friends or neighbours in the past six months

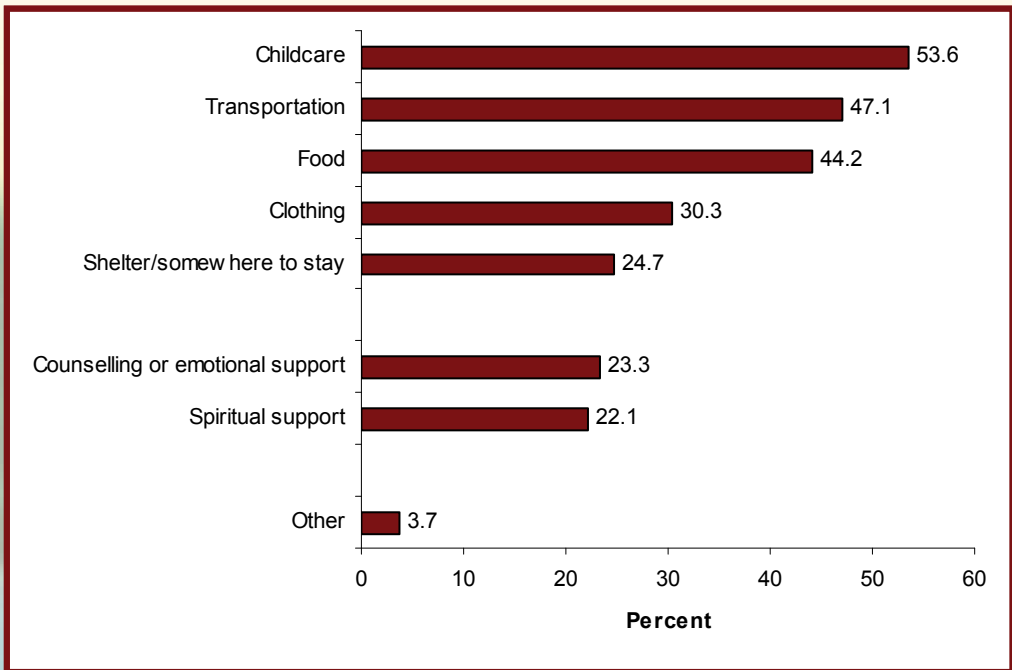
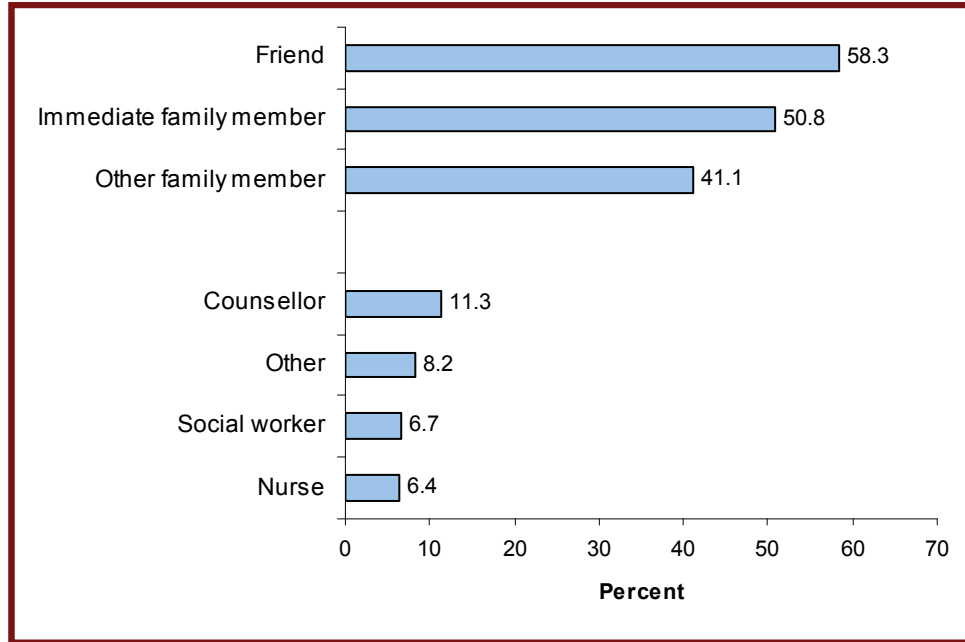


Table 1-D8 Youth have seen or talked to the following about their emotional or mental health in the past 12 months



ents (47%). Looking at all these types of problems overall, on average 16% of youth respondents would not consult anyone about these problems.

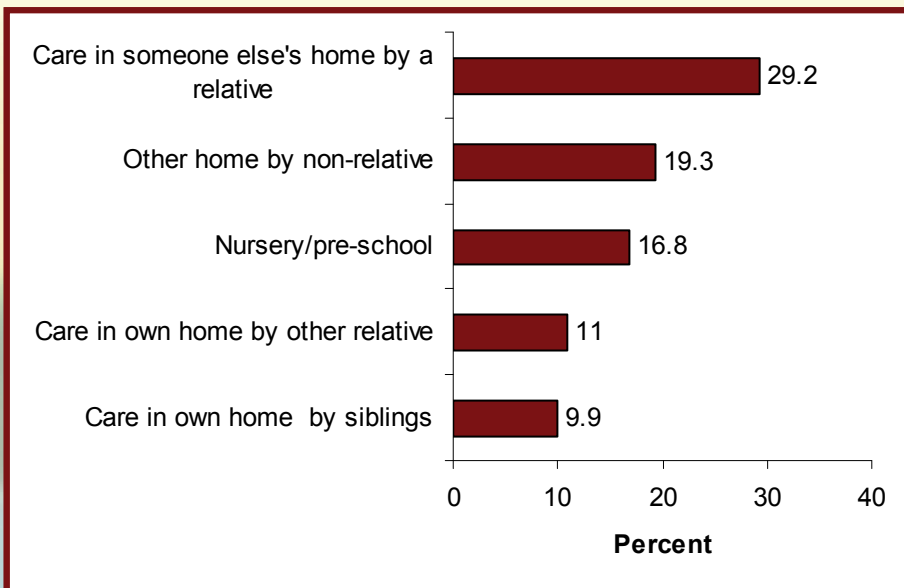
Child Care

When asked if their children currently received childcare while his/her parent(s)/guardian(s) are at work or studying, a third (34%) of caregivers reported their children

were under some form of childcare. The median number of hours the child spent in childcare was 14 hours per week.

Among the main childcare arrangements reported by caregivers, the most popular were: care received in the home of a relative or non-relative (49%); care in one's own home by a brother, sister, relative or non-relative (24%); care at a before/after school program or nursery/preschool program (19%); or care in a day care centre or private day care (9%).

Table 1-D9 Main childcare arrangement, as reported by Caregiver



E: Youth Resiliency

68% of youth indicated they perform chores at home daily or weekly.

Youth respondents reported high levels of satisfaction with many aspects of their lives.

94% of youth respondents indicated they have a parent or adult in the home who listens to them when they have something to say.

Responses among youth indicate the majority possess substantial inner strength. The results show that youth generally think confidently of themselves and continuously make efforts to understand themselves and the world around them.

Youth respondents were asked what activities they generally look forward to, and many reported they like to hang out with friends (82%), spend time with family members (72%), visit family members or other special people in their life (62%), travel (54%), or get out of the community for a holiday (49%) (Table 1-E1).

When asked about recreational activities, almost three quarters (71%) of youth reported they like to play music, and about half responded that they like to go to parties (49%) and carnivals and celebrations (52%). Many (61%) youth reported they like to play sports outdoors or do sports/recreational activities (58%), and around half (52%) like to walk or spend time in nature (52%). About 30% of youth respondents like to hunt, trap, fish or pick

berries; 27% like to spend time with elders; and 21% enjoy going to spiritual activities.

Around the house, 68% of the youth reported they do chores daily or weekly, 45% take care of children daily or weekly, and 37% take care of them occasionally. Forty-two percent baby-sit for pay occasionally, and 23% baby-sit weekly or daily. A quarter of youth respondents indicated they take care of elders occasionally, and 11% take care of elders either weekly or daily.

Results show that youth seem to be rather satisfied with many aspects of their lives. When asked to rate how satisfied they were with certain areas of their lives, a large number of youth indicated they were satisfied with their family (92%) and social life (90%). Similarly, 89% reported they were satisfied with the way they live their own life (89%), and with the relationships they have with their family (91%) and friends (93%).

The RHS asked youth respondents a number of questions relating to their inner strengths and the support they receive from other people. The following summary

Table 1-E1 Most reported activities Youth respondents look forward to

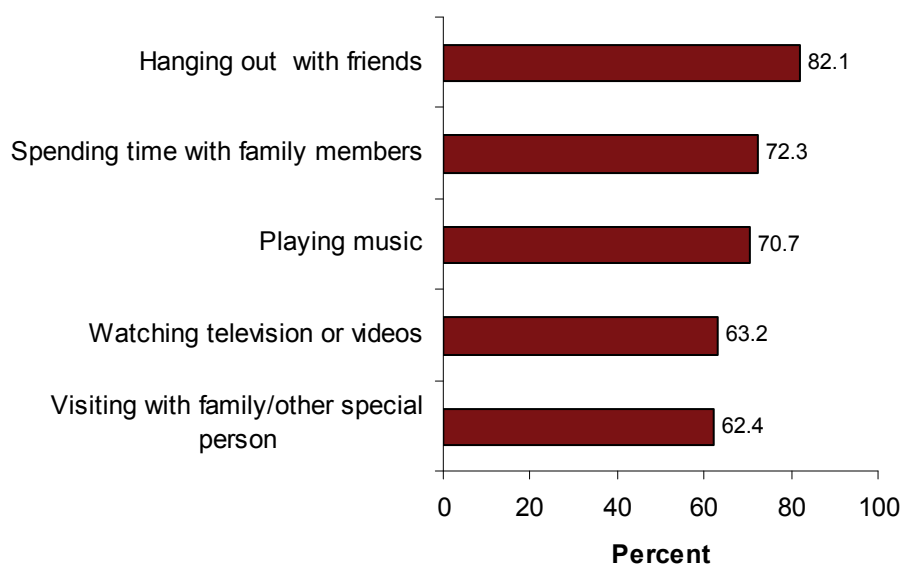
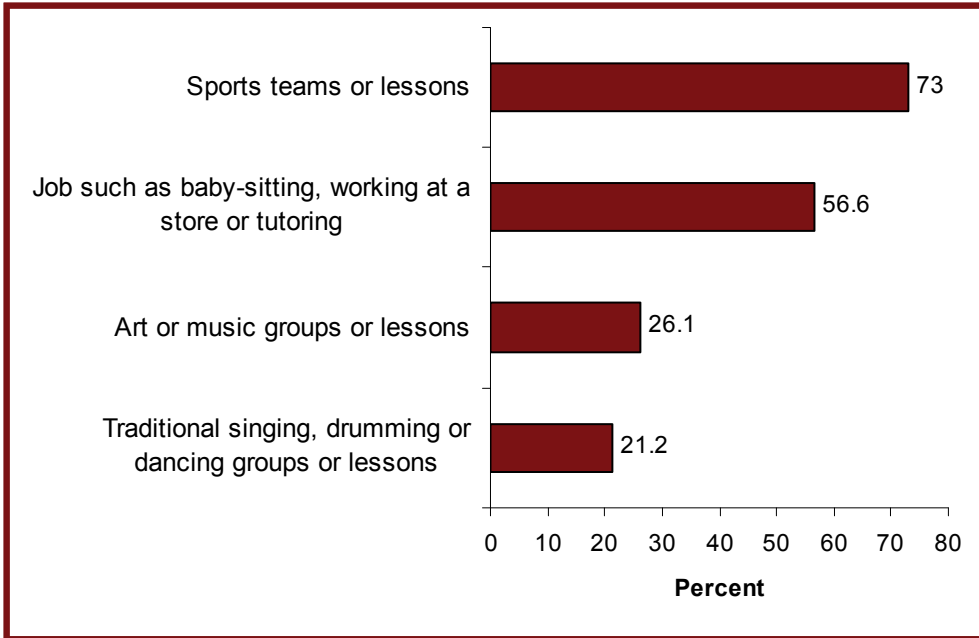


Table 1-E2 Youth respondents participate in following activities/jobs outside of school



percentage tries to understand how other people feel and think (64%), including what those people are going through (62%). Many feel bad when someone gets their feelings hurt (61%). Sixty percent can work with someone who has different opinions than they do (60%), and a similar percentage can stand up for themselves without putting others down (64%).

provides a sense of youth's personal strengths and strength gained from caring relationships, high expectations, and meaningful participation within their peer, home, community and school environments.

In terms of personal strengths, many youth (64%) felt that they can work out their problems, and knew where to go for help if they have a problem. When they need help, they are able to find someone to talk with (63%). Half of youth participants (51%) indicated they try to work out problems by talking or writing about them. Many said they understand their moods and feelings (64%) and why they do what they do (64%). A similar

Table 1-E4 shows responses to a number of statements. Most (94%) youth reported it is true they have goals and plans for the future, and enjoy working together with students their age (93%). Even more (97%) reported it is true they believe that they can do most things they try, and there are many things they can do well (96%). The majority (92%) of youth feel that they

Table 1-E3 Youth respondents' level of satisfaction with aspects of their lives

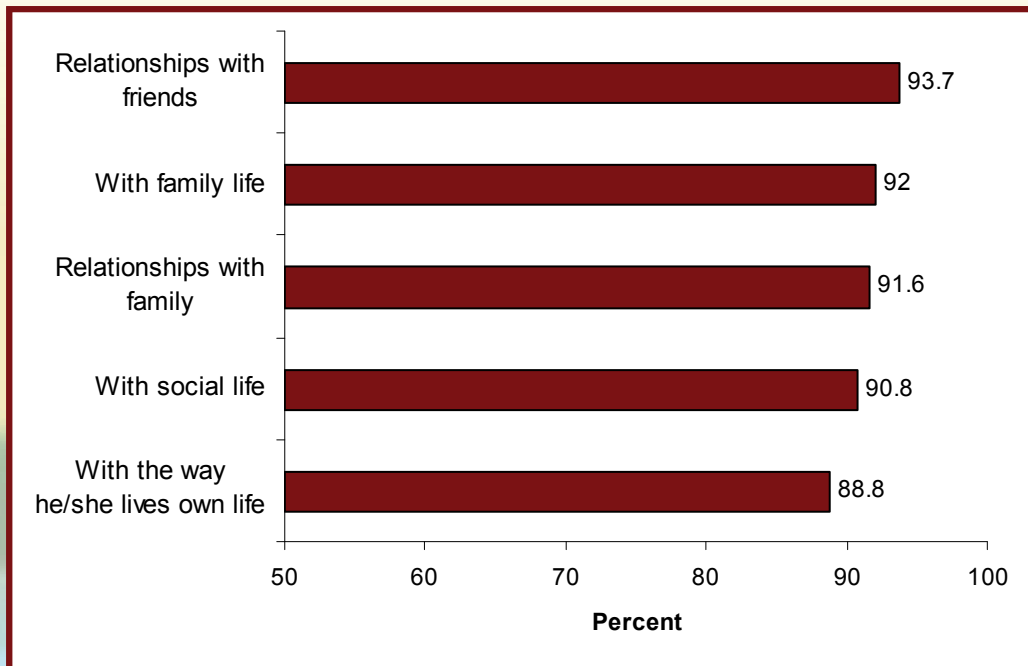


Table 1-E4 Internal strength among Youth respondents

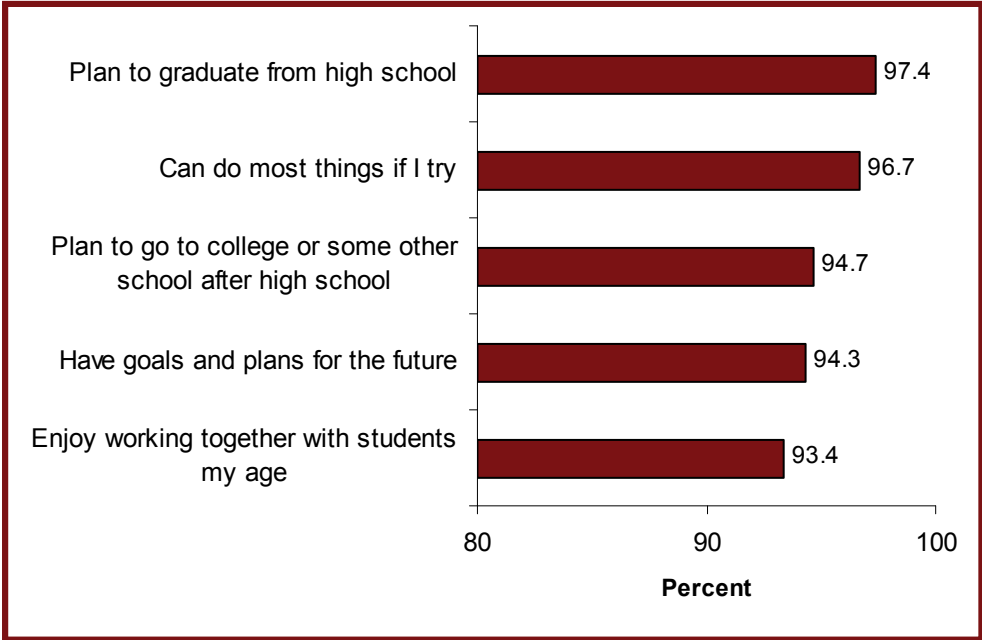


Table 1-E5 Sources of peer support according to Youth respondents

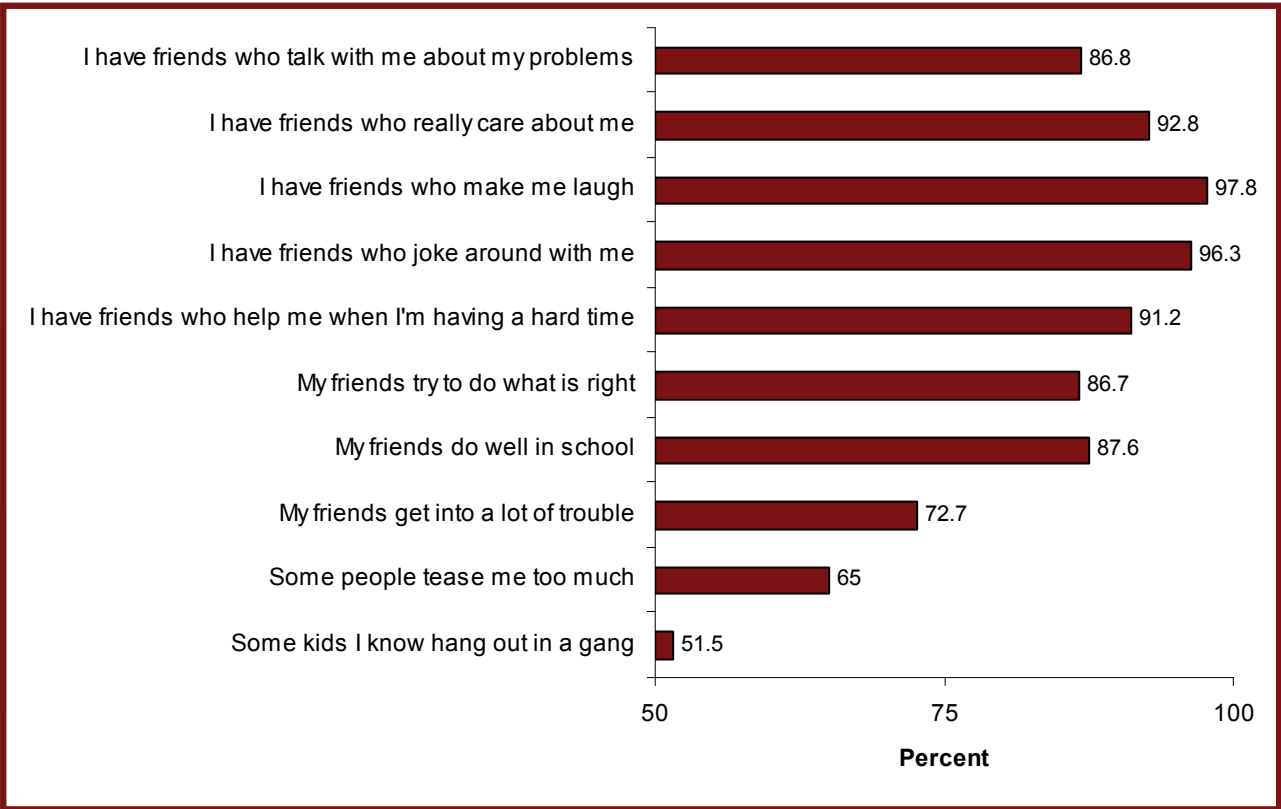
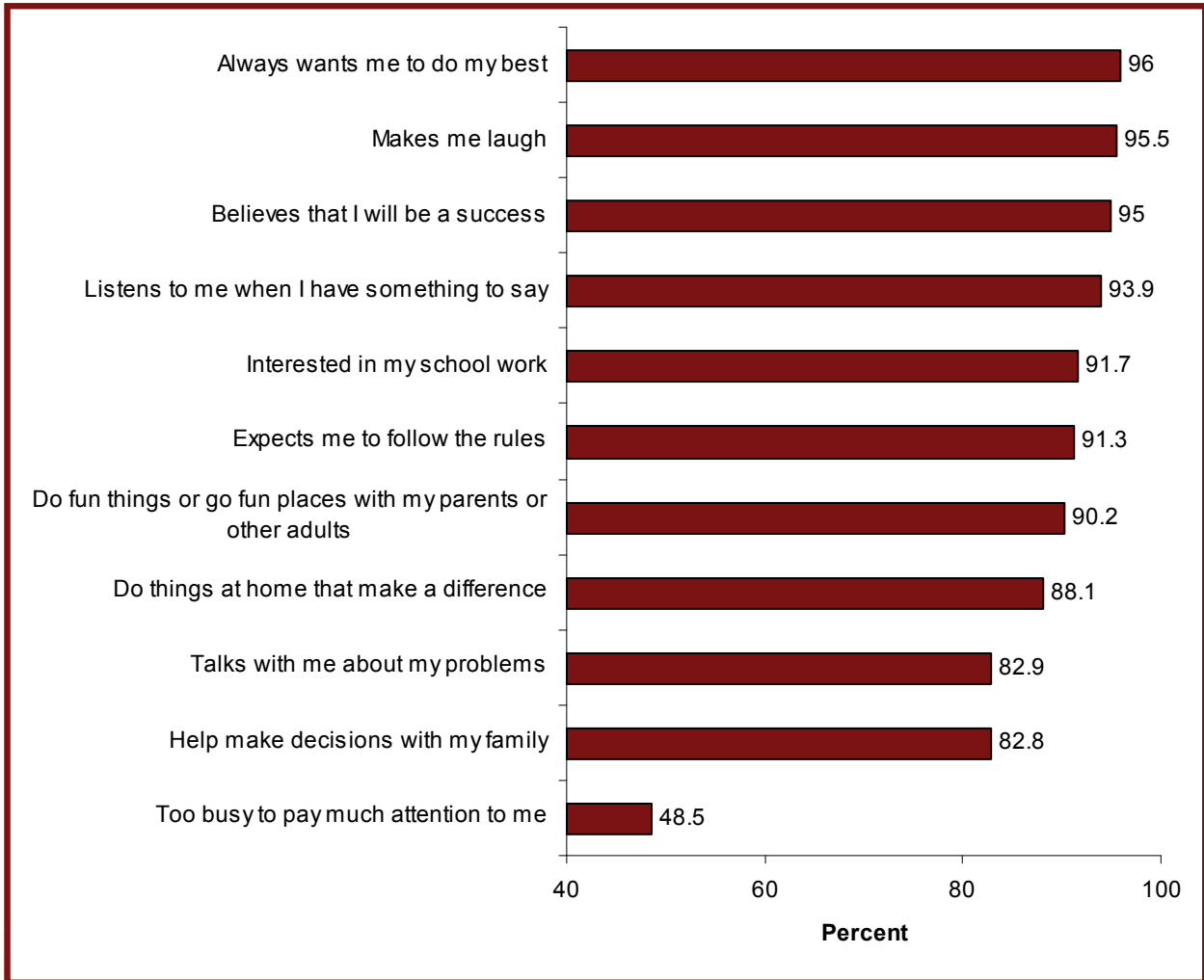


Table 1-E6 Youth respondents' perception of their parents' care



have a purpose in their life, although 72% reported they are confused about what they want out of life. Almost all (97%) of the youth reported they plan to graduate from high school, and 95% plan to go to college or some other school after high school. As for their needs for success and happiness in the future, nearly 40% would like to be asked of their opinions, though 22% were not certain if they would like their opinions known.

Youth respondents were asked a number of questions about the support they receive from their friends, family, and community. Results show that in their peer environment, most of the youth reported it is true they have someone with whom they can talk to about their problems (87%), that really cares about them (93%), and

that helps them when they are having a hard time (91%). Table 1-E5 shows how youth participants feel about the support they receive from their friends.

The results show that youth generally think positively about their home environment. Almost all (96%) reported they have a parent or adult who makes them laugh, 92% have a parent or other adult who is interested in their schoolwork, and 94% have a parent or other adult who listens to them when they have something to say. Unfortunately, a quarter does not. Moreover, 44% do not have a parent or other adult with whom they can talk to about their problems. A large number of young people have a parent or other adult who expects them to follow the rules (72%), believes that they will be a success (80%), and al-

ways wants them to do their best (82%). Between 18% and 26%, however, do not experience such high expectations. Although 79% have a parent or other adult who pays attention to them, 21% do not. Sixty-four percent do fun things or go to fun places with their parents or other adults, and 37% do not (Table 1-E6).

Around a half of youth respondents indicated they help make decisions with their family (47%) or do things around the home that make a difference (52%). Outside of their home, about half of the youth participate in music, art, hobbies, or traditional activities outside the home (51%), while a larger number participate in clubs, sport teams, church and other group activities (59%). About half are helping other people outside the home (51%). Unfortunately, only 22% are doing things to make a difference in their community.

