The RHS III Peoples’ Report Cover, Medicine Teachings, was used with permission by the artist, Harold Southwind from Sagamok Anishnawbek. You can reach him at his email: niishnaabek@gmail.com
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Acknowledgements

Chiefs of Ontario would like to thank the following 26 communities for their participation and commitment to the RHS Phase III. Chiefs of Ontario also heartily thanks the field workers who completed their tasks. We appreciate each of the participants: youth, mothers, fathers, and elders who put much thought and time into answering the RHS questions.

1. Alderville
2. Beausoleil
3. Biinjitiwaabik Zaaging Anishinaabek (Rocky Bay)
4. Bkejwanong Territory (Wapole Island)
5. Chippewas of Kettle & Stony Point
6. Curve Lake
7. Fort William
8. Hiawatha
9. Kasabonika Lake
10. Kee-Way-Win
11. Kitchenuhmaykoosib Inninuwug
12. M‘Chigeeng
13. Mississaugas of the Credit
14. Mohawks of Akwesasne
15. Mohawks of the Bay of Quinte
16. Moose Cree
17. Moravian of the Thames (Delaware Nation)
18. Naotkamegwaning
19. Oneida Nation of the Thames
20. Pic Mobert
21. Red Rock
22. Sagamok Anishnawbek
23. Serpent River
24. Sheshwaganing
25. Shoal Lake No.40
26. Wiikwemkoong Unceded Territory

Message from Director of Health, Carmen R. Jones

Conducting surveys can be a daunting task, but well worth it when the survey provides valuable information for our communities. The Regional Health Survey (RHS), a national survey, is a monumental task to take on. In Ontario, I would like to acknowledge and thank the 26 communities that contributed to the RHS: the participants, the field workers, the community contacts and 26 chief and councils. The Chiefs of Ontario Health Research team and the three Area Managers worked diligently on training sessions, information sessions and presentations for the communities to effectively carry out the RHS. Thank you also to those who reviewed the report in draft form to ensure reader friendly content. Only with everyone working in tandem were we able to continue conducting our own health surveys in our own First Nation communities. I hope that you find this information helpful and we, at the Chiefs of Ontario, look forward to working with First Nations for the next phase of the RHS.

In the language of my Ancestors,
Chi-Miigwetch
The First Nation Regional Health Survey (FNRHS) Phase III is a continuation of the FNRHS five phase process. The FNRHS is only for First Nations people who reside in their own First Nation community (on-reserve). The FNRHS Phase III gathered health data that involved Ontario First Nations, with the target number of 4500 for Ontario. A total of 1951 surveys were completed by respondents from 26 randomly selected Ontario First Nations, garnering a 43.4% success rate.
Where possible, this report provides comparisons with Regional Health Survey (RHS) Phase I (2002/03), RHS Phase II (2008/10) and RHS Phase III (2015/17) to examine changes in health indicators over time and to inform health program planning. The data findings are sorted according to the Cultural Framework theme sections of Vision, Relationship, Reason and Action.

The highlights from the Vision section (current physical status) encompass health conditions and chronic diseases, diabetes, injuries and disabilities. The self reported section reveals that the top adult health conditions have been steadily increasing over previous RHS cycles. Notably, diabetes rates have been increasing. As for the youth and child health conditions, allergies and asthma continue to be at the forefront.

The Relationship section (healing and wellness) includes mental health and community issues, residential school impacts, and language and culture. In terms of language use, all respondent categories indicated that speaking a First Nations language is important to them. Likewise, the use of traditional medicine continues to be utilized for health care. Unfortunately, a high percentage of both adult males and females reported that they did not seek any help to deal with any experienced physical and/or verbal aggression.

The Reason section (socio-economic determinants of health) includes income, education, family structure, housing and living conditions, and health care access. Almost half of adult respondents indicated that they have moved away from their community for employment. Mold in homes is still a major concern for 42.5% of adult respondents. Barriers to health care coverage through NIHB is still experienced especially with dental care, medicines and vision care.

The Action section (health promotion) includes: non-traditional tobacco use, alcohol and drug use, and nutrition and physical activity. The rates for daily cigarette smoking has declined from previous RHS cycles. Forty percent of adults reported smoking cigarettes daily while six percent of youth reported the same. Similarly, those abstaining from alcohol has risen from previous RHS cycles. However, the Body Mass Index (BMI) rate for the overweight and obese classes have been increasing over the past RHS cycles for both adult and youth respondents.
Introduction

The Regional Health Survey (RHS) Phase III was conducted on a national level by the First Nations Information Governance Centre (FNIGC) with ten (10) provinces and territories. Chiefs of Ontario has been involved with the RHS surveys since 1997 with the onset of the pilot survey. Since the pilot, RHS has become a multi-purpose survey with RHS I being conducted in 2002/03, Phase II in 2008/10 and Phase III in 2015/17.