Outside of their home, a large number of youth know an adult in whom they trust (75%) and who really cares about them (73%). Fewer youth have an adult outside their home that notices when they are upset about something (63%). As for high expectations, many youth have an adult outside the home that tells them that they are doing a good job (70%), believes that they will be a success (70%), and always wants them to do their best (74%).

Only 54% of youth respondents felt they do interesting things at schools. A greater percentage, however, are able to decide on class activities or rules (68%). In terms of high expectations, many youth feel that there is or was a teacher or some adult who notices when they were not there (65%), who makes them laugh, (63%), or listens to them when they had something to say (63%). A large number of youth feel that there was a teacher or adult who would tell them whether they are doing a good job (70%) and always wants them to do their best (70%). Fewer youth, however, feel that the teachers or adults really believe that they would be a success

(64%). Unfortunately, fewer youth feel there was a teacher or adult who really cares about them (54%), and 22% feel that a teacher or adult has been mean to them (22%).



A: Current and Historical Trauma

21% of adult respondents indicated they had attended a residential school. A little over 60% reported that at least one of their parents attended a residential school, and that 38% had at least one grandparent who attended.

26% of youth respondents reported they had at least one parent who had attended a residential school, and even more (62%) had at least one grandparent that attended.

Historical Trauma is defined by our Elders as collective unresolved grief affecting generations.

Caregivers were asked if their children had ever experienced certain kinds of trauma, and nearly all (92%) reported their children have experienced at least one event or situation that has caused them a great amount of worry or unhappiness.

Table 2-A1 shows the traumatic events or situations that were reported to have caused a great amount of worry or unhappiness among 20% or more of youth respondents. The most reported events were a death in the family (55%), a fight with a friend (31%), and a break-up with a boyfriend or girlfriend (23%).

Almost a quarter (23%) of youth had reported that someone had said awful things

to them that had caused them a lot of fear or pain in the past 30 days, and 10% disclosed that someone had actually hurt them physically. Youth respondents were asked if they would tell someone if/when people hurt or did other bad things to them and only 41% reported that they will always tell someone after the abuse occurred. Unfortunately, even less (39%) indicated they would only disclose the abuse some of the time and 20% said they would never disclose if/when people hurt or did other bad things to them.

I. Residential schools

According to caregivers, 12% of children aged 11 years and younger had one or both parents that attended a residential school, although more than half (58%) had at least one grandparent who was a student of a residential school. About a quarter (26%) of the youth respondents reported they had at least one parent who had attended a residential school, and

Table 2-A1 Traumatic events or situations that caused Youth respondents a great amount of worry or unhappiness

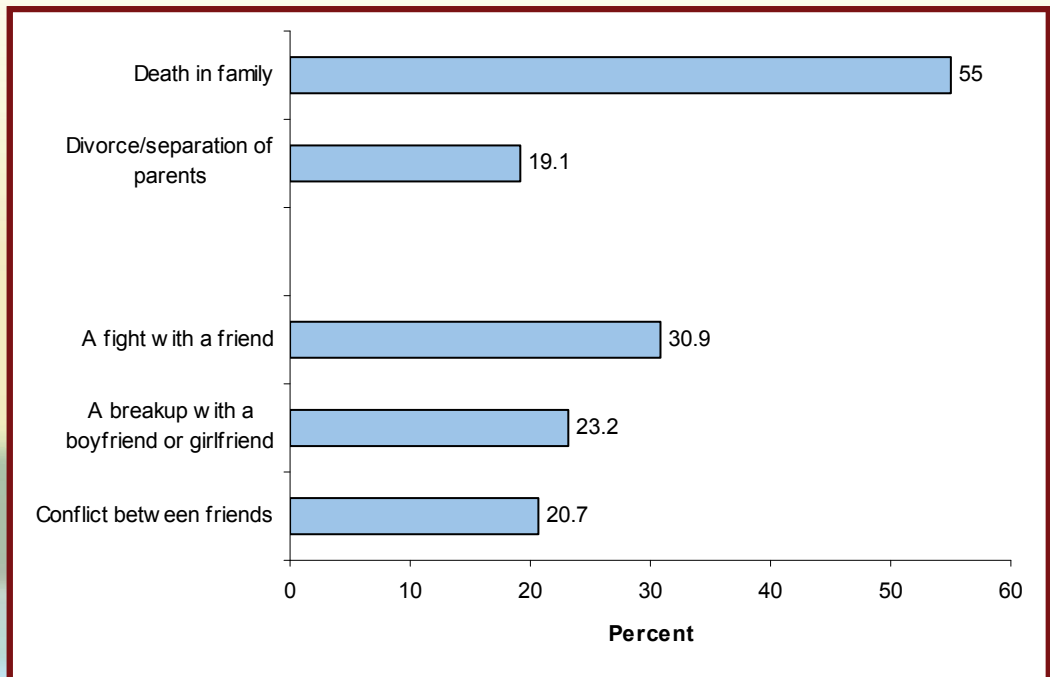


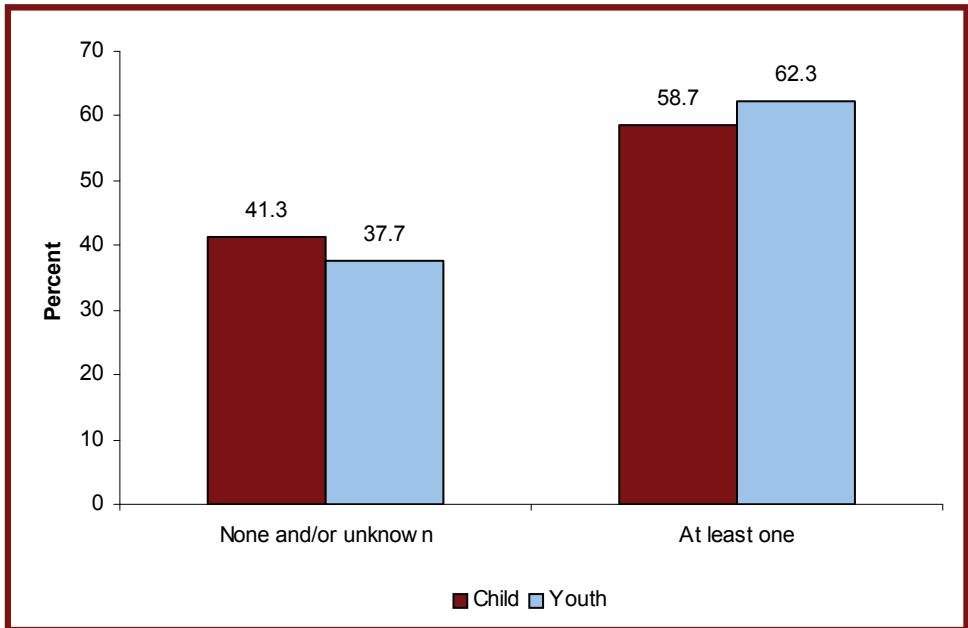
Table 2-A2 Respondents' grandparents attended residential school

even more (62%) had at least one grandparent that attended.

Almost a quarter of adult participants (21%) indicated they had attended a residential school. A little over 60% reported that at least one of their parents attended a residential school, and 38% had at least one grandparent who attended (Table 2-A2).

Some adults (38%) indicated residential school attendance was responsible for the poor parenting skills of their parents, and more than half (53%) believe residential school attendance was responsible for the poor parenting skills of their grandparents.

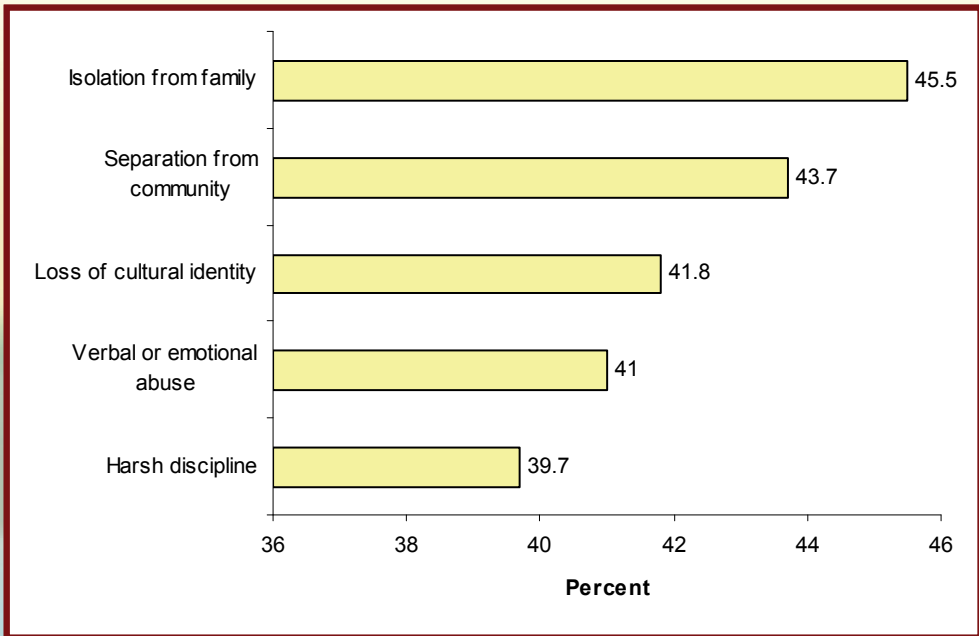
Half of the residential school attendees disclosed that these schools had negatively impacted their overall health and wellbeing. Negative impacts experienced



by adult respondents include isolation from family (46%) and community (44%), loss of cultural/traditional identity (42%), language (39%), and traditional religion/spirituality (36%). Many respondents indicated they had personally experienced verbal/emotional abuse (41%), or suffered harsh discipline (40%) (Table 2-A3).

II. Racism

Table 2-A3 Aspects of residential school which negatively impacted Adult respondents' health and well-being



Adult respondents also reported racism as another form of trauma, as 31% indicated they had experienced racism in the past 12 months, and 72% of those noted that this experience had affected their self-esteem. A small number of adults (11%) reported they felt a health care professional in their community had treated them poorly because of their First Nations status. Adults were more likely to report encountering this racism outside of

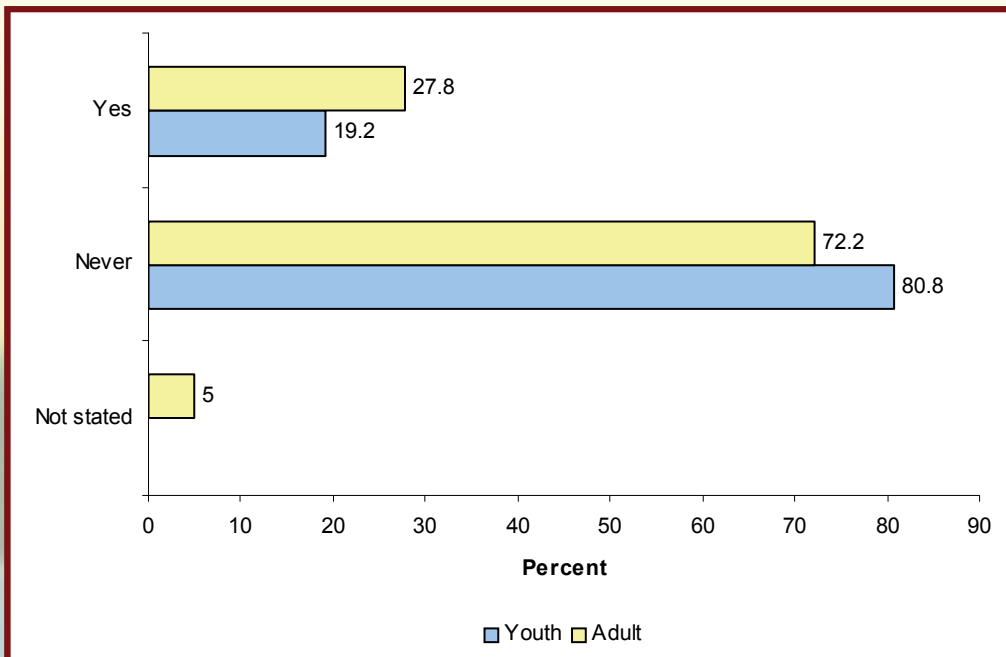
their community (20%), but overall more adults indicated they had not experienced any racism at all (80%).

III. Suicide

Almost a quarter (19%) of youth respondents have considered committing suicide, and 10% had attempted suicide (Table 3-N6). Suicide attempts were most prevalent in the 12 to 17 year age group (10%), and 9% of the youth respondents indicated they had attempted suicide at some point during their life, 3% of those in the past 12 months.

Out of all adult respondents, 18% reported that a close friend or family member has committed suicide in the last year. Twenty-eight percent of adults had thought about committing suicide at least one time in their life, and 15% had attempted suicide. These statistics are similar to the results found in the 1997 RHS, in which 28% of respondents indicated they had felt suicidal at some point during their life. Also, 13% said they had attempted suicide.

Table 2-A4 Respondent has thought about committing suicide



B. Emotional/Behavioural and Cognitive/ Mental Well-being

77% of adults and 71% of youth said they were generally or extremely happy.

68% of youth indicated they felt loved and appreciated.

Just over 70% of youth indicated they are generally or extremely happy, 24% are somewhat happy, and 5% were unhappy (Table 2-B1). While 74% describe their life as stress free, 26% characterize it as stressful. Table 2-B2 shows youth responses to statements about how they perceive themselves.

A small number of youth indicated they are having trouble concentrating (12%), learning things in school (14%), or remembering things (15%). A few are worried, stressed or sad (12%). A small percentage are feeling quite lonely (14%), tense (12%), tired or worn out (13%), somewhat withdrawn or quiet (14%), or rather low (10%).

Nineteen percent of youth respondents indicated that they find life rather boring, or that it takes some effort to keep their feelings under control. A larger number have had problems handling their own feelings (52%) or expressing their feelings or needs often (65%). Only 55% feel full of energy or were happy and

stress free most or all of the time. Around 50% feel happy and light hearted (46%) or relaxed (51%).

Almost half of youth participants (44%) indicated they have many interesting or good things happening in their life. Many youth feel that they can solve their problems (74%) and no one pushes them around in life (71%). Many feel that they have control over the things that happen to them (71%). Even more feel that they can do just about anything they set their mind to (80%), and that what happens to them in the future mostly depends on them (80%). Around a third of youth feel helpless in dealing with the problems in life (37%) while 35% do not feel helpless. As well, 46% feel that there is little they can do to change the important things in their life, while 30% feel there is a lot they can do.

Table 2-B1 Youth and Adult respondents' self-reported level of happiness

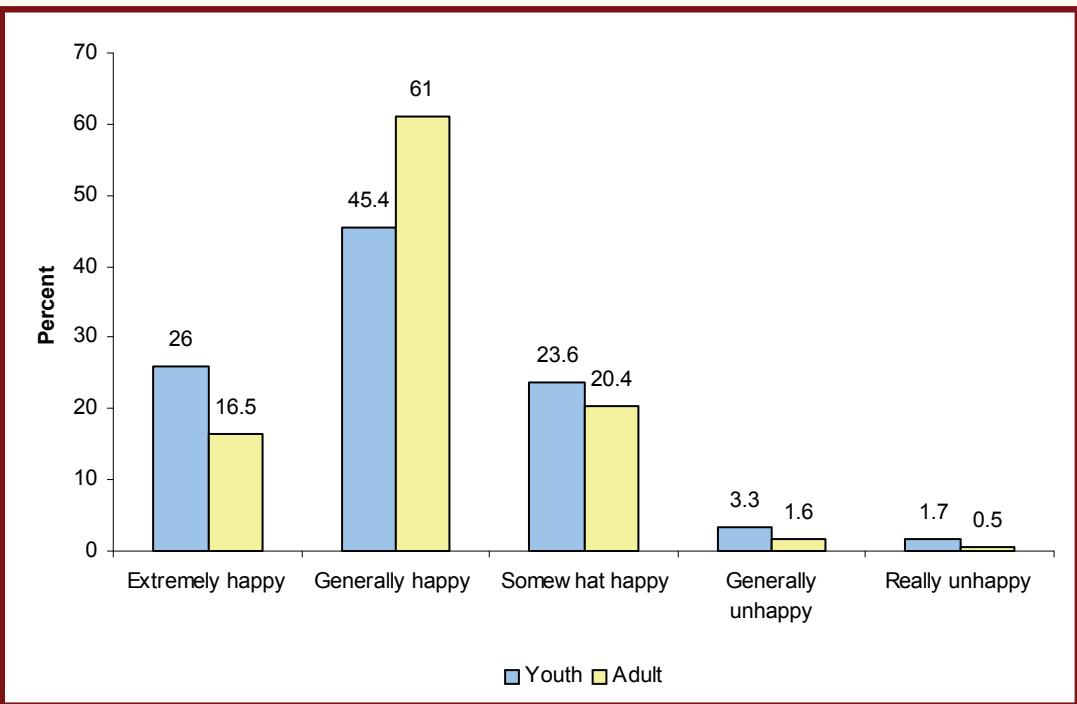
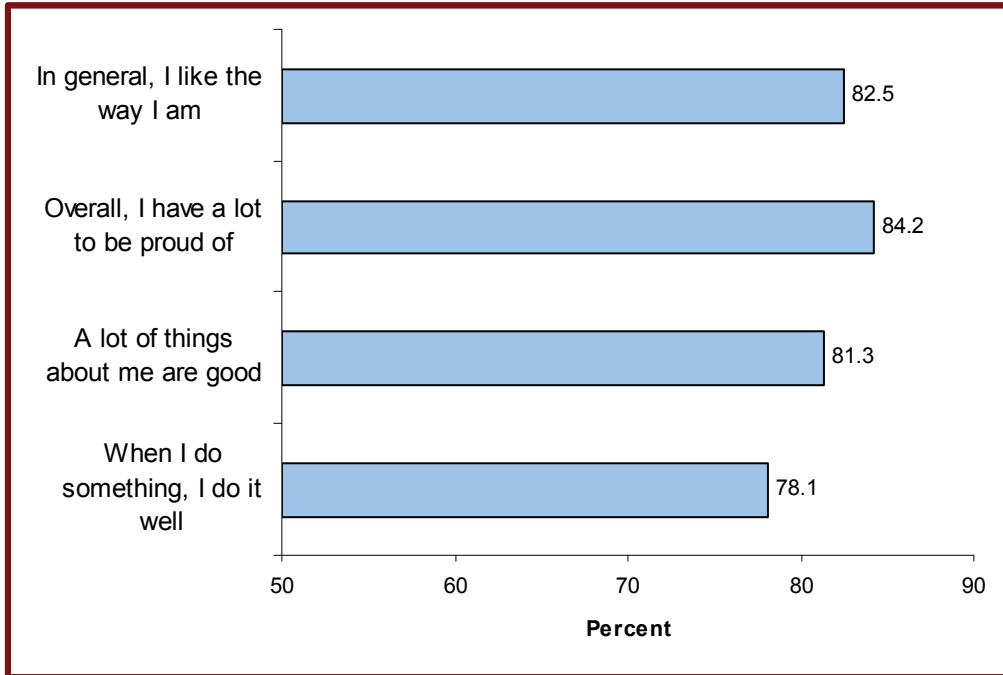


Table 2-B2 Youth respondents' opinions on the following statements

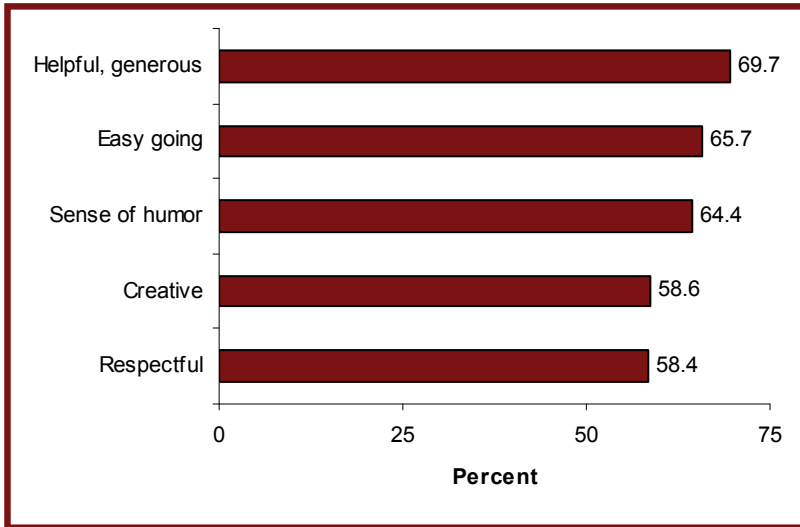


On a positive note, 68% of youth feel loved and appreciated and an equal number feel that they are greatly loved (70%). Unfortunately, 35% feel a little lonely, and 19% feel moderate to high levels of loneliness. As well, 36% feel a little stressed, and 23% experience moderate to high levels of stress.

As for adults, a large proportion (77%) reported that they are generally happy, although 40% had reported that life, as a whole, was fairly stressful. When explored further, around a half feel full of energy (45%), express feelings/needs (45%), and feel happy or stress free (51%), happy or light-hearted (52%), relaxed (45%) or have no problem handling their feelings (51%) most of the time. Another 40% have many interesting good things happening in their life most of the time, and 63% feel loved or appreciated.



Table 2-B3 Five most reported special qualities, talents, or skills of children, as reported by Caregivers



Children's Special Qualities, Talents, or Skills

Caregivers were asked to identify the special qualities, talents, or skills of the child under their care, and Table 2-B3 shows the values reported by more than 40% of respondents.

A very high number of caregivers reported that their child, overall, gets along with family members (95%). The RHS found that 8% of the children did not get along with their parents or guardians, 16% failed to get along with other family members, and 14% struggled with other children.

In terms of the past 6 months, 11% of caregivers felt that their child had more emotional or behavioural problems than other children of the same age. Sixty-eight percent of children were able to think clearly and solve day-to-day problems.



CHAPTER 3: HEALTH BEHAVIOURS

A: Drug use, Alcohol consumption, Smoking, and Gambling

The majority of respondents reported very little use of any illegal drugs.

61% of adult and 37% of youth respondents reported having consumed alcohol in the past 12 months.

42% of youth and 63% of adult respondents indicated they were smokers.

70% of adult respondents reported participation in gaming activities in the past 6 months.

I. Drug use

The RHS, as a survey, is a snapshot as the questions and results reflect the circumstances of its respondents at the time the survey is administered. With that, it sometimes happens that emerging conditions are not foreseen and incorporated into survey questions. In recent years, some First Nations communities in Manitoba have experienced rising use of crystal methamphetamine among its residents that has been widely recognised but not statistically documented. Although data was collected on respondents' use of certain narcotic and prescription drugs, crystal methamphetamine was not among the selections.

When adult participants were asked about their illegal and prescription drug use in the past 12 months, the majority reported very little use if any. Overall, only 30% of adults reported having

used illegal drugs. Of those used, marijuana use was the most prevalent (23%), followed by cocaine/crack/heroin (4%), as well as PCP/angel dust, acid/LSD/amphetamines, and ecstasy (3%). A small number of adults (13%) have used, without a prescription, codeine/morphine/opiates or sedatives (Table 3-A1). Over a quarter (27%) also reported that drug use is a problem in their household.

The results in Table 3-A2 show that very little youth are regularly using illegal or prescription drugs. Only 4% of youth reported use of codeine, morphine, opiates, or sedatives without a prescription at least once in the past 12 months. Over a quarter (28%) reported having used marijuana or hash in the past 12 months, and 21% of those reported using marijuana about once a month. A small number of youth (3%) reported having used hard drugs such as cocaine/crack/heroin, PCP/angel dust, acid/LSD/amphetamines, and ecstasy.

Table 3-A1 Adult use of illegal drugs and chewing tobacco in the past 12 months

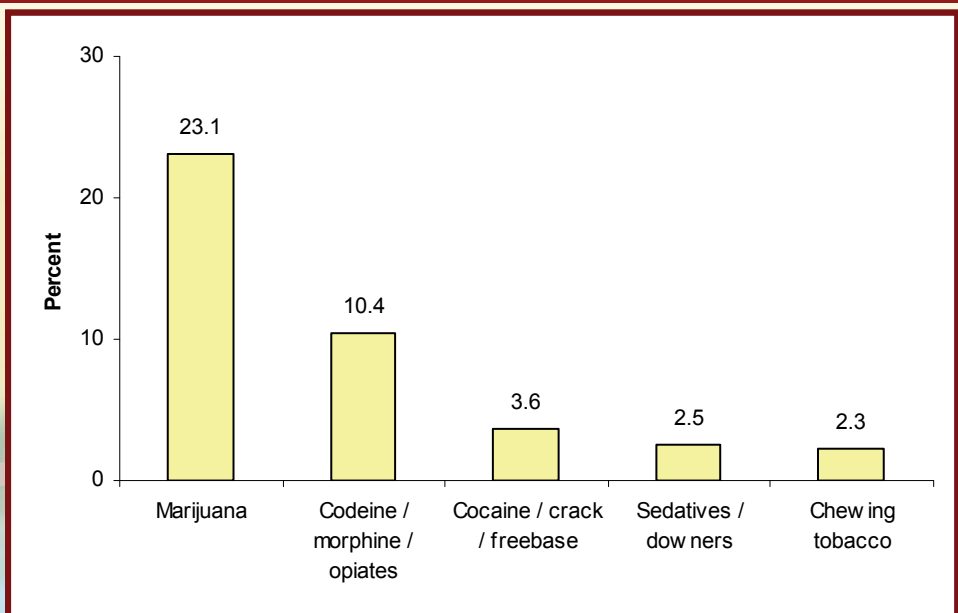


Table 3-A2 Use of illegal and prescription drugs among Youth respondents in the past 12 months

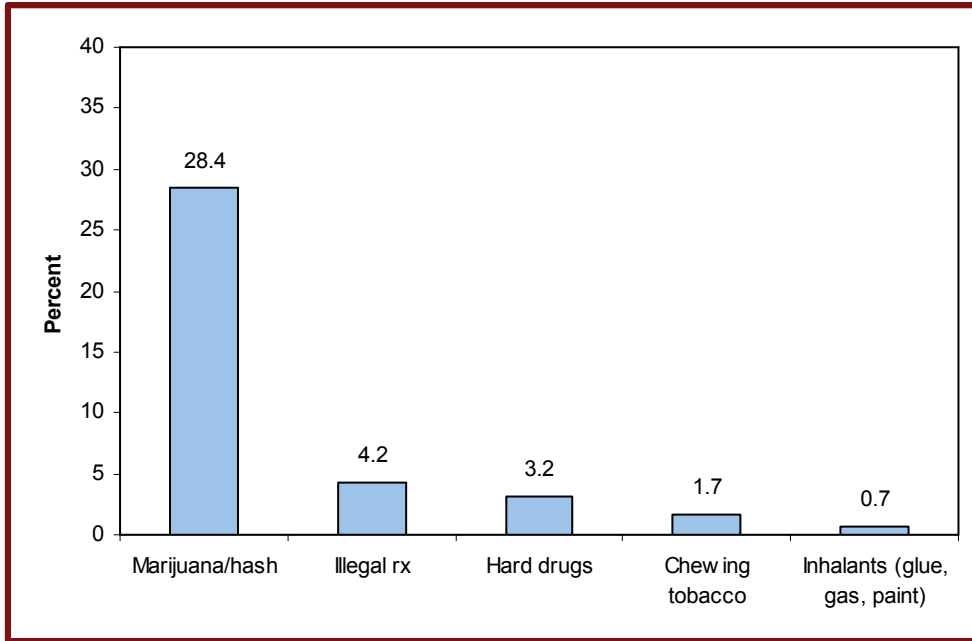


Table 3-A3 Important reasons why Respondents reduced or quit drinking

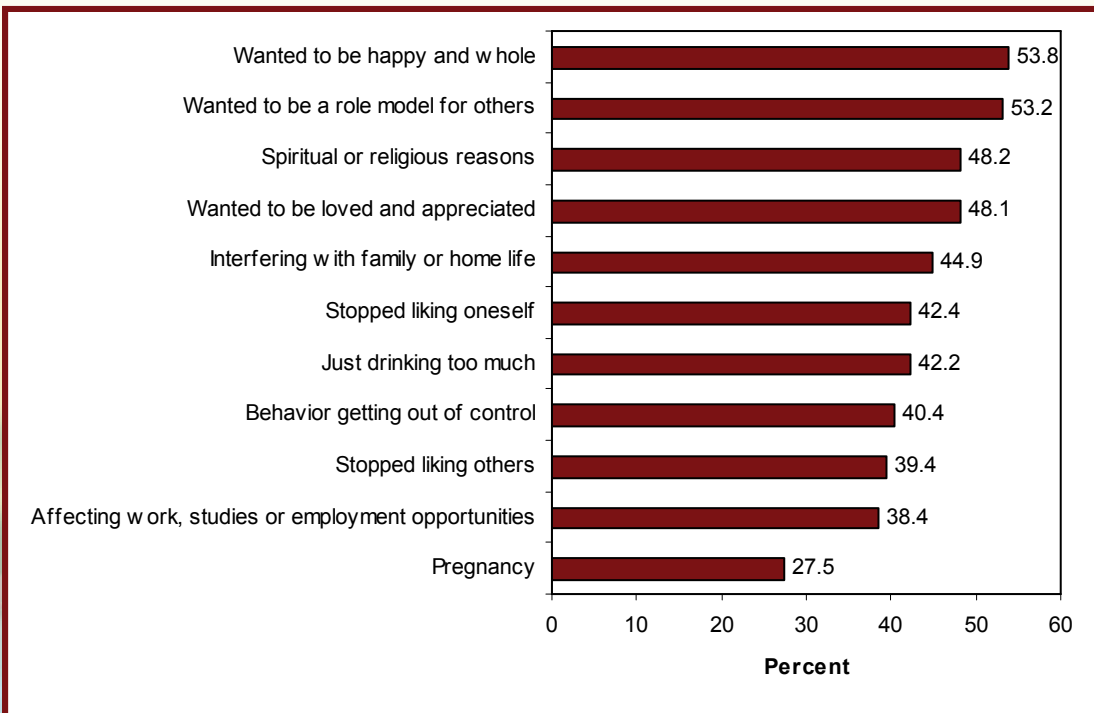
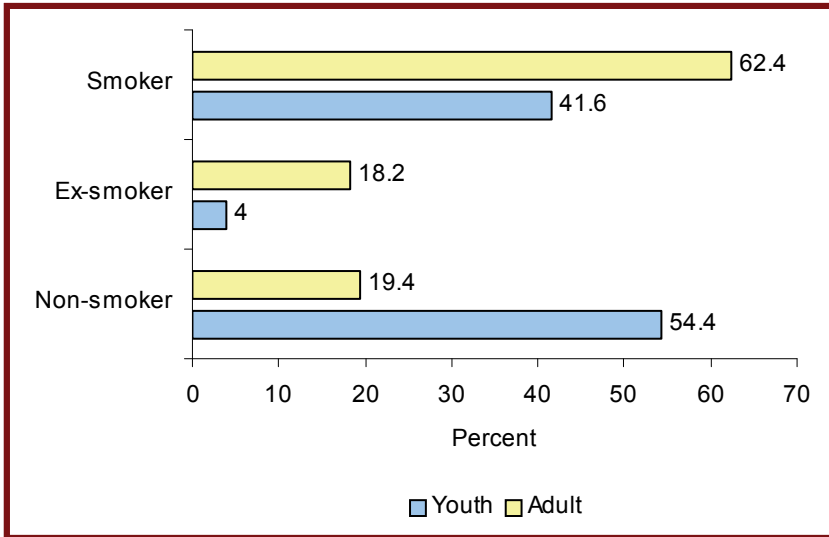


Table 3-A4 Smokers, ex-smokers and non-smokers among Adult and Youth respondents



II. Alcohol consumption

Adults (61%) were more likely than youth (37%) to report having consumed alcohol in the past 12 months. Youth were most likely to report not having consumed alcohol in the past 12 months, at 63%. The results show that, of those youth and adult respondents who reported drinking in the past 12 months, many reported having more than 5 drinks on one occasion. Many adult respondents (87%) indicated they had 5 or more drinks at one time in the past 12 months. While 27% of youth respondents reported they had never had more than 5 drinks at one time, 24% said they had 5 or more drinks at one time but less than once a month.

Over a third of adult respondents (35%) had reported that drinking was a problem in their household, and even more youth respondents (42%) indicated that drinking has caused arguments, fights or unhappiness in their homes.

When respondents were asked why they had reduced or quit drinking, the overall responses indicated that most did so because they wanted to be happy and whole (54%) and wanted to be a role model for others (53%). Almost as many said they reduced or quit drinking because of spiritual or religious reasons (48%); wanted to

be loved and appreciated (48%); or wanted to be a role model for others (48%). Some respondents felt drinking interfered with family or home life (45%), while others reported they felt they were just drinking too much (42%), or they stopped liking themselves (42%) or others (39%). Still others reduced or quit drinking because their behaviour was getting out of control (40%), because of work, studies, or employment considerations (38%), or because of a pregnancy (28%) (Table 3-A3).

Specifically, 77% of adult women who reported they had reduced or quit drinking said they had done so because of pregnancy.

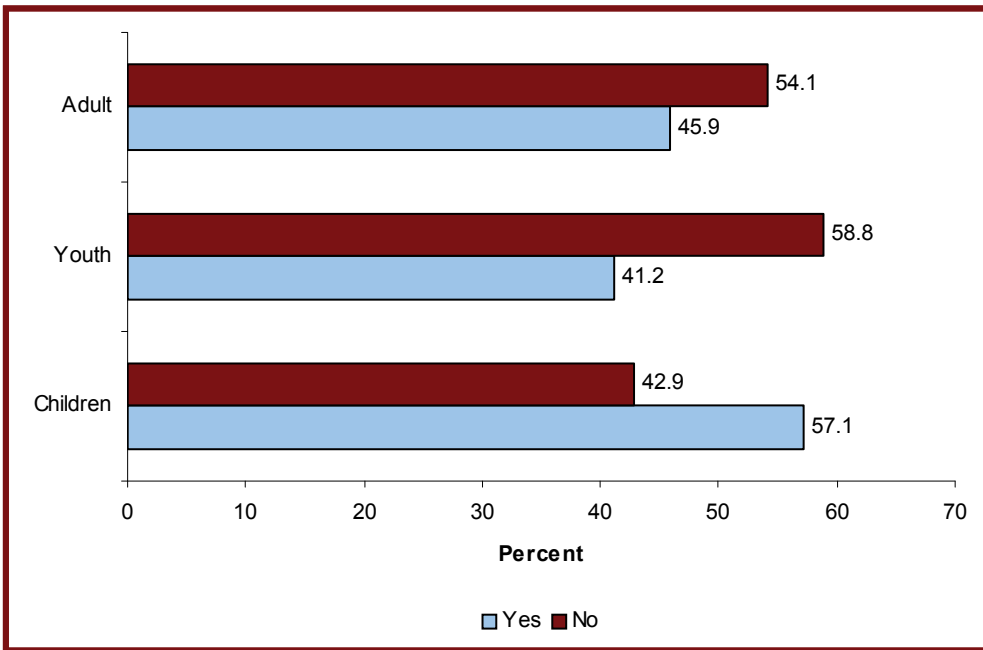
Of these reasons, adult men were most likely to report they had reduced or quit drinking because of work, studies, or employment considerations (58%), because it interfered with family or home life (55%); or for spiritual or religious reasons (52%). A small proportion indicated they reduced or quit because of pregnancy (19%).

The top reason reported by youth for reducing or quitting drinking was because their behaviour was getting out of control (55%) or they stopped liking others (52%) or themselves (49%). Almost a quarter of the youth who reported they had reduced or quit drinking said they had done so because of pregnancy (23%).

III. Cigarette Smoking

Results from the RHS Children's Questionnaire show that 29% of caregivers reported that their child smokes, and these children are more likely to smoke regularly (27%) rather than sometimes (1%). This is an increase from the results found in the 1997 RHS, where 19% of parents indicated they had knowledge of their child smoking.

Table 3-A5 Respondents who reported they were living in a smoke-free home



Of youth who reported being current smokers, 58% smoke 1 to 5 cigarettes daily, 35% smoke 6 to 12 cigarettes, and 7% smoke at least a half a package a day. Of those adults who reported being current smokers, 21% smoke at least a half package of cigarettes a day, 45% smoke 6 to 12 cigarettes per day, and 34% reported smoking between 1 to 5 cigarettes daily.

Results show that caregivers were more likely to report that the child's mother smoked during pregnancy (61%) than not 49%; 35% reported that the mother smoked throughout the entire pregnancy and 16% indicated that the mother quit smoking during the pregnancy. As well, 57% reported that other people in the household smoked while the mother was pregnant.

A large number of adult respondents (81%) reported having smoked in their life, with 62% reporting that they currently smoke and 18% reporting that they are ex-smokers. The average age of smoking initiation of current and past adult smokers was 16 years of age.

The 1997 RHS showed that 64% of respondents indicated they were current

While 54% of youth respondents indicated that they are non-smokers, 42% reported that they currently smoke (Table 3-A4). The average age they started was 13 years, and four percent (4%) reported that they had quit within a year of starting to smoke (14 years). When youth were asked if they ever smoked cigarettes daily, 93% reported that they had not.

Table 3-A6 Reasons for quitting smoking among Youth and Adult respondents

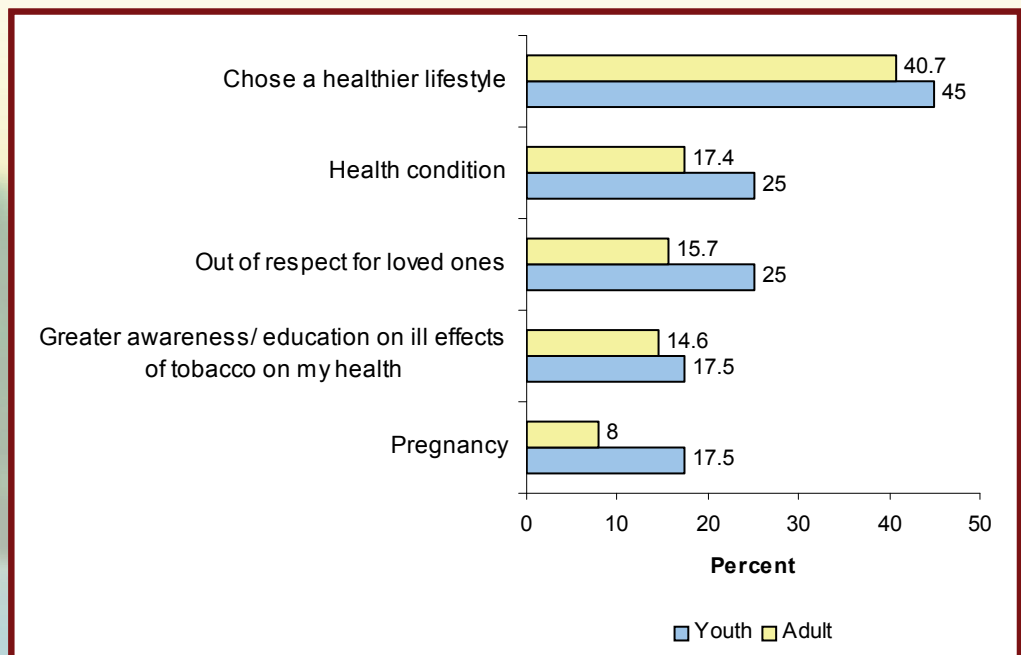
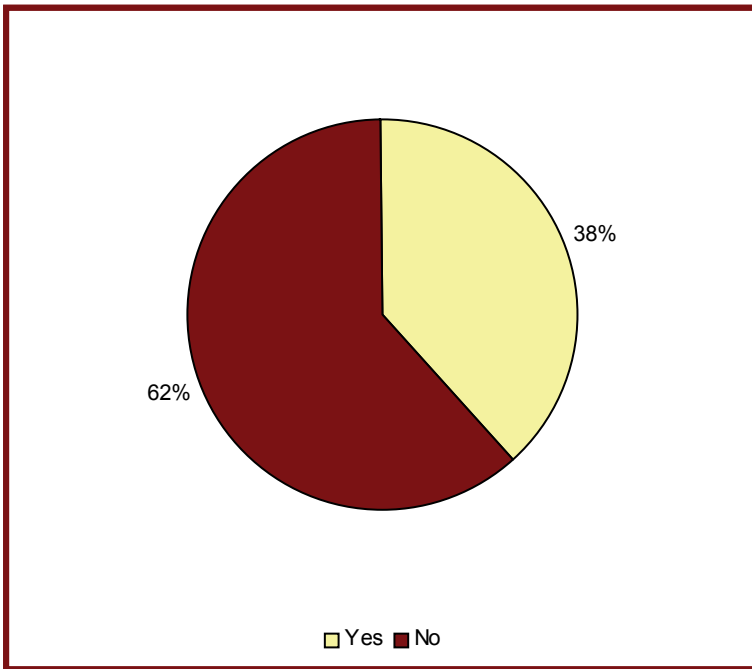


Table 3-A7 Youth respondents have gambled for money



smokers, and 67% of those people noted they began smoking before the age of 18.

Second-hand Smoke

According to the Physicians for a Smoke-Free Canada, there are numerous toxic and cancer-causing substances found in second-hand smoke; “some...are in stronger concentrations in second-hand smoke than they are in the smoke that goes directly into smokers’ lungs”.

The *Canadian Tobacco Use Monitoring Survey* conducted in 2005 shows that of Canadian households surveyed, fifteen percent (15%) reported at least one person who smoked inside the home everyday or almost everyday.

Results from the RHS Children’s Questionnaire show that forty-three percent (43%) of participating households in the Child Survey were not smoke free, and adult (54%) and youth (59%) respondents reported even more smoking in their households (Table 3-A5).

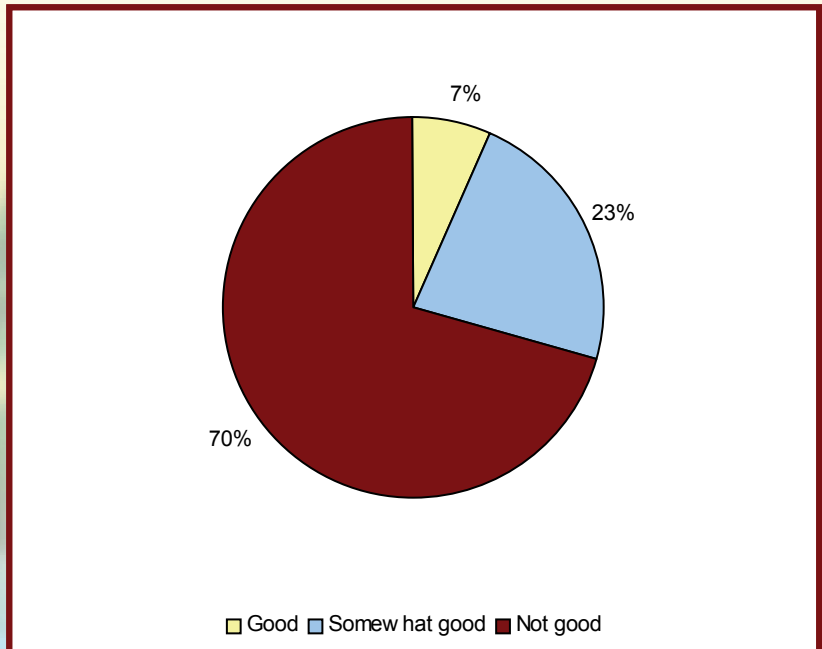
Quitting

The RHS found that a large proportion of youth who reported smoking have tried to quit (70%). Around a third (36%) have tried 1 or 2 times and another third (35%) have tried 3 or more times. More than half (53%) of current adult smokers have tried to quit smoking in the past 12 months. Of adults who reported that they have ever smoked, 23% have quit smoking, and the average age of quitting was 17 years of age or about one year after they started smoking.

A variety of reasons for quitting smoking were reported by adults. Among these adults, most (41%) said they quit smoking to live a healthier lifestyle and other frequently reported reasons were health condition (17%), out of respect for loved ones (16%), and a greater awareness of the ill effects of tobacco (15%) (Table 3-A6).

Cold turkey (will-power alone) was the most common method used among respondents to quit smoking (52%). A few

Table 3-A8 Youth respondents’ feelings about making money from gambling



quit with the help of spirituality (6%), while a very small number (2% or less) used other methods, such as nicotine replacement patch/gum, hypnosis, acupuncture, Zyban (Bupropion), other prescribed medications, traditional methods, support or self-help programs, or with the assistance from family members.

Reasons for quitting among youth were similar, with 45% reporting they were choosing to live a healthier lifestyle, 25% reporting they were quitting due to a health condition, 25% quitting out of respect for loved ones, (25%), and 18% reporting that they quit because of a greater awareness of the ill effects of tobacco or because of pregnancy. “Out of respect for the cultural and traditional significance of tobacco” and “doctor’s order” were reasons reported the least, 8% and 5%, respectively.

IV. Gambling

Adult respondents were asked if they had participated in gaming activities in the past six months, and most (70%) reported participation in such gaming activities as bingo, Nevada tickets, lottery tickets, slots, cards, horse racing and traditional hand games. Only 8% of adults indicated they are worried that they may be a problem gambler, and 5% of these people have talked to a health care specialist, counselor, close friend or family member because they felt that they were becoming a problem gambler. Over a quarter of adult respondents (27%) said gambling was a problem in their household, and more than three-quarters (78%) would like to see counselling services available in their community for people who have a gambling problem.

As for youth, 62% have never and 38% have gambled for money (Table 3-A7). The majority (71%) do not think it is a somewhat good or very good way to make money. However, 29% reported that they believe it is a good way to make money

(Table 3-A8). When youth respondents were asked if gambling caused problems such as arguments, fights, or unhappiness in their household, 25% indicated that it always or sometimes caused problems.



Table 3-B1 Birth control or protection methods used among Adult and Youth respondents

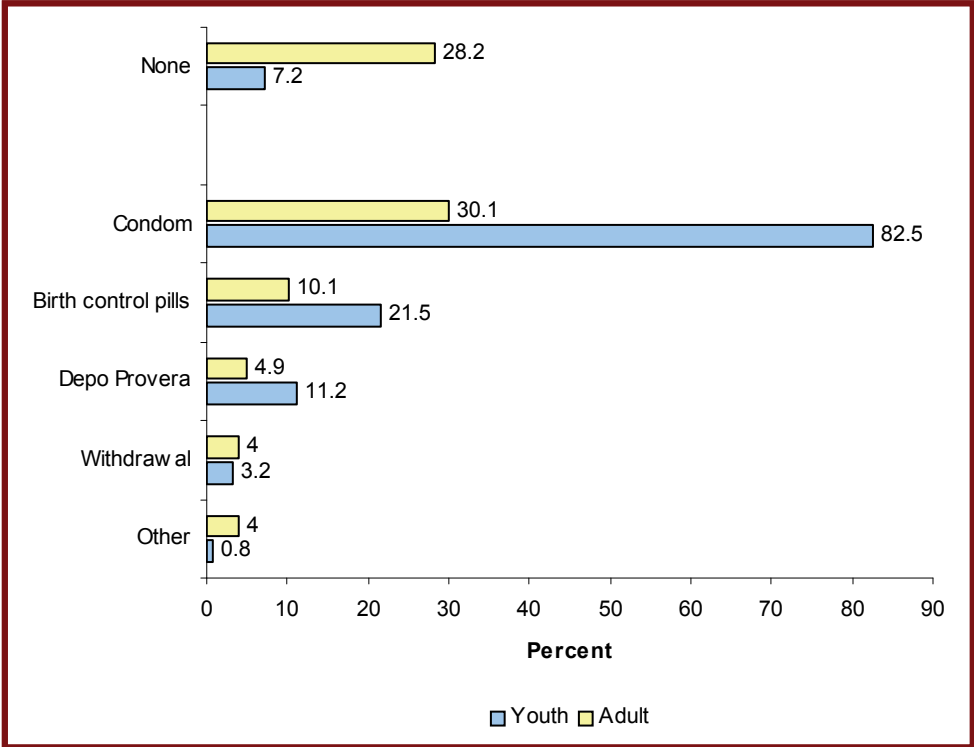
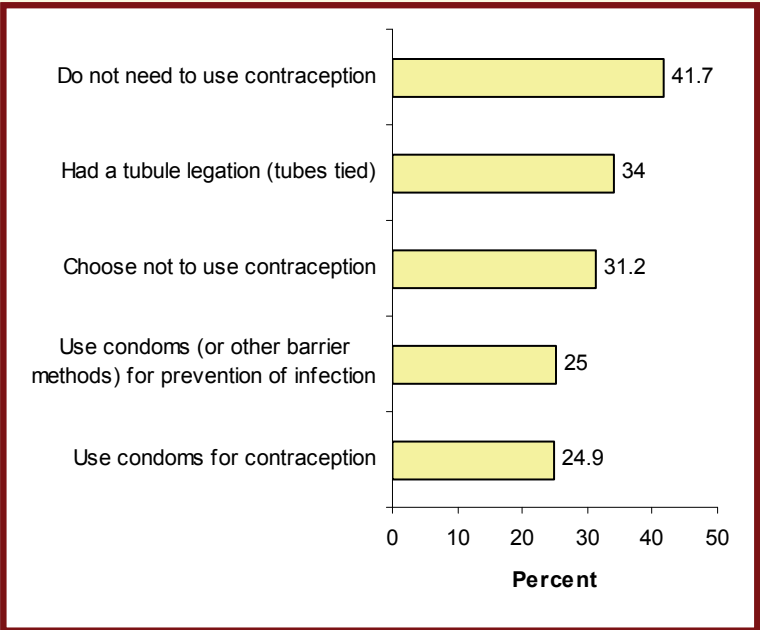


Table 3-B2 Self-reported birth control methods reported by 25% or more of Adult women respondents



B. Sexual Health

27% of youth and 67% of adults reported they were currently sexually active.

83% of youth and 30% of adults indicated they use condoms for birth control or protection.

Around half of all youth respondents indicated they did not have enough access in their communities to birth control, information about birth control, and information about sexually-transmitted infections.

Youth and adult respondents were asked a number of questions about their sexual activity, ranging from frequency to number of partners to use of birth control and protection methods. These questions followed questions about substance use, alcohol consumption, and tobacco use, possibly affecting the frame of mind in which people were answering these questions.

Slightly more than a quarter of youth (27%) and 67% of adults reported they were currently sexually active.

When asked which birth control or protection methods the respondent and/or their partner use, many (83%) youth respondents indicated they used condoms, as well as the birth control pill (22%), Depo Provera (11%), and withdrawal (3%). Adult respondents reported the use of condoms the most (30%), followed by birth control pills (10%), Depo Provera (5%), and withdrawal (4%). A small number of youth (7%) reported they and/or their partner did not use any form of birth control or protection methods. Table 3-B1 shows the birth control methods used by adult and youth respondents.

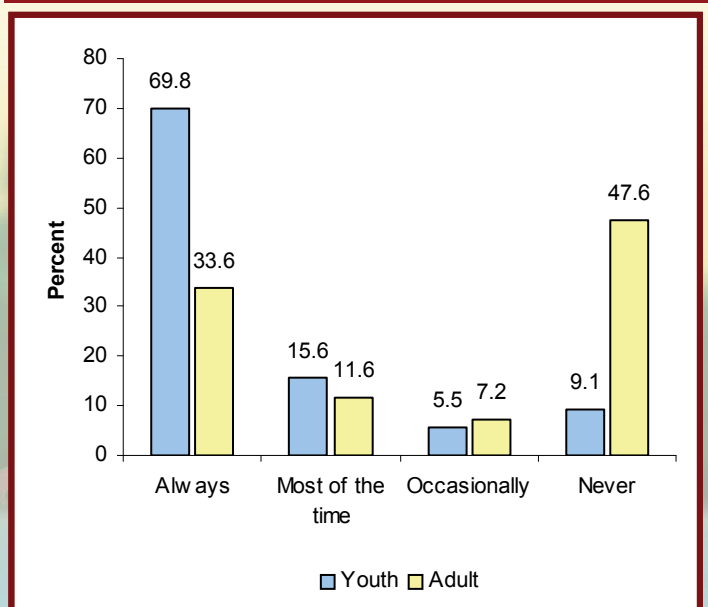
Youth were asked why they used birth control or protection methods, and just over half (54%) identified birth control and protection from sexually transmitted infections as the main reasons. A quarter (25%)

used birth control and protection methods for protection from sexually transmitted infections (including HIV/AIDS), while 20% used it exclusively for birth control. Many (70%) youth reported always using condoms specifically to avoid getting sexually transmitted infections; and 16% used condoms most of the time, 6% occasionally, and 9% never used them for such protection. Comparatively, 27% of adult respondents reported using birth control and protection methods for the purposes of STD protection and birth control, while 25% used such methods exclusively for birth control, and 11% for STD protection.

Adults were less likely than youth to report always (34%) using condoms specifically to avoid getting sexually transmitted infections. Over half of adults (61%) indicated their reason for not using condoms all of the time is that it is because they have a steady partner (Table 3-B3).

Only 3% of youth respondents reported that they have been pregnant or have gotten someone pregnant. About half (50%) of the youth reported they did not have enough access to birth control, or information about birth control (48%). A similar

Table 3-B3 Use of condoms among Adults and Youth to avoid sexually transmitted diseases



percentage (53%) stated that young people do not have enough information in their communities about sexually transmitted infections.

Adult respondents were asked if they thought HIV/AIDS will likely become a problem in the Manitoba First Nations population, with most (91%) reporting that they think it will, and 82% reporting that they think that it will likely become a problem in their own community (Table 3-B4). Considering this, it is surprising that three-quarters (74%) of adult respondents indicated that they have not been tested for HIV.

Responses about HIV/AIDS becoming a problem have changed since the 1997 RHS, when only 47% of participants indicated they thought HIV/AIDS was likely to become a problem in First Nations communities in Manitoba.

C. Physical Activities

78% of caregivers indicated their children get at least a half hour of physical activity every day.

49% of youth are involved in sports lessons at least once a week outside school hours, and 30% have a job.

23% of youth respondents participated in some physical activity at least 4 to 6 times a week.

95% of adult respondents indicated they were engaged in at least one type of physical activity.

Respondents were asked to indicate what physical activities they, or their children, regularly participate in.

Children

Most caregivers (78%) indicated their children get at least a half hour of physical activity every day. While only 8% of caregivers reported their children do not participate in physical activities outside of school, 65% participate at least everyday or 4 to 6 times a week. Outside school hours, a third of children are involved in sports lessons (32%), and some are engaged in art or music groups (15%) or in traditional First Nations arts such as singing, drumming or dance groups (16%).

Respondents were asked to indicate what types of physical activities they have participated in the past 12 months. Table 3-C1 shows the types of activities children participated in, according to more than 25% of the caregivers surveyed.

When asked to compare their child's physical activity to other children of the same age and sex, the majority of caregivers (69%) rated their child's physical activity as similar, although a quarter (25%) ranked their child as much more physically active.

Table 3-B4 Likelihood of HIV/AIDS becoming a problem, as reported by Adult respondents

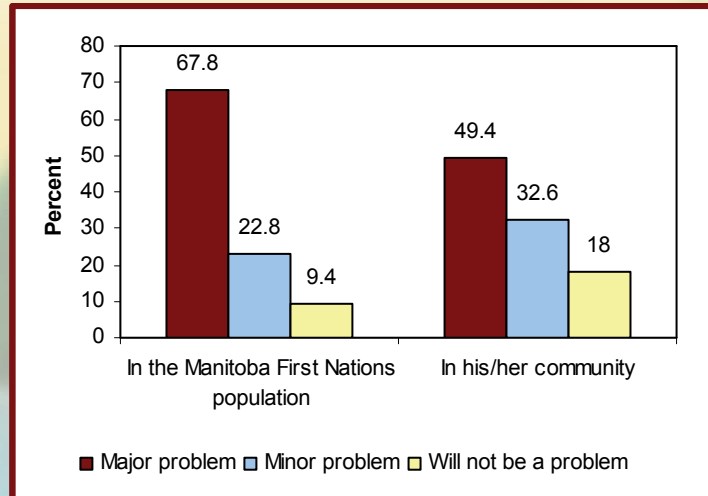
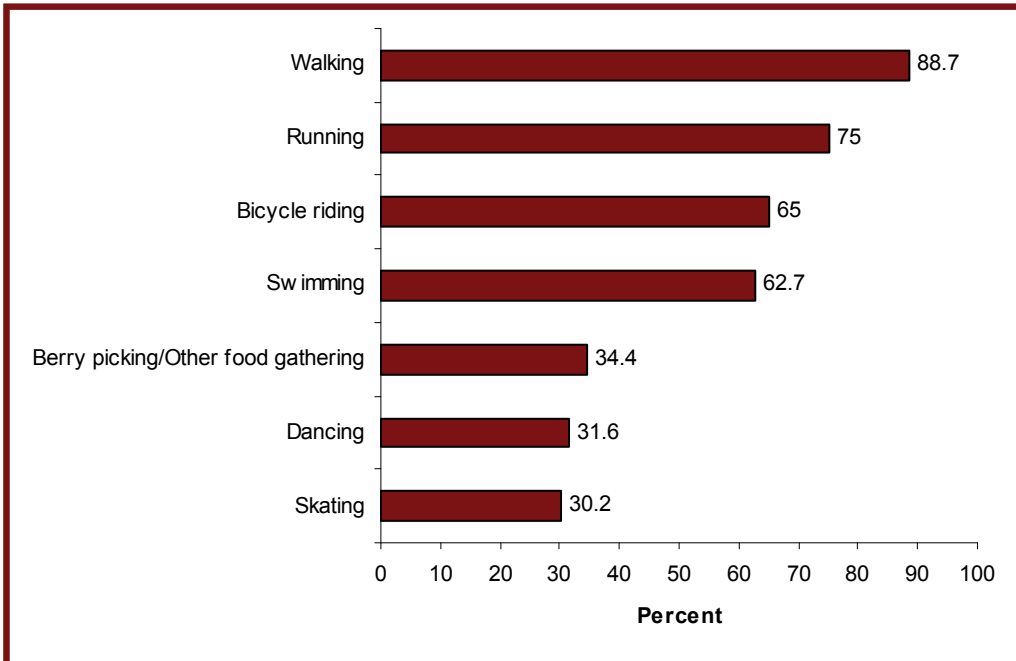


Table 3-C1 Children’s participation in these physical activities in the past 12 months, as reported by more than 25% of Caregivers



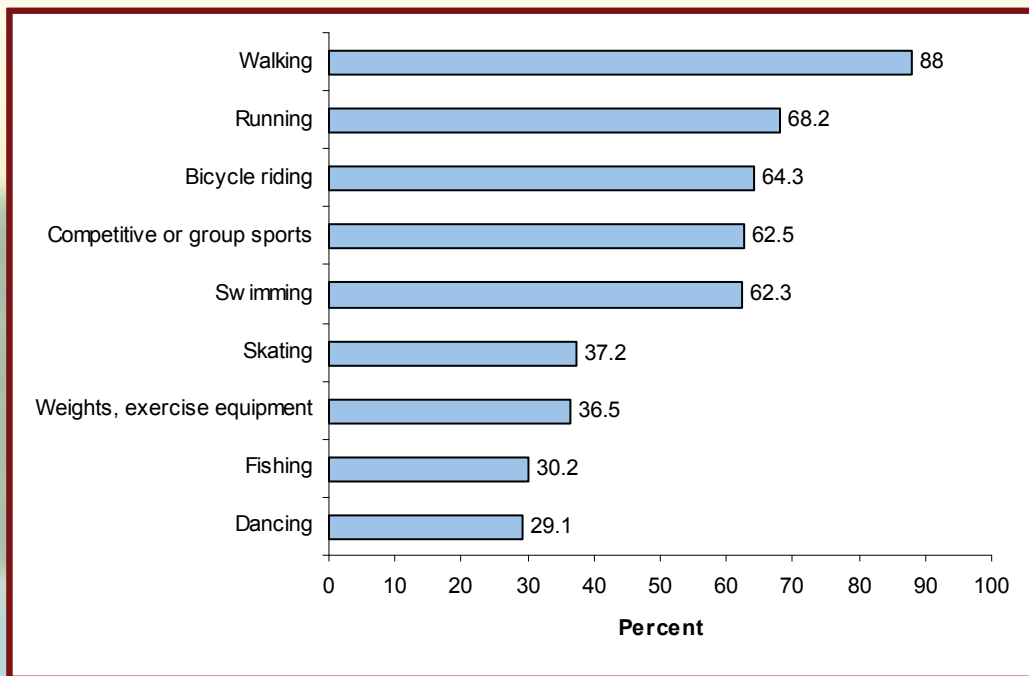
Youth respondents were less likely (46%) than children (63%) to report watching television during the week, and few reported playing video games (18%) or using a computer (17%). Many youth spend time outdoors (62%) for more than three hours a day, and a few help with household chores (20%).

As for general participation in physical activities, 30% of youth are physically

Caregivers noted their children tend to watch television more during a week (63%), as opposed to video games (34%) or using a computer (26%). Many children play outdoors (65%) or do household chores (41%). Over half of caregivers indicated their children like to read for fun, as 27% of children read everyday, and 34% read a few times a week.

active either at school, at home, or in their free time. Around a quarter (23%) of youth respondents participate at least 4 to 6 times a week or 2 to 3 times a week (26%). In a typical week, about a third (31%) spend more than 6 hours in any kind of physical activity either at home, school, or

Table 3-C2 Youth participation in these physical activities in the past 12 months, as reported by more than 25% of Youth respondents



Youth

About half (49%) of youth are involved in sports lessons at least once a week outside school hours, and 30% have a job. Fewer youth reported activity in art or music groups (11%) or in traditional First Nations arts such as singing, drumming or dance groups (8%).

in their free time that results in an increase in their heart rate and breathing. Nearly a half (45%) spend 1 to 5 hours, and about a quarter get less or none (24%).

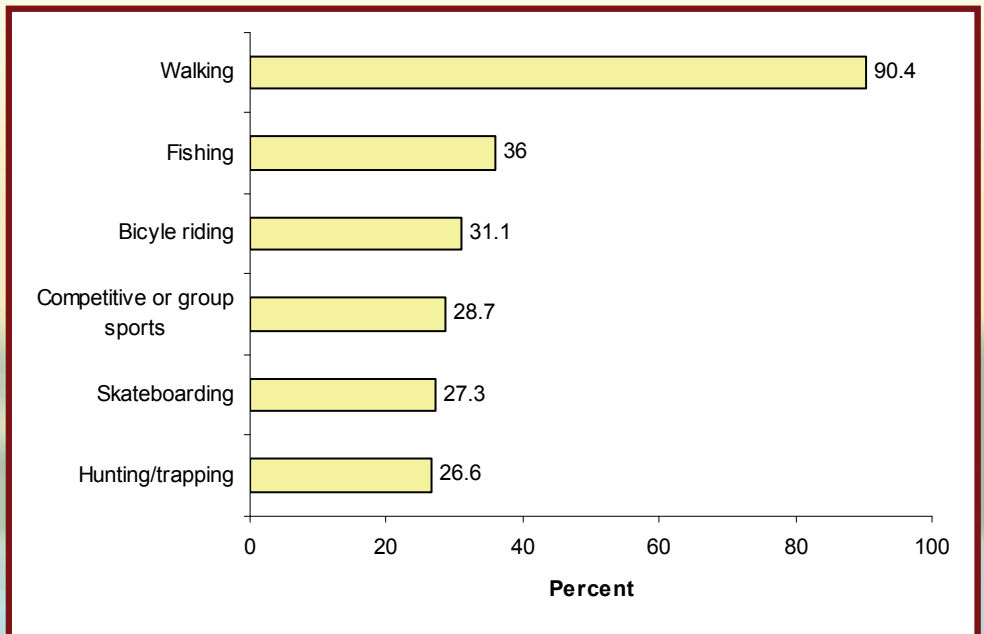
Like children, most youth reported they have been physically active in the past 12 months by walking (88%), running (68%), bicycle riding (64%), competitive sports (63%), and swimming (62%). Table 3-C2 shows the activities more than 25% of youth participated in. Youth responses also included hunting/trapping (21%), snowshoeing (20%), and rollerblading (22%).

Adults

The vast majority of adults (95%) indicated they are engaged in at least one type of physical activity. Table 3-C3 shows the activities reported by most adult respondents. Adult respondents also reported participation in competitive or running (24%), dancing (23%), weightlifting/equipment training (22%), and golf (18%).

Adult respondents indicated that, on average, they participated four times per week in some kind of physical activity which increased their heart rate and breathing. The amount of hours spent ranged from none (18%) to 7 or more hours (18%). At least 35% were physically active at least 1 to 2 hours a week, while 30% were engaged in health promoting activities between 3-6 hours a week.

Table 3-C3 Adult participation in these physical activities in the past 12 months, as reported by more than 25% of Adult respondents



D. Weight, Diet and Nutrition

61% of adults, 18% of youth, and 17% of children indicated they often eat a nutritious, balanced diet.

Children, youth and adults all reported regular consumption of traditional foods.

Caregivers reported high amounts of fried foods, sweets, and sugar in children's regular diets.

52% of children, 41% of youth, and 75% of adults reported being overweight or obese.

Obesity is defined as being well above one's normal weight. A person has traditionally been considered to be obese if they are more than 20 percent over their ideal weight. Obesity is recognized as increasing a person's chance of developing a variety of health problems, such as Type 2 Diabetes; high blood pressure/hypertension; stroke; heart attack; heart failure; and others.

Not all of the caregivers surveyed responded to questions about their child's weight. However, caregivers' responses show that over half (52%) of children had a weight that exceeded the healthy weight for their age, and 27% had a normal body mass index (BMI) (Table 3-D1). Nevertheless, youth responses show that a large number (58%) have a normal weight, although 41% reported being overweight or obese (Table 3-D2). According to caregivers' responses, a small number of children (8%) are underweight.

The results show that excessive weight is also a major problem among adult respondents. Only 23% have a normal body mass index, as just over a third (35%) are considered overweight, and 40% indicated they are obese. Although men (55%) were more likely than women (45%) to report being overweight, obesity was more common among women (58%) respondents than men (42%). This gender difference persists

after controlling for age.

Youth respondents were asked a number of questions respecting their weight, such as their thoughts about their weight and what they do about keeping control of their weight. Many youth (65%) reported that they are satisfied with their weight, while 18% are dissatisfied and a little less (17%) are indifferent.

When youth were asked to rate whether they were underweight, the right weight, or overweight, nearly 60% confirmed their weight is about right. However, 30% described themselves as overweight, and 11% reported being underweight.

Youth participants were also asked to indicate what they are doing about their weight, and Table 3-D3 shows their responses.

Of those youth who reported they are trying to lose weight, 40% reported they have exercised during the past 30 days to lose weight. Twenty-seven percent have eaten less food overall, fewer calories, or less foods low in fat, and 9% reported they were fasting, that is they had gone without eating

Table 3-D1 Body Mass Index (BMI) of Children

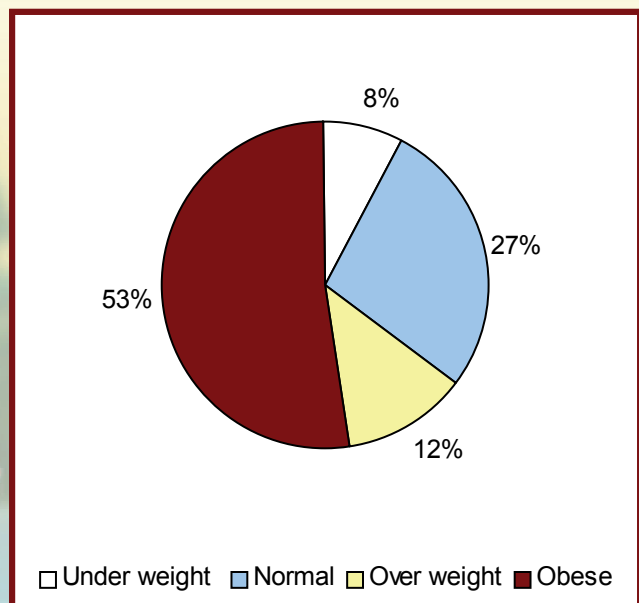
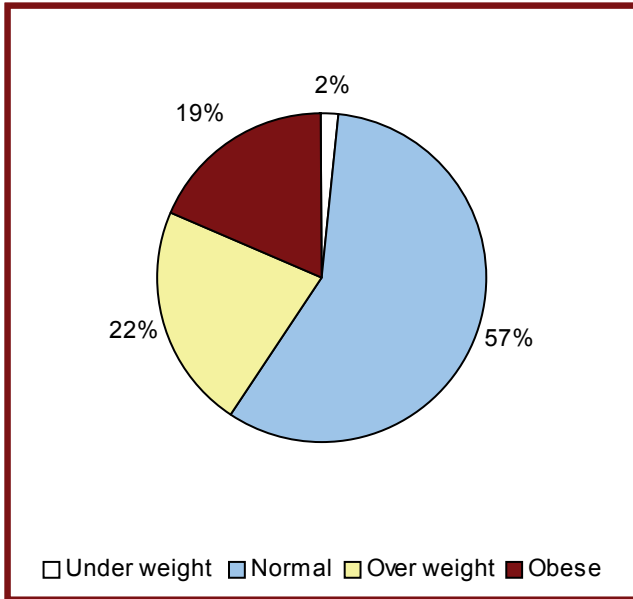


Table 3-D2 Body Mass Index (BMI) of Youth



for 24 hours or more to lose weight or to keep from gaining weight.

Nutrition

The Canada Food Guide defines a nutritious diet as daily consumption of a variety of foods from the four main food groups: grain products, vegetables and fruit, milk products, and meat and alternatives. The Guide is often accepted by many people as the definition of nutrition. However, it is widely believed that the Canada Food Guide may not be entirely appropriate for First Nation peoples, as it does not account for traditional foods and their suitability to traditional First Nations diets.

Half (50%) of the caregivers surveyed reported that their children almost always eat a nutritious and balanced diet, while 43% reported that their children eat a balanced diet only some of the time. Table 3-D4 shows responses as to how often respondents eat a nutritious, balanced diet.

Table 3-D5 shows the eating habits of children and youth respondents. According to caregivers responding for children, the majority of children are generally eating a healthy diet, with 70% reporting that they eat fresh fruit or berries every day, 64%

reporting they drink at least 4 glasses of water each day, 78% reporting that they eat meat, eggs, or beans every day, and 67% reporting daily consumption of milk. A comparison of all age groups shows that children eat healthier than youth and adults, with more children reporting daily consumption of fresh fruit or berries, fresh vegetables, meat, eggs or beans, cheese or yogurt, milk, and canned fresh fruit. This comparison also shows that youth are more likely than adults to report daily consumption fresh fruit or berries, fresh vegetables, cheese or yogurt, and milk.

A small number of youth (14%) and children (12%) reported that they don't get as much to eat as they need.

Traditional Foods

Respondents were asked how often they eat certain types of traditional foods. Table 3-D6 shows the most reported traditional foods eaten often or a few times a year by respondents.

The data show that children are less likely than youth and adults to report consumption of traditional foods. Caregivers re-

Table 3-D3 What Youth respondents are trying to do about their weight

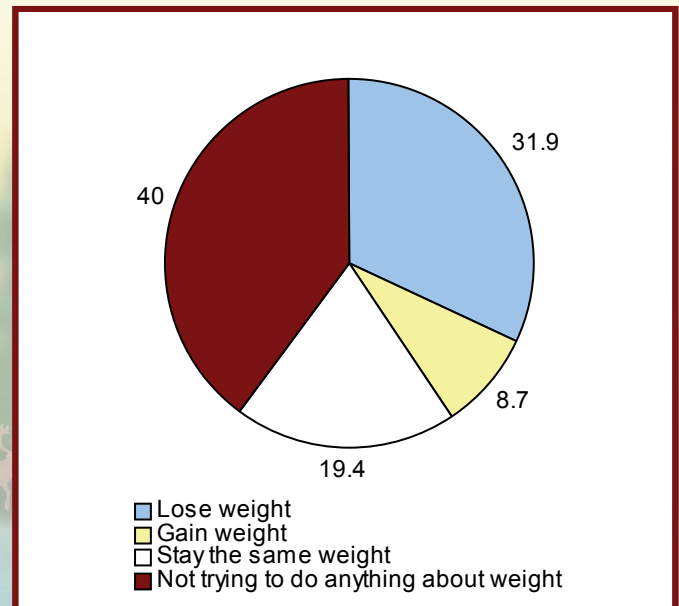
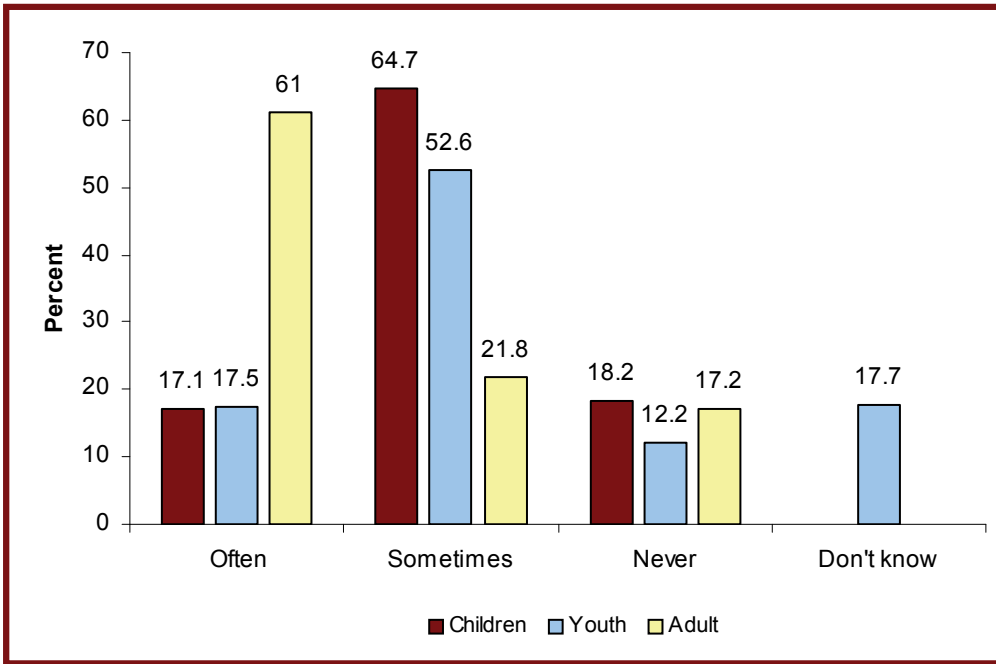


Table 3-D4 How often Respondent eats a nutritious, balanced diet



Similarly, 70% indicated someone has shared these foods with their household in the past 12 months.

As for adults, 98% reported consumption of traditional foods in the past 12 months. A large number of adults are consuming traditional foods often or a few times throughout the year. A small number (17%) have not received any traditional foods in the

ported that their children often, or a few times a year, consume some traditional foods such as bannock/fry bread (88%); land-based animals (65%), berries and edible wild vegetation (61%), and fresh water fish (47%). Many (65%) caregivers reported that someone has shared these foods with their household in the past 12 months.

last 12 months.

Unhealthy Foods

The majority of caregivers (82%) reported that their children never or hardly ever drink coffee. However, caregivers were more likely to report their children con-

Compared to children, more youth are consuming traditional foods a few times a year or more. The traditional foods youth reported eating the most include game birds (90%); small game (93%); fish (89%); edible wild vegetation (84%); and land-based animals (79%).

Table 3-D5 Eating habits of Children and Youth respondents

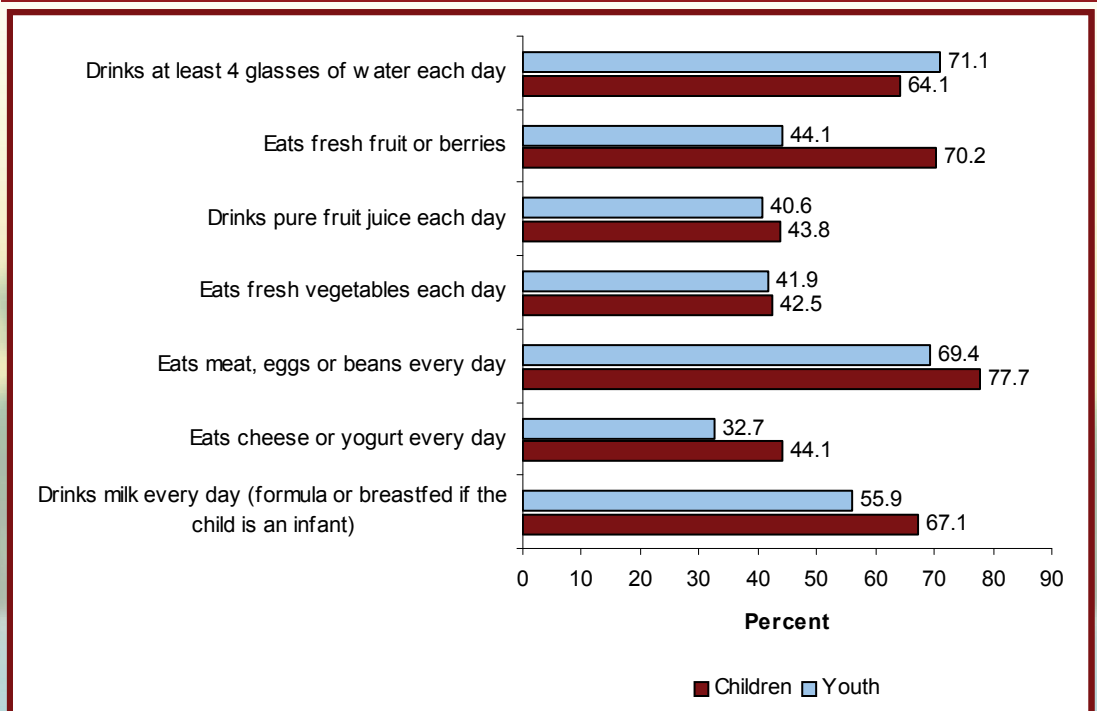
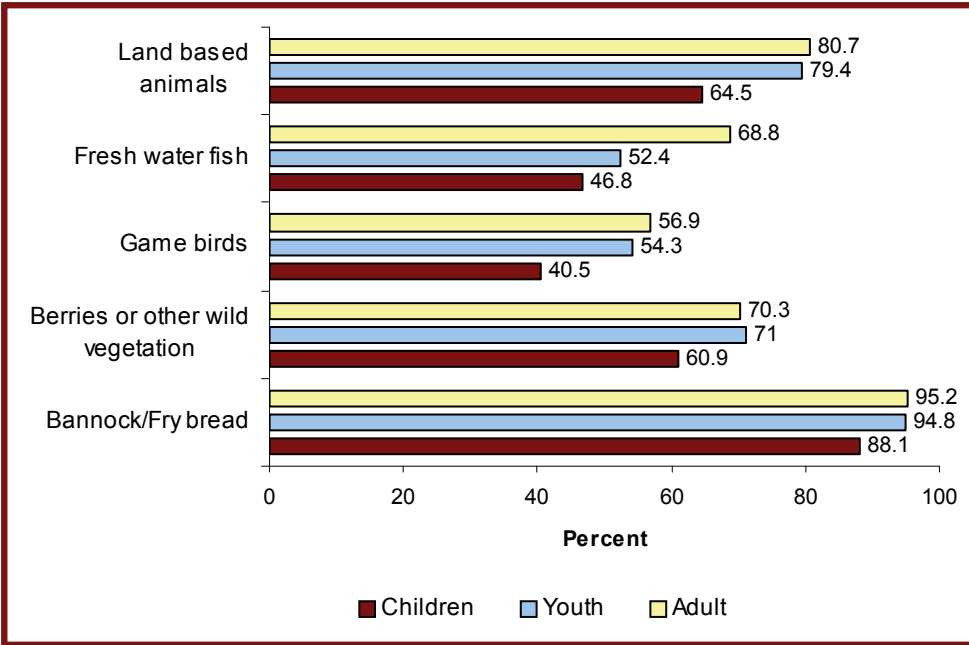


Table 3-D6 Most reported traditional foods eaten often or a few times a year by all Respondents



sumed soft drinks or pop on a regular basis than not; 58% drank soft drinks or pop a few times a week or more, and 18% never or hardly ever consumed soft drinks or pop. The results are similar for the consumption of sweets and additional sugar; 52% indicated they ate sweets a few times a week or more, and 57% added sugar a few times a week or more. Almost half of caregivers reported their children (46%) consumed fast foods a few times a week or more. Forty percent (40%) reported that their children ate these foods a few times in a month and 16% of children never or hardly ever consumed such foods. More than half (58%) of children were reported to eat fried foods a few times a week or more. Caregivers indicated that 41% of children never or hardly ever added salt to their food, but nearly half (48%) added salt a few times or more a

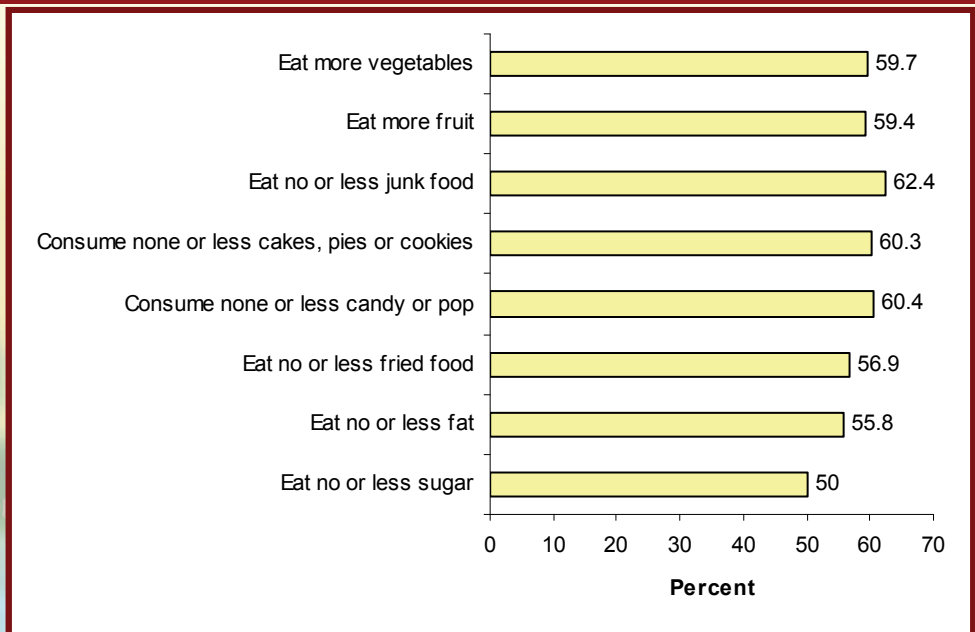
week.

Most youth indicated they never or hardly ever drank coffee or tea (64%), although 20% reported they drink it everyday. Almost half indicated they consumed soft drinks or pop a few times in a week (41%) or everyday (43%). Approximately half (49%) of the youth surveyed reported that they rarely consumed sweets, and only 17% ate these foods everyday. Similarly, 34% of

youth reported they never or hardly ever added sugar to their foods, however, 39% added sugar everyday. Although 34% of youth never or hardly ever added salt to their food, 47% added salt everyday.

A large number of adults never or hardly ever ate sweets (67%), fast food (e.g., burgers, pizza, hotdogs, etc.) (63%), or fried foods (e.g., French fries, potato chips,

Table 3-D7 Positive dietary changes made by Adult respondents in the last year



pretzels, fried bread, etc) (54%). While 38% of adults reported having never or hardly ever drank soft drinks, a third (30%) still consumed soft drinks once a day or several times a day. An equally large number still added salt to their food (60%) or sugar to their food or beverages (55%), once or several times a day. More than a third (36%) of adults, however, are trying to use less salt and even more (46%) are trying to use less sugar.

Adult respondents were surveyed with respect to changes they have made in the past 12 months in order to improve their diet. Many (63%) reported that they have reduced or stopped their intake of junk foods, and nearly as many (60%) indicated they were eating less or no cakes, pies or cookies, and (60%) reported eating less or no candy or soda pop. Many adults reported eating less or no fried foods (57%) or fat (56%). A fair number of adults indicated they are trying to eat less bannock, particularly fried (38%) as opposed to baked (29%). Adults also appear to be increasing their intake of vegetables and fruit, with 60% reporting they are eating more vegetables and 59% reporting eating more fruit. Table 3-D7 displays these results.



A. Self-Rated Health

75% of caregivers ranked the health of their child as very good to excellent. 54% of youth and 38% of adult respondents ranked their health as very good to excellent.

Respondents were asked to rate their or their children's health, and three-quarters of caregivers (75%) ranked the health of their child as very good to excellent. Nineteen percent ranked the child's health as good, while 6% ranked the child's health as fair to poor. In the past few months, a large number of children were in good health almost all the time (78%) or often (14%). Ninety percent were usually free of pain or discomfort.

As for youth, only 54% ranked their health as very good to excellent. Twenty-nine percent rated their health as good, but 17% ranked their health as fair to poor. Table 4-A1 shows the things that respondents in excellent or very good health believe are responsible for making them so healthy.

As for being in balance, 53% of youth stated that most of the time they felt as if they were in balance physically (53%). Unfortunately, only 45% felt in balance mentally and even less felt emotionally (33%) or spiritually (37%) in balance.

As for adults, only 38% ranked their health as excellent to very good. Thirty-six percent reported good health status, while 25% rated their health as fair to poor. About two thirds of adult respondents stated that most of the time they felt as if they were in balance physically (65%), emotionally (66%), mentally (67%) and spiritually (65%).

Table 4-A1 Self-rated health status (Children reported by Caregivers)

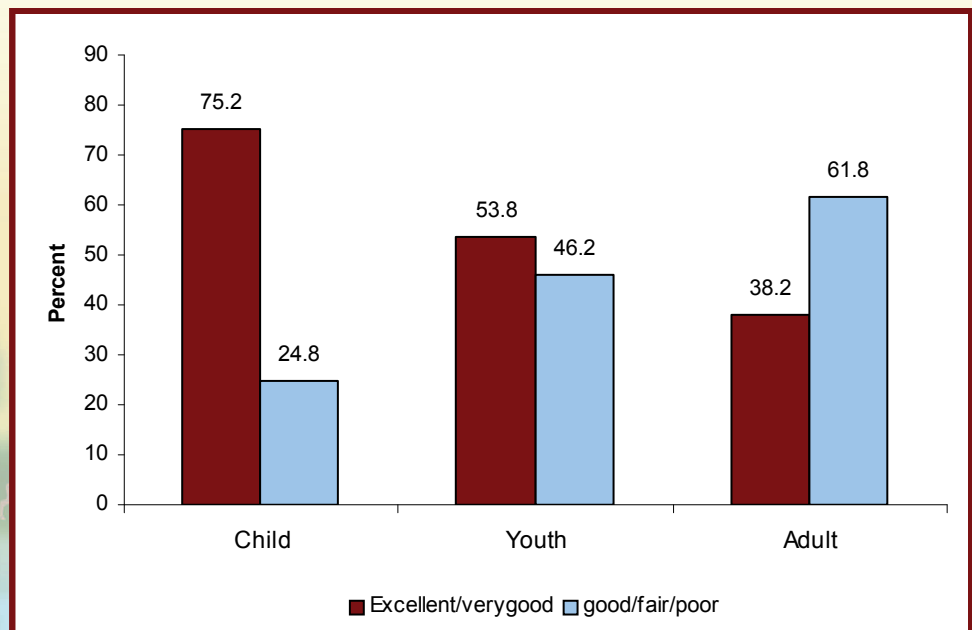
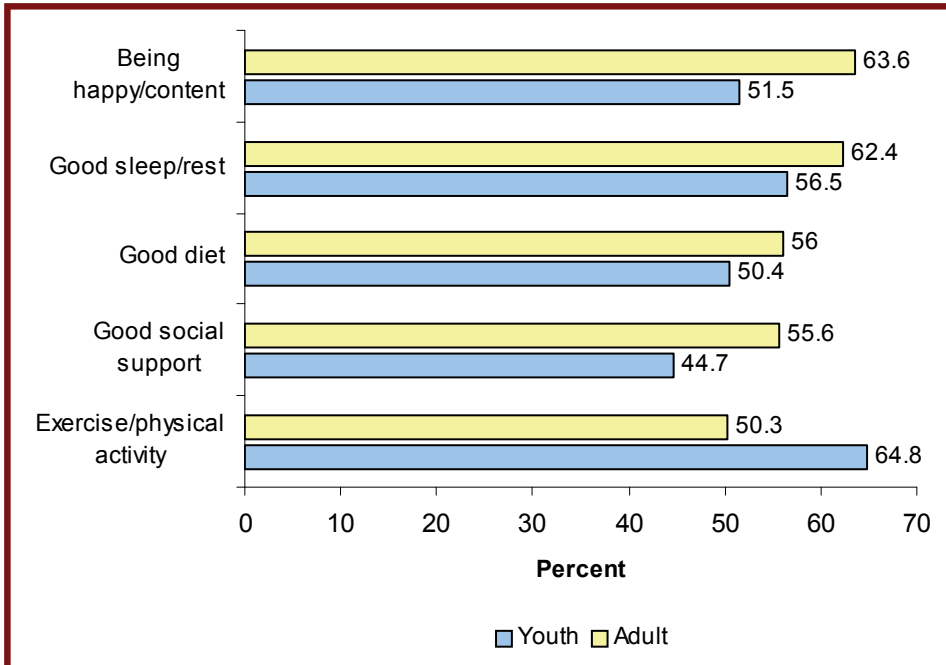


Table 4-A2 What makes respondents healthy, as reported by Youth and Adults



B. Signs and Symptoms

The RHS asked adult respondents if they had experienced any health conditions in the past 12 months, and if they had sought treatment for the condition. Half of all adults (50%) indicated they had experienced headaches or migraines, and of these respondents, 44% have sought help from a health care professional for this condition. Table 4-B1 shows the self-reported health conditions reported by more than 20% of adult respondents.

Over a third (39%) have sought help for severe tiredness. Nearly a half (48%) have sought treatment for back pain; 52% have seen a health care provider for stiff or painful joints; 57% have sought help for problems with their feet; (57%) had sought treatment for problems with their hands; less than half have seen a provider about indigestion/heartburn (42%); well over 50% sought treatment for urination problems, constipation, bowel problems, and haemorrhoids; almost two-thirds (62%) have seen a health care provider for skin problems; and 58% have sought help for breathing problems.

Other problems experienced by adult respondents included intense anxiety (11%), depression (20%), or difficulty sleeping (25%). A high number of respondents who experienced intense anxiety had sought the help of a health care provider (56%). Almost half of people who experienced depression (42%), and 33% of people who experienced sleeping problems, sought the help of a healthcare professional.

Approximately 15% of respondents have had palpitations or chest pain, and about 50% have sought treatment for these symptoms. Twenty-six percent have had eyesight problems (26%) in the last year, and 11% also experienced a hearing problem (11%). A large number of respondents with eye problems have sought the help of a health professional (69%), as opposed to those individuals experiencing some form of hearing loss (53%). Thirteen percent also have difficulty remembering things, and of this group, only 20% have sought the help of a professional.

C. Health Conditions

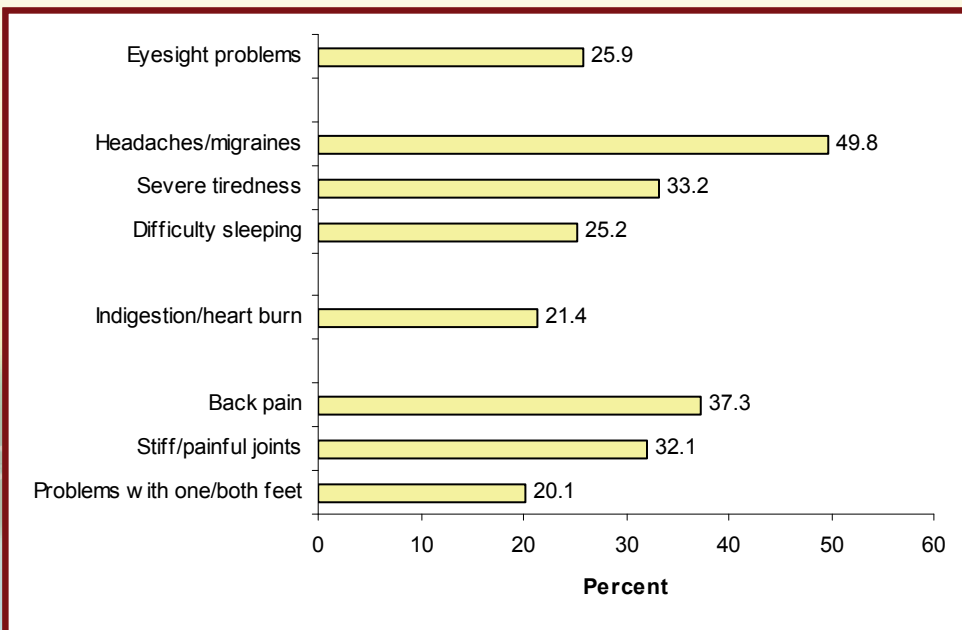
11% of caregivers indicated their child had been diagnosed with Asthma. 11% of youth were also diagnosed with Asthma. 25% of adult respondents indicated they had been diagnosed with Diabetes.

60% of caregivers indicated their children are taking medications or supplements.

Respondents were asked if they had been told by a health professional that they, or their child, had any health conditions. The results show that children generally have fewer health problems than adults. The conditions most prevalent among children in the survey are shown in Table 4-C1. Other conditions among children included ADD/ADHD (2%), FAS/FAE (2%), heart condition or problem (2%), hearing or serious vision problems (1%), mentally challenged (1%), cognitive or mental disability (1%), emotional-psychological-nervous difficulties (2%), or other health problem (2%).

Although chronic ear infections were reported for 8% of the children sampled, 60% of children have had an ear infection since birth.

Table 4-B1 Self-reported health conditions/problems in the past 12 months, as reported by more than 20% of Adult respondents



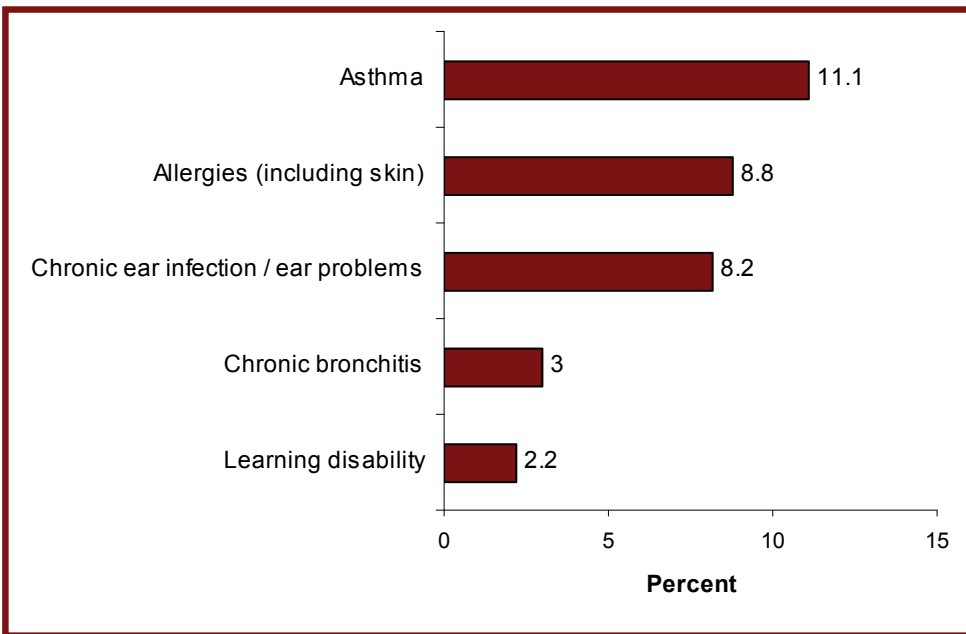
Sixty percent of caregivers indicated their children are taking medications or supplements. The most reported medications or supplements that children are taking regularly are vitamins (37%), Tylenol (24%), Ventolin/puffer (8%), aspirin (2%), Ritalin (1%), anti-convulsants/epileptics (1%), and other medications (5%) (Table 4-C2).

Table 4-C1 Five most reported conditions among Children, as reported by Caregiver and diagnosed by health professional

Overall, 24% of the youth reported they have been told by a health care professional that they have a chronic health condition, and 5% have activity limitations as a result of a condition.

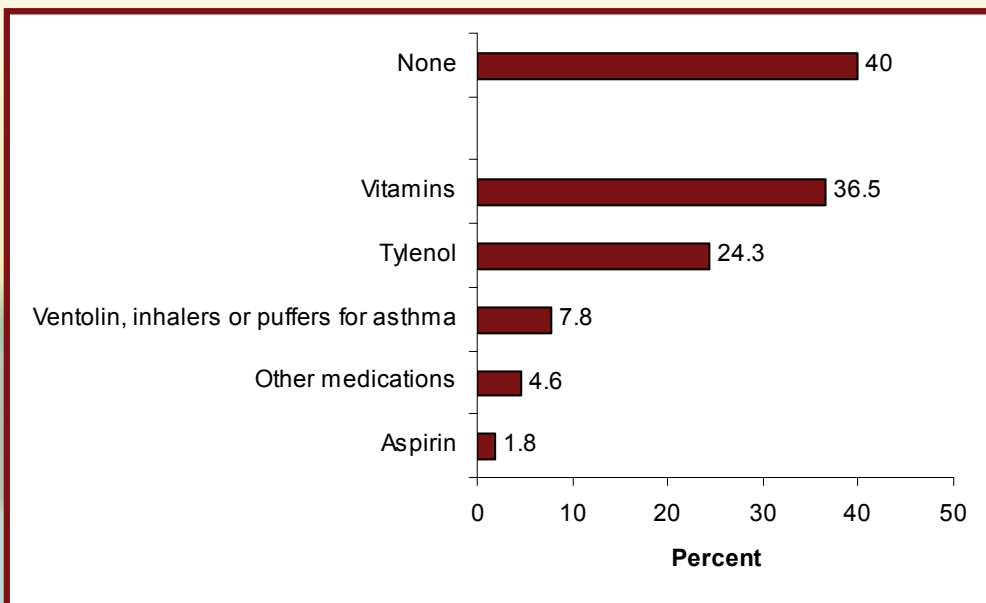
The conditions most prevalent among youth respondents are respiratory specific, such as asthma (11%), allergies (8%), chronic bronchitis (4%), and ear infections (4%) (Table 4-C3). For these conditions, only some youth are currently receiving treatment: asthma (48%), chronic bronchitis (24%), allergies (28%), and ear infections (47%).

Other diagnosed conditions among youth respondents include blindness (3%), hearing impairment (2%), learning disability (2%), ADD/ADHD (1%), diabetes (1%), psychological-nervous disorders (1%), and other health conditions (3%).



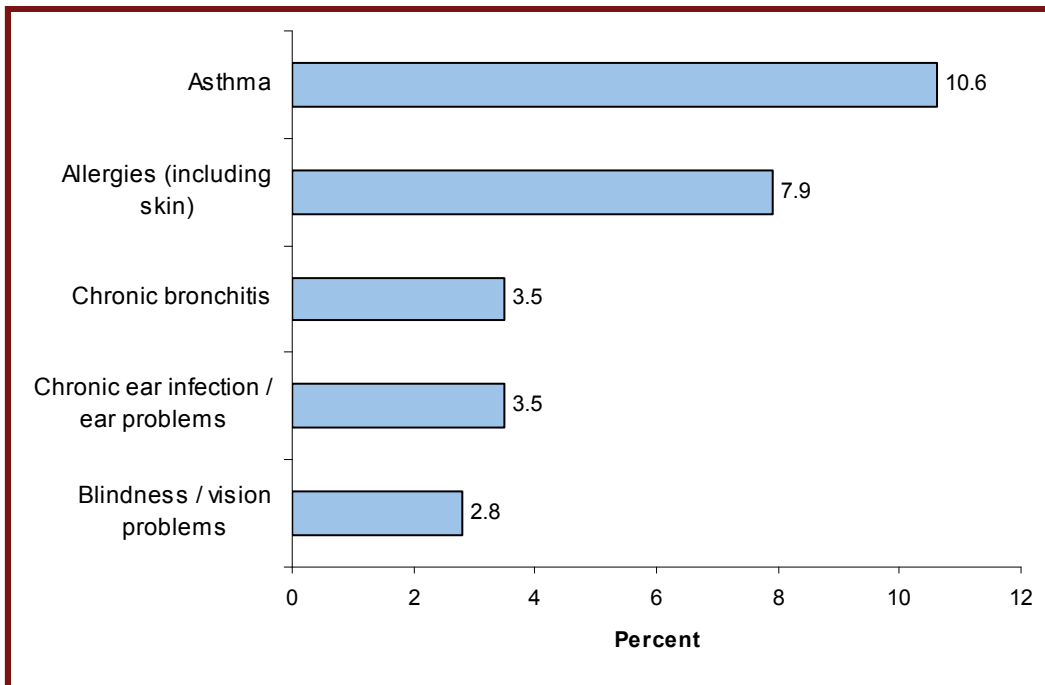
A large number of youth are taking medications or supplements. Just over a half (53%) are taking Tylenol on a regular basis, and 28% are taking vitamins. Thirteen percent are using aspirin regularly, and 3% are taking Ventolin, inhalers or puffers for asthma. Nearly 10% are using other prescription drugs for a health problem.

Table 4-C2 Medications or supplements used on a regular basis by Children, as reported by Caregiver



Over half of all adult respondents (54%) were told by a health professional that they have a health condition. Table 4-C4 shows the self-reported health conditions most prevalent among adult participants. Other self-reported conditions among adults included hearing impairment (7%), heart disease (6%), liver disease (1%), hepatitis (1%), emphysema (1%), glaucoma (1%), epilepsy (1%), cogni-

Table 4-C3 Five most reported conditions among Youth respondents, as diagnosed by health professional



crease in the amount of adult respondents who indicated they had Diabetes and arthritis.

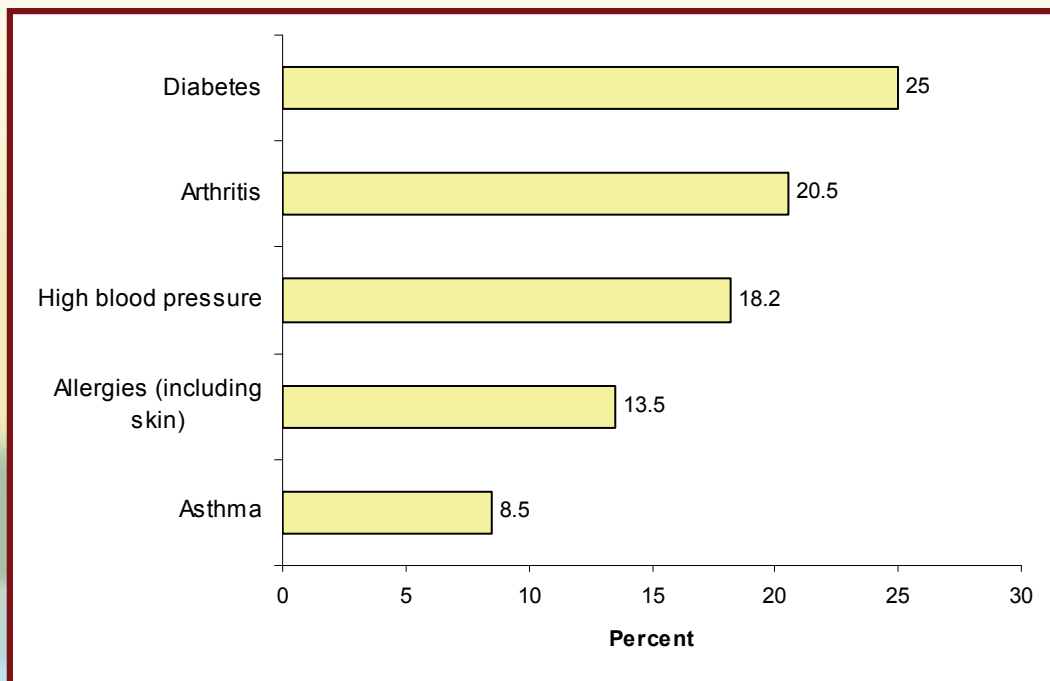
Of those adults reporting at least one health condition (54%), only 32% are undergoing some form of treatment or taking a medication. The following describes the amount of respondents with

tive and mental disabilities (1%), attention deficit disorders (ADD/ADHD) (1%), learning disability (1%), psychological or nervous disorders (2%), effects of stroke (2%), cancer (2%), thyroid problems (3%), blind or serious vision problems (3%), rheumatoid arthritis (3%), osteoporosis (3%), tuberculosis (3%), chronic bronchitis (4%), cataracts (5%), and stomach/intestinal problems (5%).

In the 1997 RHS, the results were somewhat similar, as 24% of adults indicated they had high blood pressure, 18% had diabetes, 16% had arthritis, and 7% indicated they had asthma. The difference between the 98 and 2003 results shows an in-

a condition who indicated they were undergoing treatment; diabetes (82%), heart disease (81%), thyroid (75%), hypertension (75%), psychological (71%), osteoporosis (71%), asthma (66%), stomach/intestinal (56%), arthritis (60%), chronic back pain (53%), cataracts (40%), liver (38%), cancer

Table 4-C4 Five most reported conditions among Adult respondents, as diagnosed by health professional



(38%), vision problems (38%), allergies (34%), hearing problems (28%), tuberculosis (25%), and hepatitis (10%).

Diabetes

When asked if they had been told by a health care professional in the past 12 months that they had any health conditions, a quarter (25%) of adult respondents indicated they had diabetes. Significantly less youth (1%) and children (0.4%) reported being diabetic. Most adult (78%) and youth (63%) respondents who reported having diabetes indicated having Type 2 Diabetes. Youth respondents (25%) were more likely than adults (9%) to report Type 1 Diabetes.

About a third (34%) of adult diabetics reported they had checked their blood sugar levels more than once a day in the past two weeks, while 13% checked almost every day and 42% checked their levels at least 5 times during this period. A small number (11%) did not check their blood sugar levels at all.

Nearly all respondents diagnosed with diabetes (95%) indicated they were undergoing treatment or have implemented a measure to control their diabetes. Respondents were also asked to select the treatments they use to control their Diabetes. Adult respondents reported the use of pills, diet and exercise the most, while youth respondents rated diet, exercise, insulin and traditional ceremonies and help from a healer as their most used treatments. The results are shown in Table 4-C5.

Almost half (41.7%) of adult respondents with diabetes reported they encounter limitations because of the disease.

Table 4-C6 indicates what specialists adult respondents with diabetes have consulted. Most (80%) diabetics have seen an eye specialist for a diabetes-related eye problem and 57% have seen a podiatrist for foot care. Over half (71%) have seen a dietitian for dietary advice, and a fewer number have seen a community/tribal council Diabetes worker (39%), a provincial Diabetes Education Resource Educator (DER) (38%), or a certified First Nation Diabetes worker (28%). In the last 12

months, 56% have had their feet checked by a health professional for signs of ulcers, infections and abnormalities and only 45% have had a health professional check for eye problems.

Table 4-C5 Treatments used by Adult and Youth respondents to control diabetes

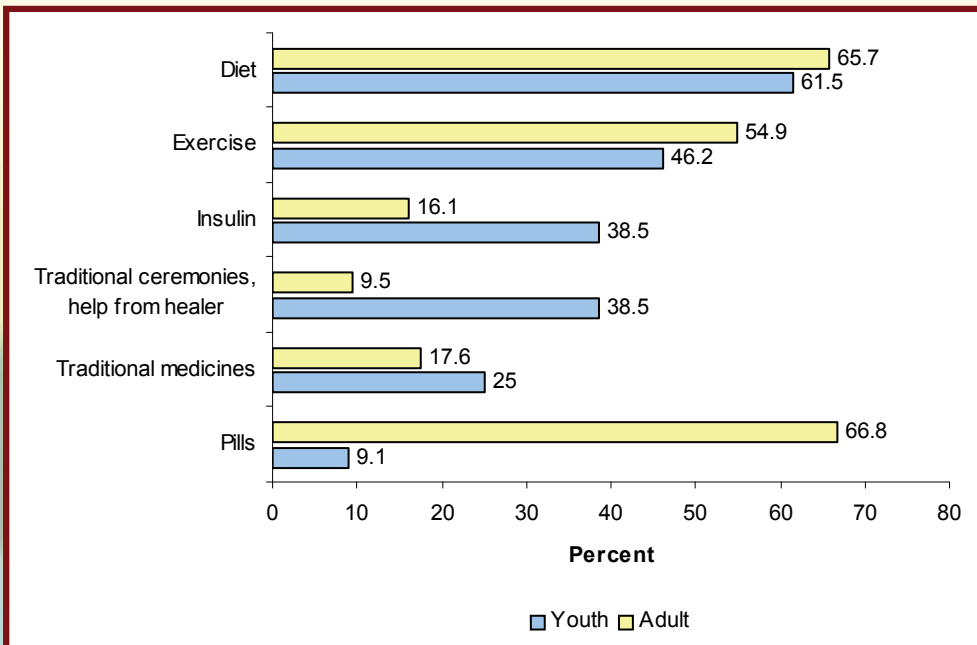
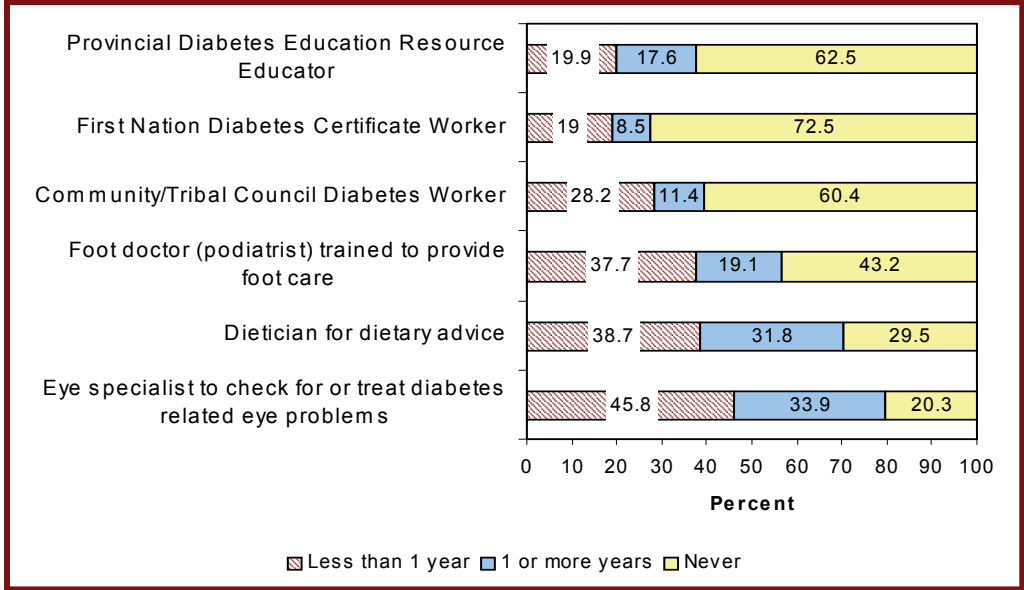


Table 4-C6 Health professionals Adult respondents have seen for Diabetes-related problems

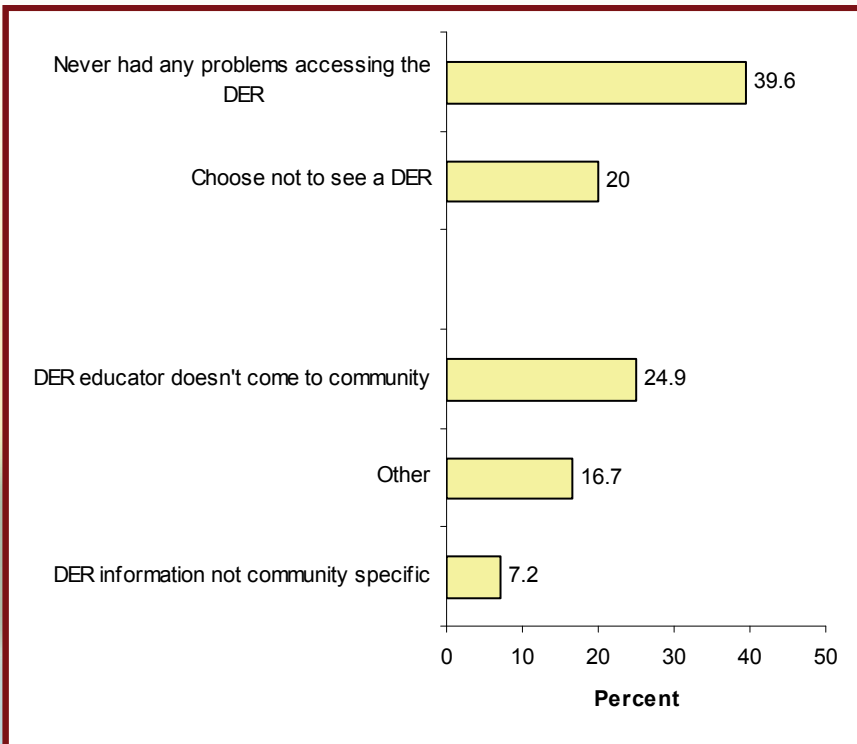
Only 32% of diabetic adults are currently attending a diabetes clinic or seeing someone for Diabetes education. Many respondents (83%) reported they had adopted a healthier lifestyle due to their condition.

The following are the major reasons provided by the 68% of respondents who reported they are not attending a clinic or seeing someone for education: no longer required diabetes education or felt that they already have all the information they need (40%), simply chose not to attend a clinic or to see someone for education (37%), or a Diabetes clinic (15%) or specialist (14%) was not available in their area. Some respondents



(13%) did not know where to go for these services. Smaller numbers of adults reported that they were unable to afford the transportation costs (7%), felt that the health service available for diabetes was inadequate or not culturally appropriate (4%), were unable to arrange for transportation to get to a clinic or to see a diabetes educator (4%), or found the waiting list to see a specialist or to attend a clinic was too long (3%).

Table 4-C7 Adult experiences in accessing provincial Diabetes Resource Educator (DER)



D. Injuries

15% of children, 46% of youth and 26% of adult respondents indicated they had been injured in the past 12 months.

Most injuries among children, youth, and adults were accidental in nature.

The most commonly reported injuries were cuts, scrapes or bruises; broken bones; and sprains or strain.

Respondents were asked if they had experienced any injuries within the last 12 months that required the attention of a health care professional.

Caregivers reported that 15% of children had suffered an injury in the previous 12 months. Children's injuries were reported to be mostly accidental (9%) or motor vehicle-related (3%).

Compared to children, far more youth (46%) had an injury in the last 12 months, and these injuries were mostly accidental (32%), motor vehicle-related (14%), intentional (7%), a result of traditional activities (7%). A small number (7%) of youth re-

ported that their injuries were alcohol-related. Table 4-D2 shows the most reported causes of injuries among respondents.

Injuries were not as prevalent or frequent among adults than youth, as just over a quarter (26%) of adults had experienced an injury in the last 12 months. Out of all these causes, 14% were alcohol- or drug-related.

Adult respondents reported such injuries as: cuts, scrapes or bruises (14%), broken bones (9%), sprains or strain (9%), dental injuries (5%), burns or scalds (4%), dislocated bone (3%), concussion (3%), and poisoning (1%).

Children's reports of injuries followed the same pattern, but not to the same degree, with 10% of children's injuries being cuts, scrapes or bruises, 4% with broken bones, 2% with sprains or strain, dental injuries (2%), and 2% with burns or scalds. Table 4-D3 shows the types of injuries reported by respondents.

Table 4-D1 Respondent has been injured in the past 12 months

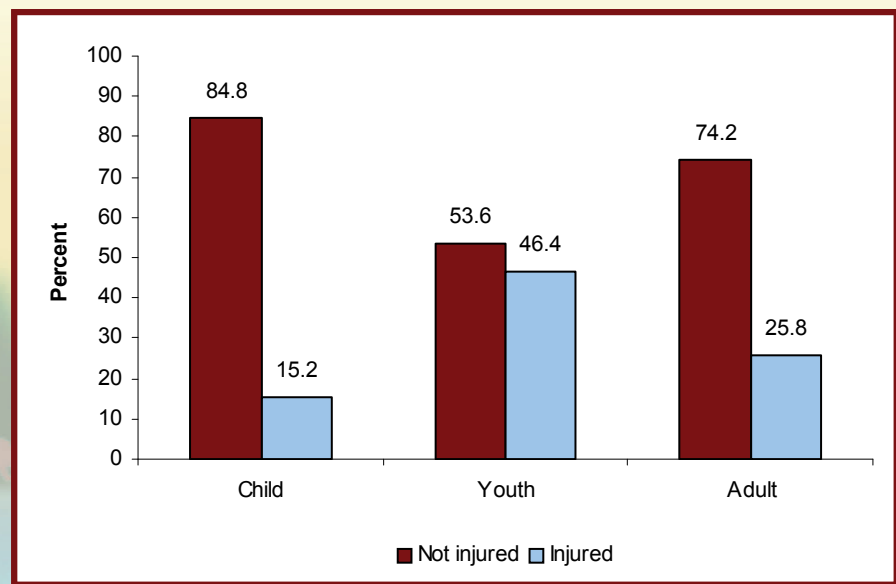


Table 4-D2 Cause of injuries in the past 12 months

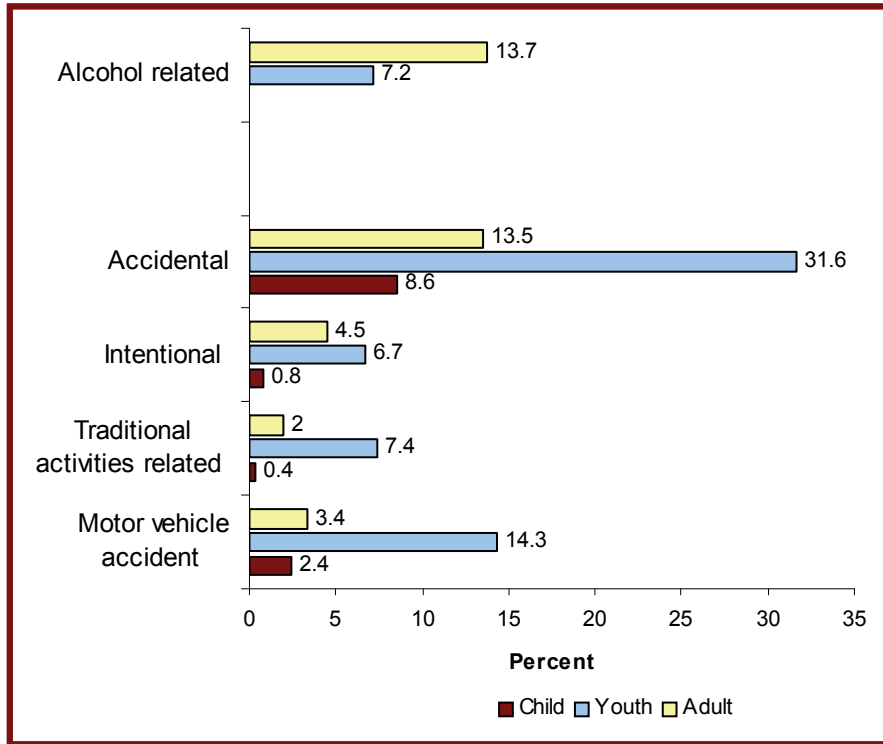
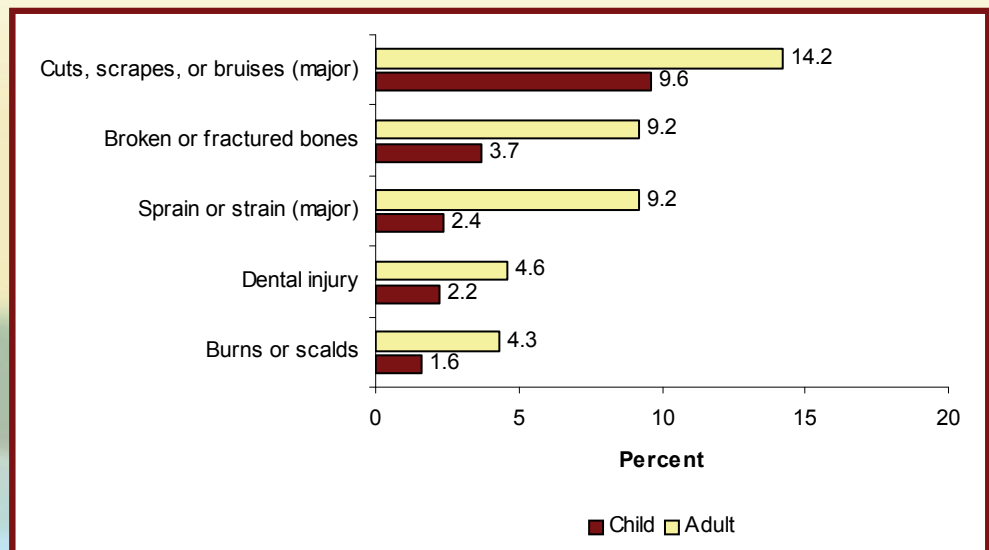


Table 4-D3 Types of injuries among Children and Adult respondents in the past 12 months requiring attention of a health care professional



E. Disability and Activity Limitations

The RHS asked participants if they encountered limitations in their activities because of a health condition they have been diagnosed with. The most reported health condition among children was asthma (11%), and 59% of those with asthma found their condition limits their activities. Just over half (52%) of children with chronic bronchitis indicated their condition limits their activities, while 41% of children with chronic ear infections or ear problems and 34% who reported allergies are limited in their activities. Table 4-E1 shows these results.

Conditions limiting the activities of respondents were more prevalent in the adult population. Table 4-E2 shows a breakdown of conditions reported to limit adult respondents' activities, as those reported by more than half of all adult respondents.

The RHS found that about a quarter (24%) of adults who reported at least one health condition were limited in the kinds or amount of activities they can do. These adults reported they are sometimes limited at home (15%), in other situations such as travel or leisure activities (12%), or at work (12%). As a result of environmental barriers

limiting their activities in the home, 9% of adult respondents reported a need for modifications to their homes (ramps, handholds in bathrooms, etc.). For children, 6% were limited at home because of a physical or mental condition or health problem, 4% were limited in school, and 5% were limited in other situations.

Table 4-E1 Most reported health conditions that limits Children's activities, as reported by Caregivers

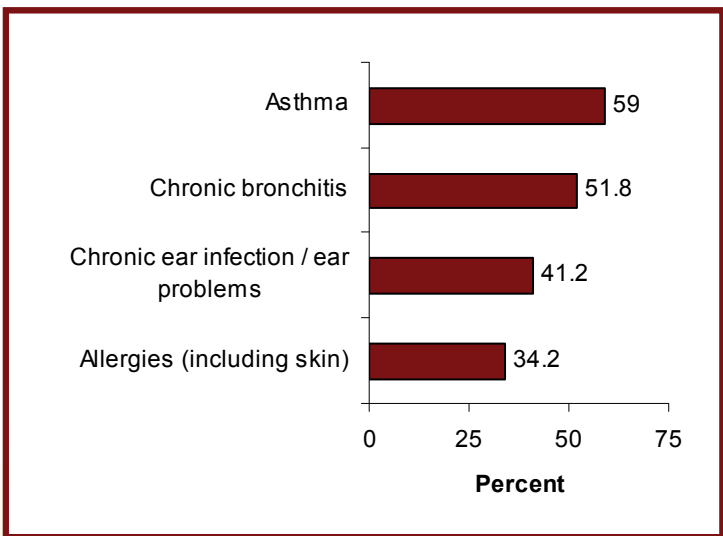
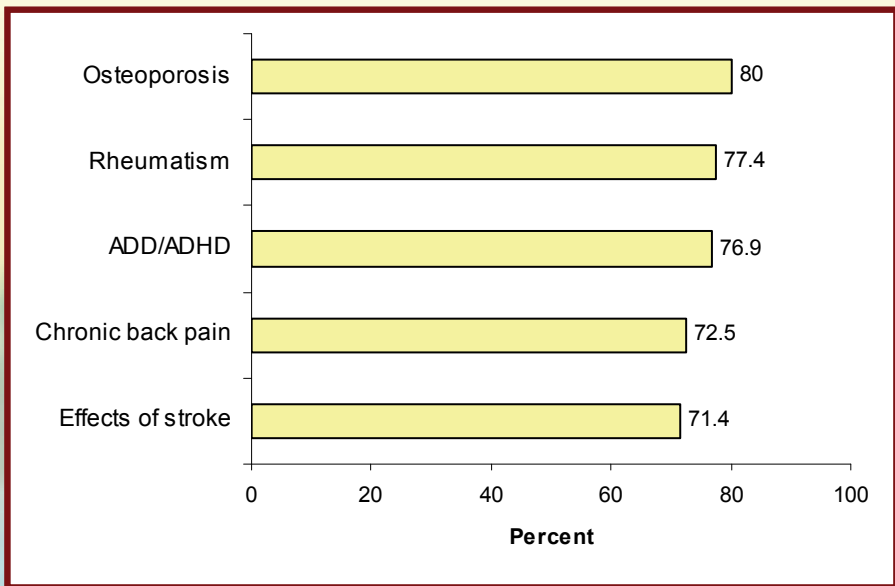


Table 4-E2 Adult respondents' health conditions that limit their activities



F. Maternal Child Health and Women’s Health Issues

55% of adult women respondents indicated that they had planned their pregnancy.

35% of women smoked and 15% continued to drink alcohol during their pregnancy.

76% of women reported that they had to leave the community for childbirth.

Over half (55%) of adult women respondents indicated that they had planned their pregnancy. Of those that have been pregnant, only 23% indicated they had attended prenatal classes during their pregnancy, 12% were diagnosed with gestational diabetes in at least one pregnancy, 5% had hypertension, and 3% were already diagnosed with Type 2 Diabetes. Thirty-five percent of women smoked during their pregnancy and 15% continued to drink alcohol.

Interestingly, the results show that caregivers were more likely to report that the child’s mother smoked (61%) during their pregnancy than not (49%). Over a third (35%) of those who reported smoking during their pregnancy indicated that the mother smoked throughout the entire pregnancy and 16.4% quit smoking during the pregnancy. Of those women who indicated they currently smoke, 61% were daily smokers while the remainder were occasional smokers (39%). As well, 57% reported that other people in the household smoked while the mother was pregnant.

Having to leave the community to give birth is a common experience for First Nations women, as the RHS found that 76% reported that they had to leave the community for childbirth.

With regards to pregnancies, the number of live births among adult women respondents (more than 36 weeks) ranged from one (15%), two (16%), three (18%), four (13%), and five or more (24%). Seventeen percent of women had given birth to at least one premature baby, and 6% had experienced at least one stillbirth. A third (33%) percent had experienced one or more miscarriages, a small number (9%) indicated they had an abortion, and even less (4%) reported they had an ectopic pregnancy (Table 4-F1).

Out of 1497 women surveyed about the methods they used for delivery, 15% reported they had a c-section delivery, while 45% had a vaginal delivery without drugs and 40% with drugs (Table 4-F2).

Complications during labour or delivery were not overly common among women

Table 4-F1 Childbirth & pregnancy (36 weeks or less) among Adult women respondents

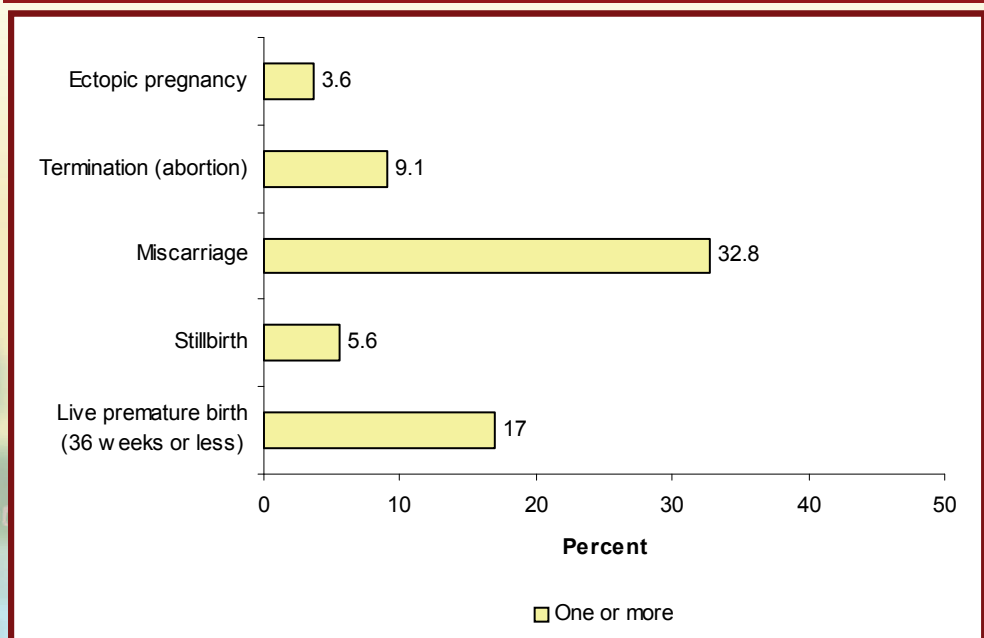
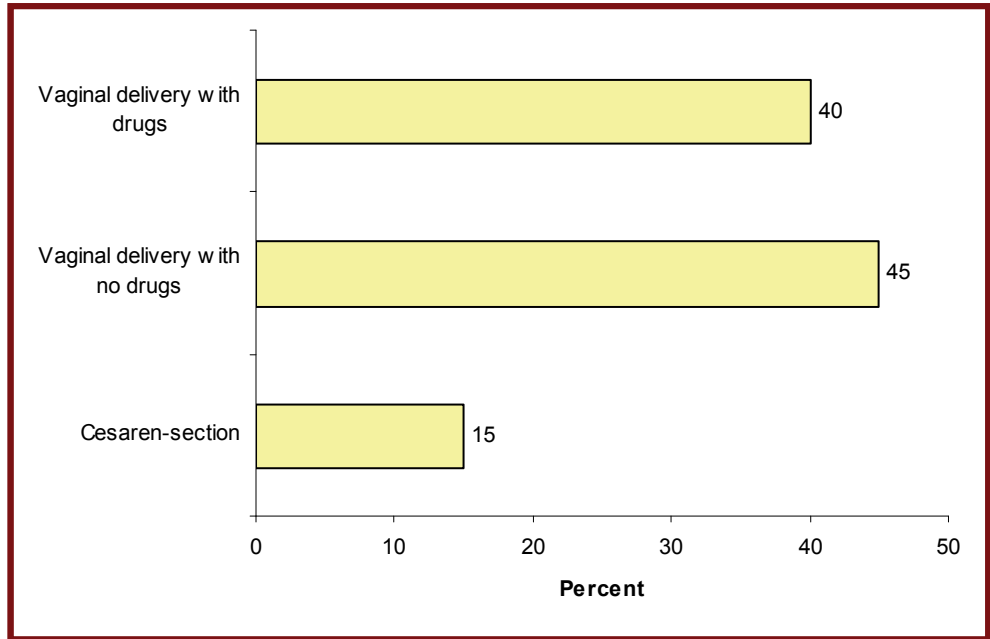


Table 4-F2 Childbirth delivery among Adult women respondents

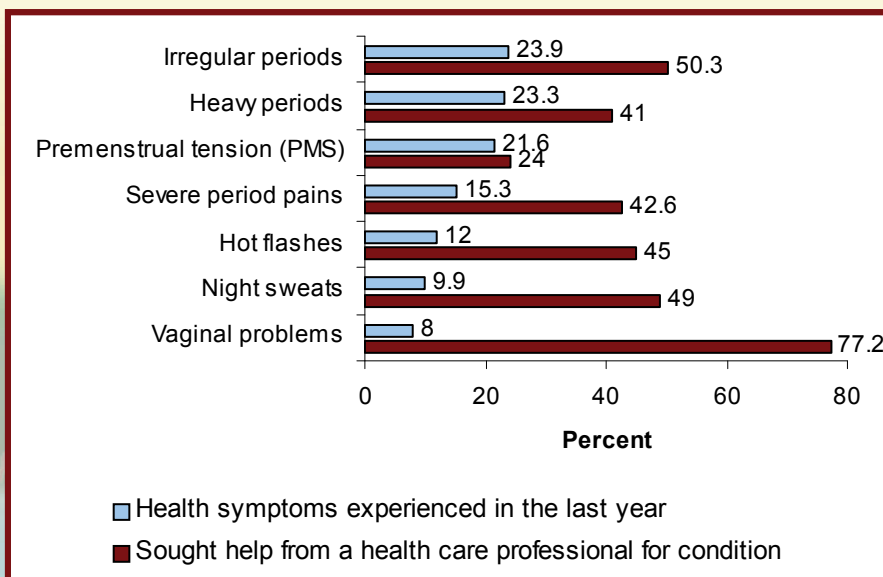
respondents (27%), but of those who experienced complications, 51% experienced complications in delivery and labour; around a quarter reported complications during labour (24%) or 25% delivery (25%) only. Caregivers reported that more than half of children (54%) were breast-fed, and of those breast-fed, 57% were breast-fed from one to six months, while 34% were breast-fed for six months or more.



When the RHS specifically asked women if they had used an IUD (intrauterine device) for birth control, 18% indicated they had, and of these women, a quarter (24%) had an infection, 14% had experienced lodging in the uterine wall, and 6% reported infertility problems.

Questions specific to women’s health were asked of adult women respondents. Table 4-F3 shows the health symptoms reported most by adult women respondents, and the number of respondents who sought help for each condition. In addition to the conditions present in the Table, a small percentage of women were also told by a physician that they have endometriosis (4%), uterine fibroids (6%), polycystic ovary syndrome (6%), or pelvic inflammatory disease (2%).

Table 4-F3 Health symptoms experienced by Adult women respondents in the past 12 months, and the proportion of those who sought help for the condition



In this sample, 30% of all women have reached menopause and the average age at which their menstrual cycle completely stopped was 46 years of age. About 10% of all women indicated they experienced night sweats or hot flashes, and almost half (43%) of them have seen a health care provider about these conditions. Nearly 10% of women have had a hysterectomy, and the reasons given as to why they needed to have a hysterectomy include menstrual problems (6%), fibroids (3%), endome-

triosis (2%), uterine prolapse (2%), and cervical cancer (2%). About 5% of women are currently on hormone replacement therapy (HRT).



57% of youth and 52% of adult respondents felt that their doctor spent enough time with them only sometimes.

6% of adults and youth, and 5% of children reported they had been medically evacuated out of their community for health services in the past 12 months.

Among adult respondents, the most reported barrier to health care services was long waiting lists.

A. Traditional and Spiritual Care

Respondents were asked to indicate if they had seen traditional healers or specific health care professionals about their physical, mental, spiritual, and emotional health in the past 12 months. About a fifth of adult respondents said they had consulted a traditional healer (21%) or an Elder (22%) at least one or more times in the past 12 months for a physical, mental, spiritual or emotional health issue. Children have also been taken to see an Elder (17%) or a traditional healer (7%) in the past 12 months for a physical, mental, or emotional health problem, while 14% of youth reported they had consulted a traditional healer in the last few years.

According to respondents, about half (51%) of adults and a very small number of children (2%) use traditional medicines, although nearly as many adults (49%) reported they do not. In the adult population, 24% of adults have had difficulty accessing traditional medicines. Table 5-A2 shows adult participants’ responses when asked what sort of difficulties they have experienced in accessing traditional medicines. Some adults (13%) indicated they were not able to get traditional care from a healer, medicine person or Elder in the past 12 months. Adult respondents were asked if they thought a Traditional Healer Program should be part of the health services available in all hospitals and in their community.

The results in Table 5-A3 show that about half of all adult respondents thought such a program should be part of the health services available in hospitals (50%) and in their community (57%).

Another service consideration is the need for translators in health care settings. A tenth of adult respondents indicated they had needed an interpreter or translation services in a hospital at one time, but no service was available. As for their community, 18% felt that there wasn’t an appropriately trained interpreter or translator in their community. Thinking back to the past year, 36% felt that there was progress in promoting traditional approaches to healing. However, a larger percentage (63%) indicated they were uncertain or did not feel that any progress has been made in promoting First Nations ways of healing.

Table 5-A1 Adult respondents use traditional medicines

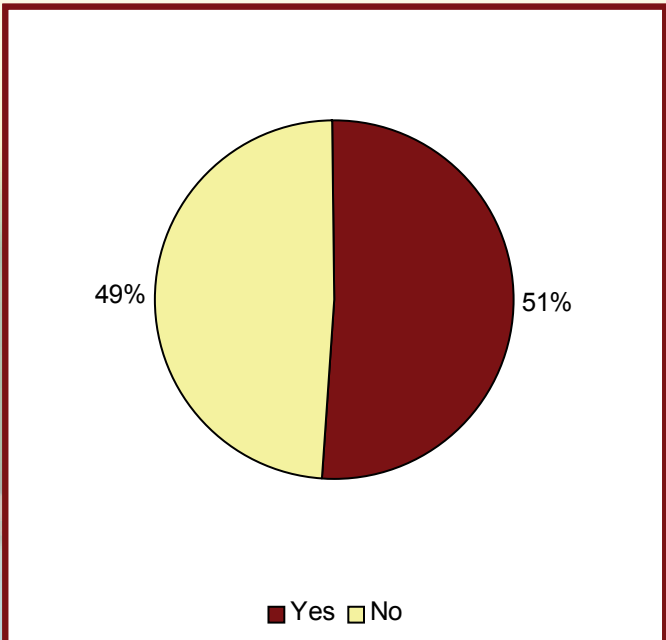
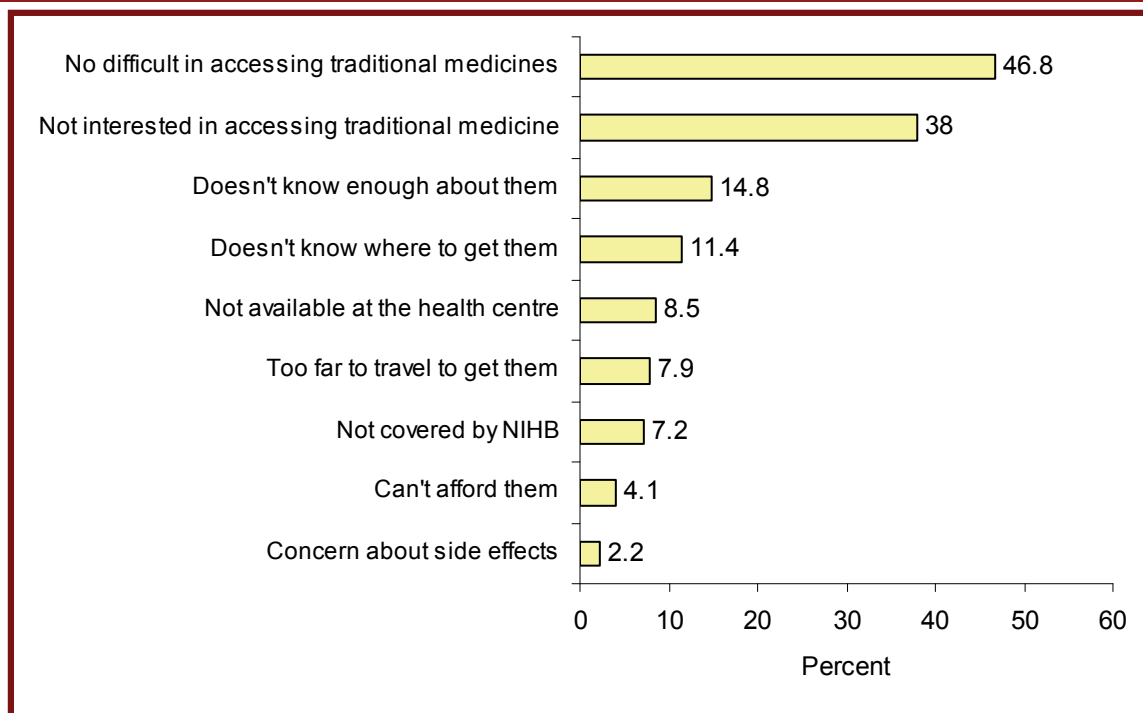


Table 5-A2 Difficulties Adult respondents have experienced in accessing traditional medicines



B. Western Health Care

Caregivers were asked approximately how many times they had seen or talked on the telephone with any of the following about their child's physical, emotional or mental health, while youth and adults were asked to report the same for themselves. Tables 5-B1 to 5-B3 show which individuals at least 10% of respondents consulted about their emotional, physical, or mental health on one or more occasion in the past 12 months. Caregivers were most likely to contact a medical doctor (54%), nurse (49%), a dentist (48%), or a paediatrician (29%).

Youth respondents were most likely to have seen or talked to a medical doctor (46%), dentist (48%), Elder (33%), or nurse (32%). Additionally, 12% of youth respondents indicated they have had counselling, psy-

chological testing or had received another form of mental health service in the last few years.

A relatively small number of respondents indicated they had been hospitalized in the last year; 22% of adults, 18% of youth and 13% of children.

Table 5-A3 Adult respondents' opinions of a Traditional Healer Program as part of the health services available in their community and in all hospitals

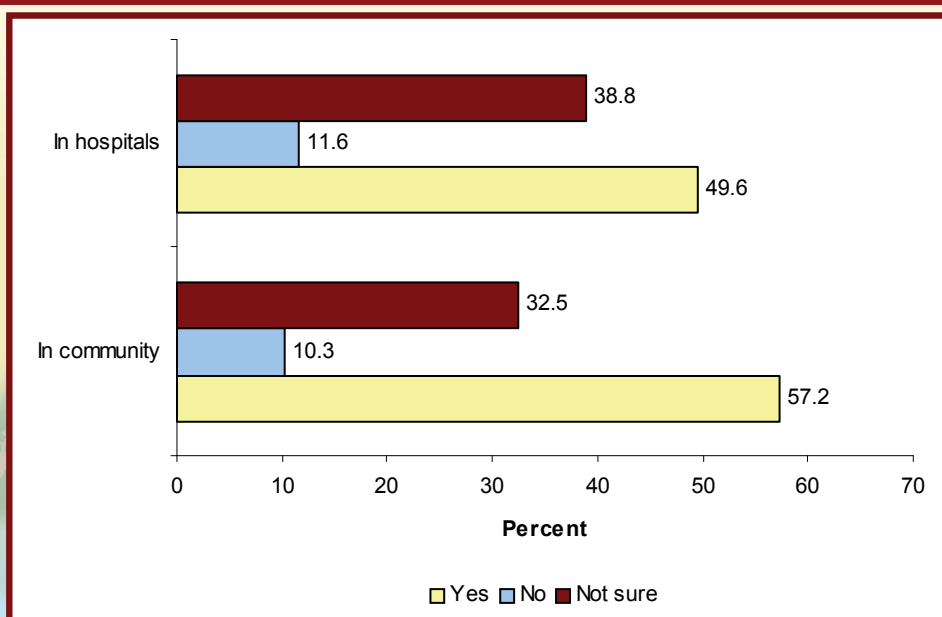
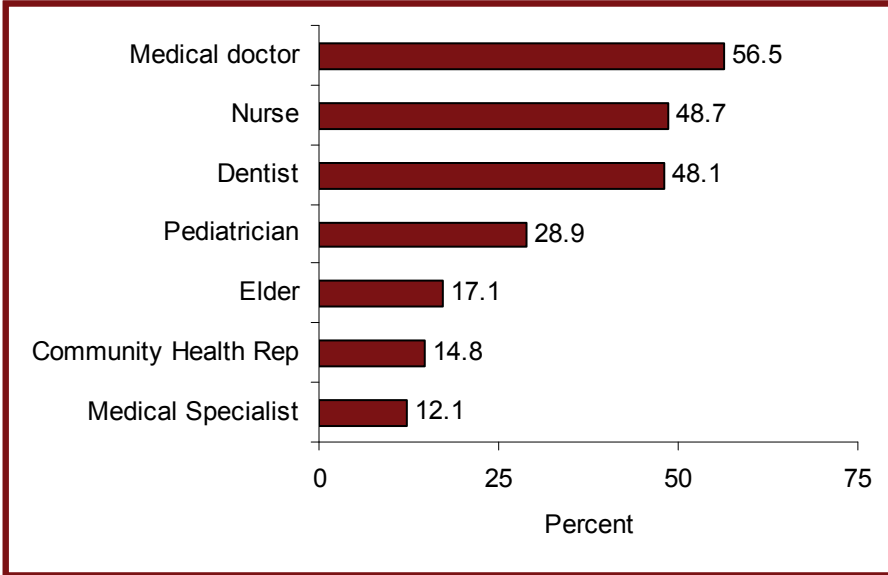


Table 5-B1 Caregiver (10% or more) has seen or talked to any of the following about her/his child's health one or more times in the past 12 months



Respondents were asked how many years in the last five they had received medical care from the same medical doctor. The results show that caregivers were most likely to report their children did not receive care from the same doctor (26%) from year to year, or had received care from the same physician in only one out of five years (22%). However, 19% reported that their child had seen the same doctor over the last five years. Adult respondents were more likely than children or youth (18%) to report having seen the same doctor over the last five years. Nearly a quarter of adult (23%) and youth (22%) respondents indicated that they always see a different doctor.

The RHS asked respondents if their or their children's doctor spent enough time during visits talking to them about their health, and results show respondents were most likely to report their doctor only sometimes, rather than always or never, spent enough time talking to

them. Almost half (46%) of caregivers felt that the doctor sometimes spent enough time talking to them about their child's health, while 57% of youth and 52% of adults felt that the doctor only sometimes had spent enough time.

Preventative Primary Health Care

Respondents were asked about medical tests and examinations they have had in the past 12 months. In the last year, 59% of youth have had an eye test, about 20% had a hearing test, 15% underwent a complete physical examination, and 5% have had their cholesterol tested. Twenty-eight percent of youth also had a blood sugar test, followed by 9% of children.

Less than half (43%) of the adult respondents reported they had a complete physical examination in the past 12 months. More adults reported having had their blood pressure checked (64%) and blood

Table 5-B2 Youth (10% or more) has seen or talked to any of the following about her/his health one or more times in the past 12 months

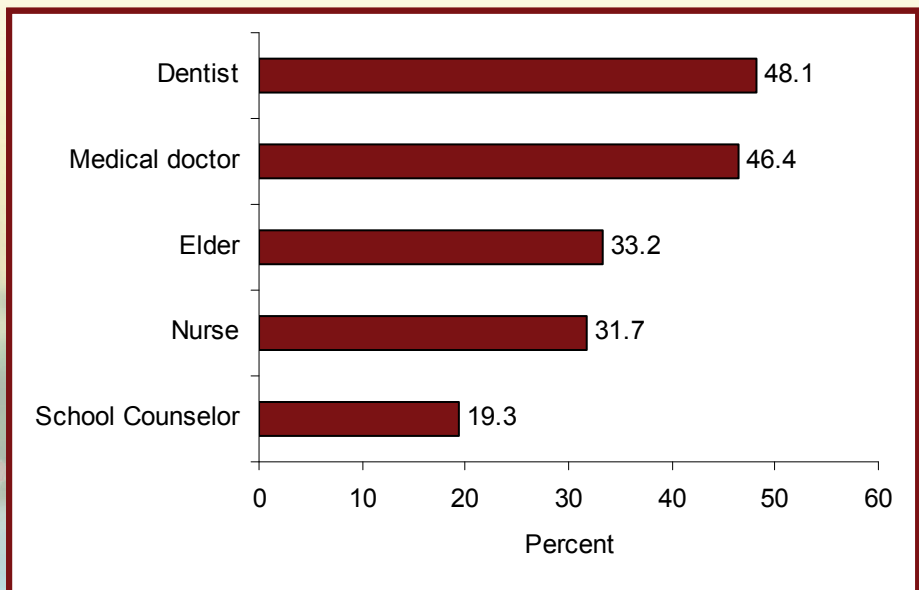
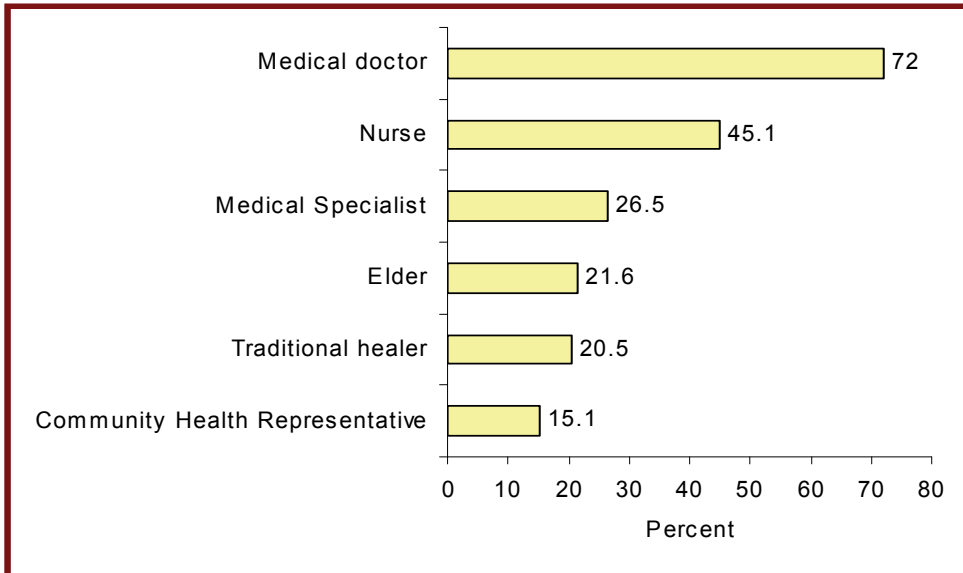


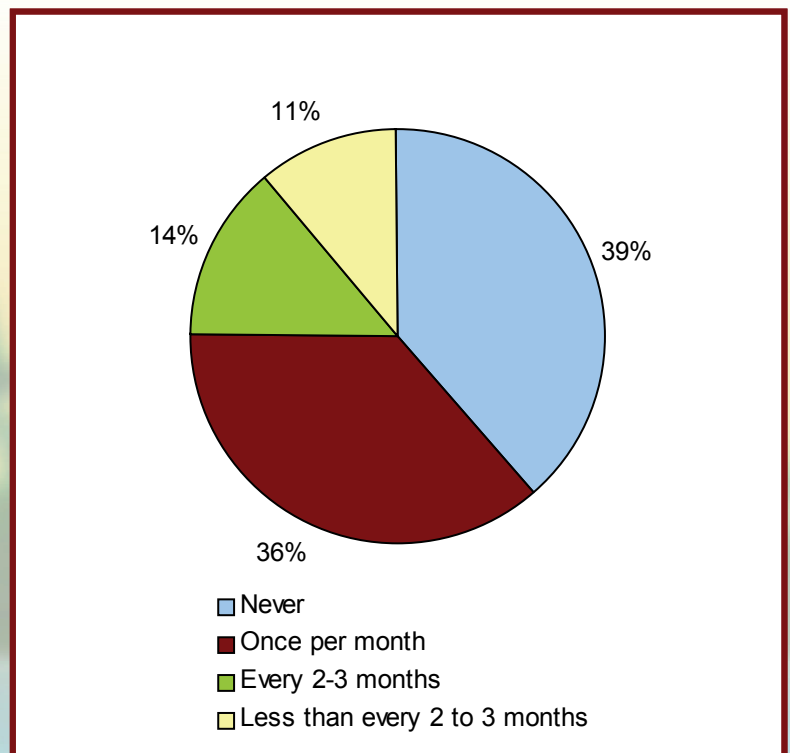
Table 5-B3 Adult (10% or more) has seen or talked to any of the following about her/his health one or more times in the past 12 months



sugar levels tested (59%) than having their cholesterol tested (36%). A large number had an eye examination (55%). Almost half of adults (41%) were told by a health professional to get a flu or pneumonia vaccination, and 54% reported they had a flu shot in the past 12 months. A small number were vaccinated against pneumonia (10%), tetanus shot (11%), and 5% were vaccinated against Hepatitis B.

Adult women participants were asked to indicate how often they have conducted breast self-examinations and had a pap test and mammogram. Table 5-B4 shows women’s responses with respect to how often they self-examine, ranging from 36% reporting at least once a month and 39% indicating they never do.

Table 5-B4 Frequency of breast self-examinations among Adult women respondents



Home Care Services

From the adult survey, it is evident that family members are continuing to provide home care for a loved one with a chronic condition or health problem. 18% of respondents receive help with their home care from a member of their family, while 8% indicated they receive care from home care services.

Table 5-B6 shows the specific home care services that are needed by adult respondents who reported they need home care, and Table 5-B7 shows the specific home care services that these respondents actually receive. A comparison between the two shows that not everyone received the care they felt they needed. For instance, 12% reported a need for a light housekeeping service, but only 57% received this service. Five percent reported a need for nursing care, and while 68% received that care, 32% did not receive any care. A further 3% needed help with personal care (grooming, washing, dressing, bathing, etc.), and while a large number received such care (62%), 38% did not received any help.

Table 5-B5 Family members help Adult respondents with home care

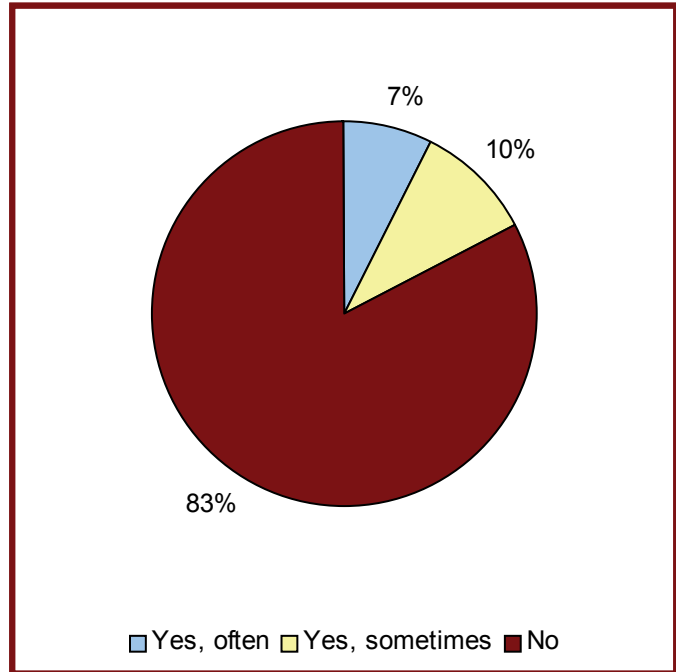


Table 5-B6 Specific home care services needed by Adult respondents who need home care

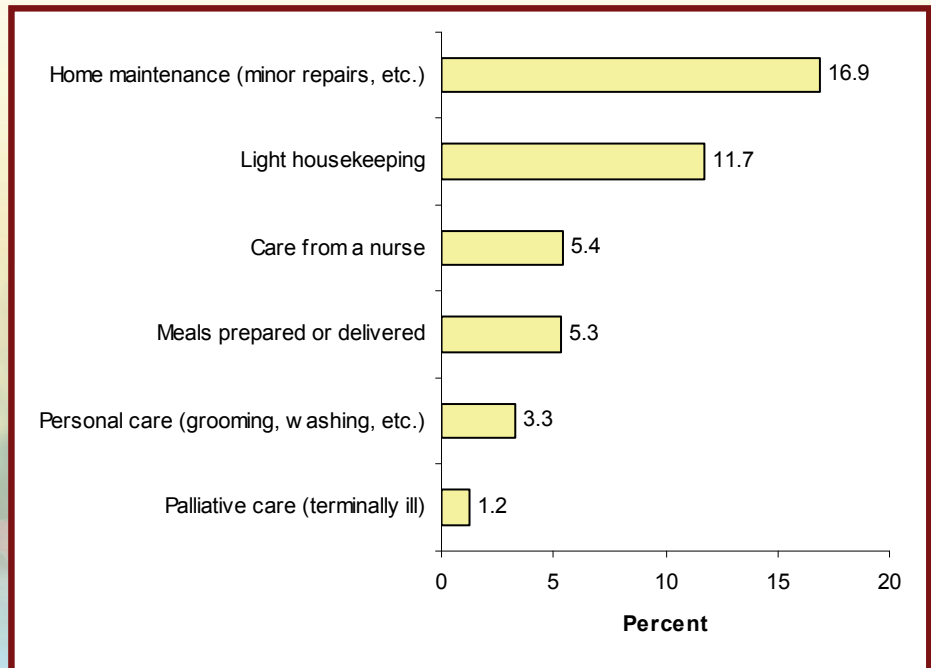
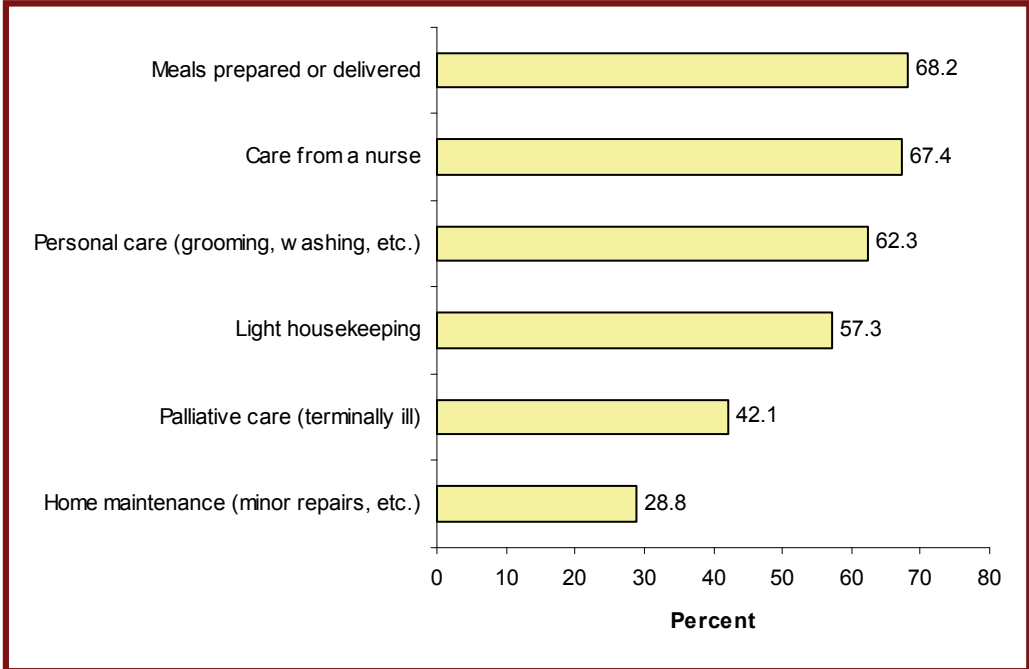


Table 5-B7 Specific home care services received by Adult respondents with home care



of adults, 42% of youth, and 40% of children. Having cavities filled, crowns, and bridges were also significantly reported treatments, with 36% of adults, 39% of youth, and 30% of children needing this work. Many respondents indicated they didn't need any dental treatments at all; 37% of children, 26% of youth and 26% of adults (Table 5-C3).

C. Dental Care

Caregivers and youth were asked to indicate how many times they, or their child, has seen a dentist in the past 12 months. Approximately half of youth respondents (52%) and children (51%) had not seen a dentist in the past 12 months, while 40% of children and 35% of youth indicated they had seen a dentist 1 or 2 times in the past 12 months. Much less children (9%) and youth (13%) had seen a dentist more than 2 times in the past 12 months (Table 5-C1).

Respondents were asked when the last time was that they had received dental care; 46% of youth, 36% of children, and 30% of adults indicated they had seen a dentist in the last 6 months (Table 5-C2).

When asked what type of treatments they currently needed, the highest reported treatment among respondents was maintenance; 45%

Caregivers were asked if their child's teeth had been affected by Baby Bottle Tooth Decay (BBTD), and if she/he had been treated for Baby Bottle Tooth Decay. Most caregivers (70%) indicated their child had not had Baby Bottle Tooth Decay, while 30% did. Most of those who had BBTD were treated for it (64%), although 34% weren't.

Table 5-C1 How many times respondent has received dental care in the past 12 months

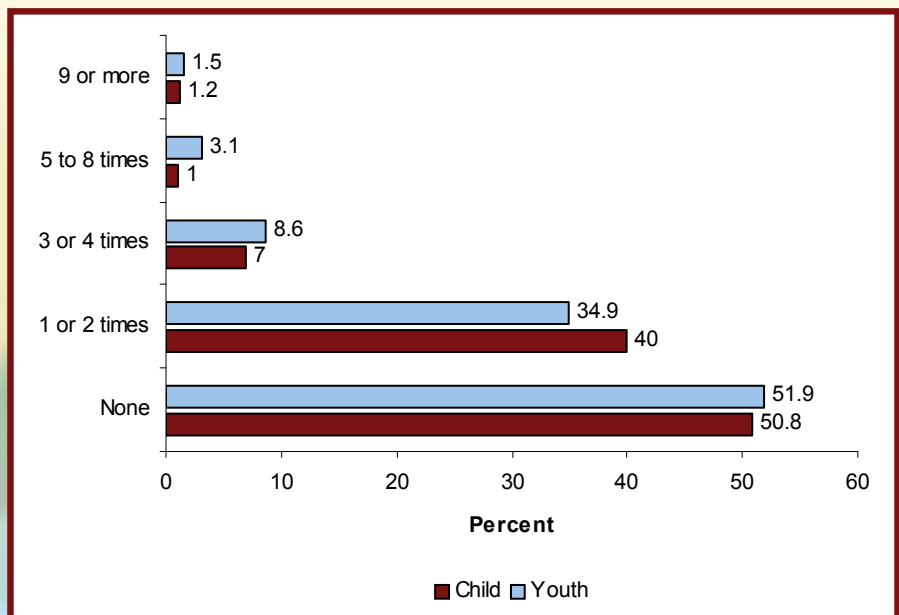
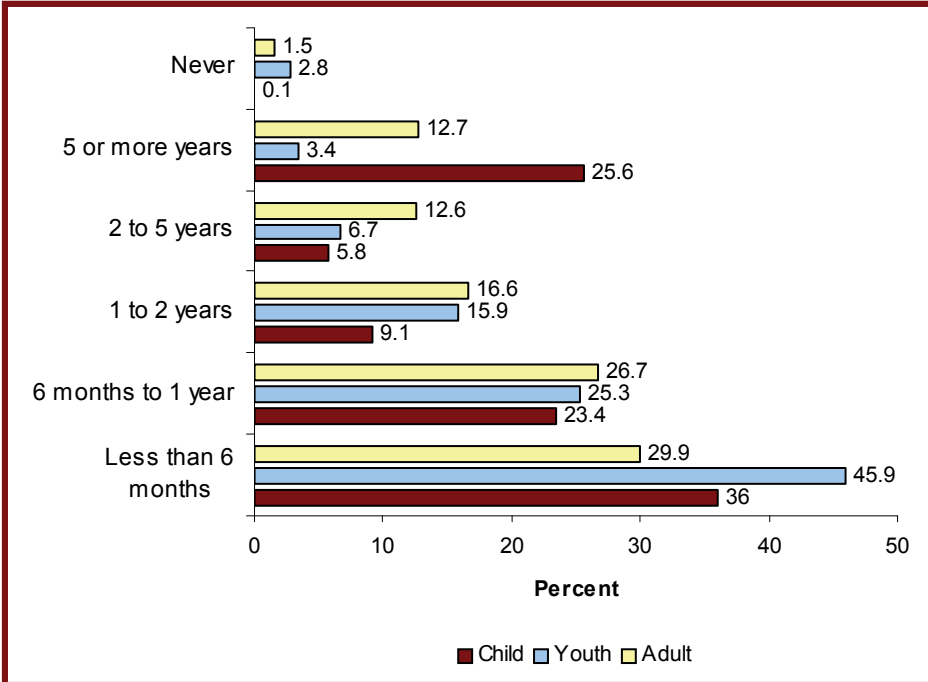
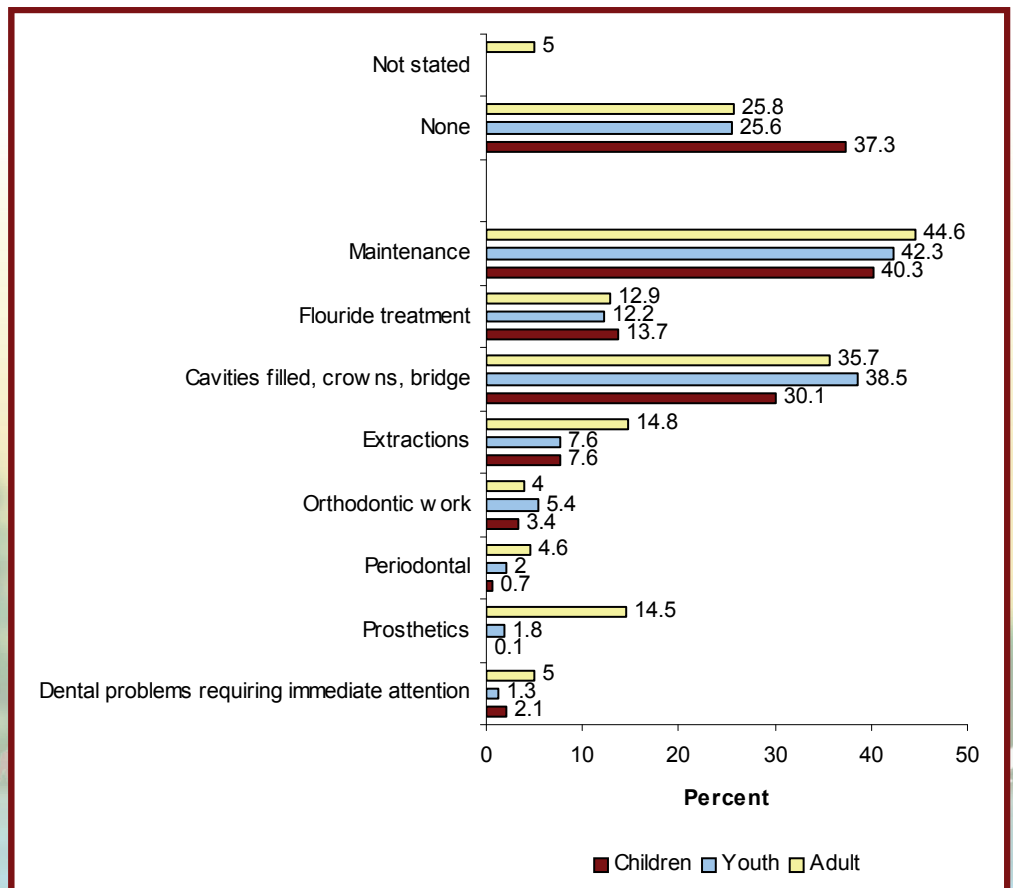


Table 5-C2 Last time respondent received dental care



Youth respondents were asked if they had experienced problems with their teeth or any dental pain in the past month. Most youth reported they hadn't (80%) although 20% indicated they had experienced problems.

Table 5-C3 Type of dental treatment required by respondent



D. Barriers to Health Services

Although 28% of adult respondents felt that they had the same access to health services compared to Canadians generally, 15% felt they had better access. However, more adults (32%) rated their access as poor, while 27% were not sure.

Many respondents (60%) reported they had experienced at least one or more barriers to receiving health care in the past 12 months. Table 5-D1 shows the kinds of barriers adult and caregiver respondents experienced in accessing health care in the past 12 months. The most reported barrier was long waiting lists, reported by over a third (39%) of adults and 24% of caregivers. Other highly reported barriers for adults included a lack of health professionals (doctor or nurses) (24%), inadequate health care (21%), or the care they needed was not covered by Non-Insured Health Benefits (NIHB).

Common barriers experienced by caregivers were a lack of health professionals (doctor or nurses) (13%), they were unable to arrange transportation (12%), inadequate health care (11%) or they could not afford transportation costs (11%). A few (10%) caregivers indicated they could not afford childcare in order to take the sick child to the doctor. Caregivers (6%) were less likely than adult respondents (17%) to find that the Non-Insured-Benefits Programs did not cover the care required, while 5% of children and 14% of adults were actually denied coverage.

Non-Insured Health Services

As indicated earlier, when asked if they had experienced any barriers to accessing health care, 17% of adult respondents and 6% of caregivers found that the Non-Insured-Benefits Program did not cover the care they required for themselves or their child, and 14% of adults and 5% of caregivers were denied NIHB coverage. Combined, it appears that 42% of respondents experienced some difficulty in accessing health services provided by NIHB.

Adult respondents were also specifically asked if they had any difficulty accessing any of the health services provided through the Non-Insured Health Benefits Program (NIHB), to which many (69%) indicated they had not. Of those who did have difficulty accessing NIHB benefits, the most reported were vision care (16%), medications (14%), dental care (13%), and transportation services or costs (air or road) (11%) (Table 5-D2).

Only 6% of adults and youth, and 5% of children reported they had been medically evacuated out of their community for health services in the past 12 months.

Table 5-D1 Barriers experienced by Adults and Caregivers (Children) in accessing health care in the past 12 months

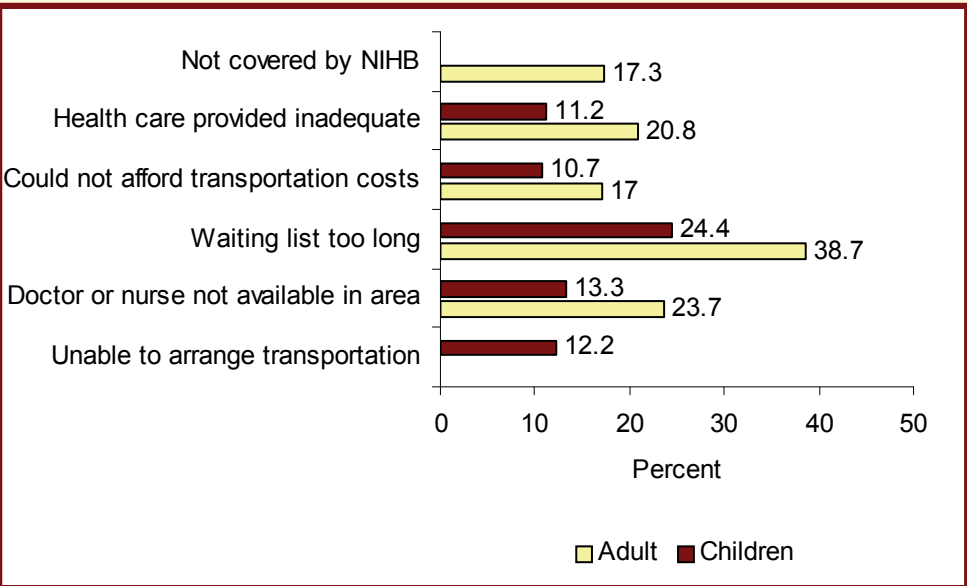
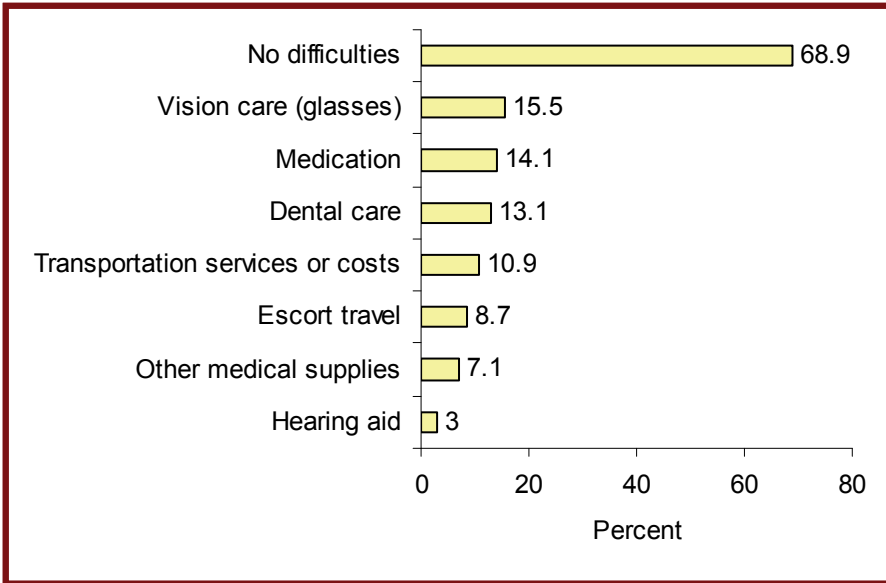
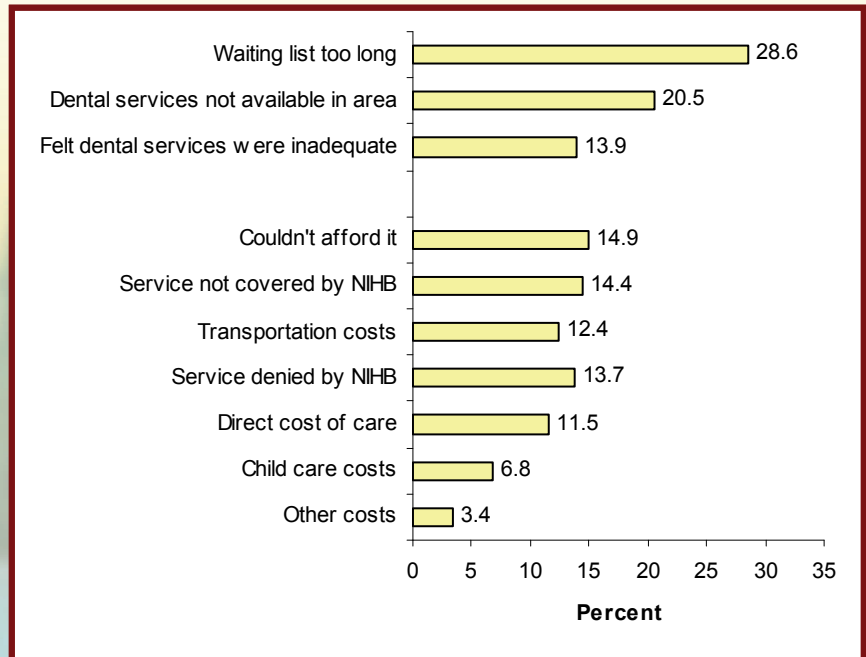


Table 5-D2 NIHB program areas in which Adult respondents have had difficulties accessing benefits



The survey asked adult respondents if they had any following problems accessing dental care. Table 5-D3 shows the problems reported.

Table 5-D3 Problems Adult respondents have experienced in accessing dental care



VI. CONCLUSION

“The First Nations Regional Longitudinal Health Survey (RHS) 2002/3 is a First Nations initiative, led by First Nations, coordinated through the First Nations Centre at the National Aboriginal Health Organization. The purpose of the RHS is to support First Nations research capacity and control and provide scientifically and culturally validated information to support decision-making, planning, programming and advocacy with the ultimate goal of improving First Nations Health (First Nations Centre at NAHO, on behalf of the First Nations Information Governance Committee, *First Nations Regional Longitudinal Health Survey (RHS) 2002/3: The People’s Report*, November 2005, Executive Summary, vi).

The RHS is designed by First Nations Health Directors from across Canada, to carry out research under the OCAP principles, that First Nations have Ownership, Control, Access, and Possession of their own data. The First Nations Information Governance Committee of regional health representatives receives regional input into national questions, which are combined for the data gathering interviews, with questions specific to the regions designed by Regional First Nations committees. In Manitoba First Nations, the AMC Health Information Research Committee (HIRC) develops the questions and provides overall oversight to the RHS, since the 1997-8 first RHS, under mandate of the AMC Chiefs in Assembly. Thus, the National RHS Report is a wrap up of regionally gathered information on agreed upon questions used nationally. In addition, the Regional Reports include information specific to that region. The RHS is led by the Regions.

The Harvard University, Native American Economic Development team of the Kennedy School of Government, undertook an independent evaluation of the RHS in 2005, and compared it with other national surveys of indigenous peoples developed by governments of Canada, the United

States of America, Australia and New Zealand. Harvard concluded that the “the 2002/3 RHS was unique in First Nations ownership of the research process, its explicit incorporation of First Nations values into the research design and in the intensive collaborative engagement of First Nations people and their representatives at each stage of the research process, ... accomplished under considerable resource restraints” (www.naho.ca/fnc/rhs).

The Manitoba First Nations RHS Regional Report presents a picture in time of the health of Manitoba First Nations people, and offers an opportunity for all Manitoba First Nations to use this data in planning services and programs, analyzing trends and comparing situations within your community, region, and across Canada, and in advocating for improvements in First Nations health.

This Report brings the findings of the sample of 26 First Nations who participated in the adult and children’s survey and 19 Manitoba First Nations who participated in the youth survey. This includes First Nations from all 7 Tribal Councils and some independent First Nations, with the final sample representing 5.5% of the First Nation population in this region. The national sample overall represents 5.9% of the First Nations population in Canada. With the sound methodology utilized in RHS, readers can use this Manitoba First Nations RHS Report (2002-3) to reflect on the questions and findings regarding a whole range of topics: from health conditions and chronic diseases to how people feel about their health and health care availability, what has been the impact of residential schools on health, how do youth and adults compare in their use of traditional foods, activities on the land, and approaches to medicine, what is happening to our language use, how many children grow in smoke free environments, and many more issues.

The purpose of any research is to discover and learn, to gain new information on issues we may think we know but whose puzzle pieces don't fit. The information in this Regional Report is discussed and presented in tables and graphs to assist in understanding the many fields of information from the sample. The RHS Report offers an opportunity for a First Nation to consider the regional and national RHS data together with its own community information for planning, analysis, and advocacy.

For example, if a First Nation is considering tobacco cessation program, you can look at the 1997-8 Manitoba First Nations RHS data and compare it with the Manitoba First Nations RHS data from 2002-3, to see if children start smoking earlier, what factors were considered important to youth to encourage them to stop. Then you can plan your program of intervention.

Or your community may be writing a proposal to the Aboriginal Healing Foundation, or another funding organization. You can use the data in the Regional and National reports as sound basis for making arguments about the intergenerational impact on health, as well as the strengths that adults find in their own language, foods, connection with the lands. These findings may well help a First Nation to develop a different program than originally considered, and to write a proposal with more references that may lead to successfully obtaining funding for a well thought out project.

The RHS also offers an opportunity to partner with academic researchers from the University of Manitoba and other institutions. For example, Dr. Brenda Elias has worked with AMC and the AMC HIRC and other relevant committees since the first RHS. The Assembly of Manitoba Chiefs has supported Dr. Brenda Elias of the University of Manitoba, in successful proposals to the Canadian Institutes for Health Research (CIHR) to fund upcoming pro-

jects: to investigate unique concerns about the social environment and health of Manitoba First Nations men and women, and to develop a Manitoba First Nations Health Report Card to understand health disparities. AMC is also supporting Dr. Elias and team new proposals with regard to Cancer to identify issues, reduce risk and ensure equitable access to care for Manitoba First Nations, and in diabetes, to evaluate the National Diabetes Surveillance System with regard to Manitoba First Nations. In all such AMC supported projects, which rely on RHS data, both the AMC Health Information Research Committee (HIRC) and other relevant committees of the MFN Health Technicians Network (e.g. Manitoba First Nations Diabetes Committee) continue to provide the oversight for the RHS, and provide input throughout the course of these specific projects.

There will be more opportunities to develop partnerships to improve First Nations health, through the use of RHS data, in alliances with universities and other institutes. What is historic and unique about the RHS is that the Survey's purpose is to continue to enhance First Nations role in all aspects of research and control.

This Report will be presented for discussion with the leadership and technicians in all Tribal areas, and at all MFN committees of Health Techs, Social Development Advisors, Education and Child and Family Services Executive Directors. It is hoped that Manitoba First Nations will share this widely, and use the information in many ways to improve First Nations health.

In January 2005, the AMC Chiefs in Assembly resolved to adopt and implement the *Manitoba First Nations Health & Wellness Strategy: A Ten Year Plan of Action*, and to establish the AMC Chiefs Task Force on Health to ensure action on this plan. Grand Chief Ron Evans and Chief Norman Bone, Chair of the Chiefs Task Force, and other Task Force members are

pursuing this plan with federal and provincial ministers. Among key initiatives, *Manitoba First Nations Health & Wellness Strategy* (MFN HWS) includes building the infrastructure to improve Manitoba First Nations health, through health information and research, with supports for the AMC HIRC, First Nations Technical people, and the establishment of a Manitoba First Nations Research Centre and Statistical Network (see attached MFN HWS chart). The continuing development of the RHS is lay-

ing the foundation in building Manitoba First Nations people and the information research processes to improve our health & well-being.

Miigwech. Ekosi. Mahsi. Wopida.

**Manitoba First Nations Health and Wellness Strategy
A 10 Year Plan for Action 2005 – 2015**

Our Goals				
Portability of Inherent and Treaty Rights				
Increase Life Expectancy	Reduce Prevalence of Disease	Strengthen Service Infrastructure to Improve Access		
Our Priorities				
Effective Health Care System	Primary Health Care and Traditional Medicines	Emotional & Social Well-being	Social Determinants	Health Information and Research

Key Result Areas



Key Action A: Move Towards A More Effective Health Care System						
Health Care System Framework	Promote and Protect Traditional Values and Beliefs	Community Controlled Primary Health Care Services	Emotional and Social Well-being	A Competent Health Workforce	Sustainable, Needs-Based Funding and Operations	Accountability
Key Action B: Build Good Health by Improving Social Determinants						
Housing	Environmental Health	Education	Revive and Strengthen Our Language and Culture	Build Our Economies	Justice	
Key Action C: Build the Infrastructure to Improve Health Status						
Pursue Health Information and Research						

VII. References

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