The RHS includes culturally relevant questions regarding First Nations health that are meaningful to First Nations communities both regionally and nationally. In Ontario, twenty-six (26) communities participated in Phase III of the survey.

The Chiefs of Ontario RHS Phase III People’s Report is a report on the health of First Nation people living in First Nation communities in Ontario. It contains the results of a self-reported survey delivered to randomly selected First Nation communities in Ontario throughout 2015/17. The primary purpose of the report is to provide on-reserve community health directors, health service providers, and First Nation community members with valuable information that can inform and guide the advancement of First Nations health and well-being.

Community Engagement

Chiefs of Ontario invited Health Directors across Ontario to attend a RHS information session held in Thunder Bay and Toronto. The goal of the sessions was to provide information about RHS, address any questions or concerns about the survey and generate interest in participating. All participating communities obtained consent from community based leadership, Chief and Council. Once a community agreed to participate, individuals from their respective communities were recruited and trained as surveyors. Community capacity building remained a cornerstone in the approach throughout the data collection process.

The principles of OCAP® were key in conducting the survey, and were considered in many facets of the survey including community and individual consent and privacy guidelines. OCAP® stands for ownership, control, access and possession. It was formed by the Assembly of First Nations by 1998. The underlying premise is that it is the right of First Nation communities to own, control, access and possess information about their peoples. The OCAP® tool was created to guide a code of research ethics, and that research activity needs consent, collaboration and feedback from First Nation communities. This is fundamentally tied to self determination, preservation and development of First Nation cultures.

For further information, please review FNIGC’s website on OCAP® at: https://fnigc.ca/ocap
Methodology

The survey was designed by the First Nations Information Governance Centre (FNIGC) using a stratified sampling method. Stratified sampling is a probability sampling technique wherein the entire population is divided into different subgroups, and then the final participants are randomly selected proportionally from the different subgroups. The main idea is to ensure that there are enough people responding to the survey from each subgroup in the sample. The sample was divided into subgroups by age, sex, and geographic location (urban, rural, remote). It is important to have enough survey respondents in each of these subgroups, so that a representative sample of all First Nations people in Ontario is represented. Once the participating communities were identified and their respective First Nation Chief and Council provided their consent, a random sampling list was generated utilizing band membership lists. Participants were then contacted by a trained community surveyor to conduct the survey in-person via laptops, with or without additional assistance from the surveyor.

Sample Size

The RHS III data was collected between August 2015 to March 2017 in 26 First Nation communities across Ontario. Survey responses were weighted to remove over-representation in sub-groups (i.e. age, sex, and geographic location), so that the population of the final weighted sample is similar to the population of First Nations people in Ontario. This is done so that the final sample for the survey is representative of the on-reserve Ontario First Nations population as a whole. In the end, the characteristics of the people who responded to the survey represent the characteristics of First Nations people in Ontario.

Of the 993 adult respondents, 49.9% were male and 50.1% were female, with 50.2% coming from urban areas, 27.8% from rural areas, and 21.9% from remote areas. For the 370 youth, 46.9% were male and 53.1% were female, and of that, 69.5% were between the ages of 12 to 16 years old. Youth who were surveyed were 43.7% from urban areas, 25.7% from rural areas, and 30.5% from remote areas. Of the 588 Children, 51.2% were male and 48.8% were female, with 37.6% coming from urban areas, 23.2% from rural areas and 39.3% from remote areas.
Translation of any part of the survey was necessary for 20.8% of adults, 31.0% of youth and 13.2% of children. Some adults, perhaps Elders, needed help translating the survey questions in their primary language. Since youth completed their own surveys, the surveyor assisted with any terminology translation or expanded on the meaning of questions as necessary. For children, a parent or guardian of the child completed the survey, and some clarifications or translations may have been necessary.

Structure of the Report

The findings of this report are organized by the questionnaire themes identified in the FNIGC’s RHS Phase III cultural framework. The report addresses findings from the Adult Survey, followed by findings of the Youth Survey and concludes with findings of the Child Survey. Gender and age differences are reflected in the report where they are found to add meaning or context to the results.

Where indicated, past findings are provided to show trends. Not all questions were asked in all three phases and some indicators have changed over the phases. Data sets for previous RHS surveys are not always the same.
The following cultural framework was used to guide, design and implement all phrases of the RHS. This framework allowed for meaningful, culturally relevant questions regarding First Nations health to be developed. While not all First Nation communities may subscribe to the use of a medicine wheel, it is used as a guide for the survey questions and a way of organizing the data presented. The cultural framework is akin to a medicine wheel divided into the four quadrants of Vision, Relationship, Reason and Action. The Vision quadrant describes how First Nations see health and wellness, the Relationship quadrant covers the health and wellness experiences of First Nations respondents, the Reason quadrant covers what is understood as health and wellness, and finally the Action quadrant shows how First Nations engage in health and wellness service delivery. For First Nations, health is a concept that reaches far beyond the physical domain. That same framework is used to organize this report. The intention is to leave the reader with an overall sense of Ontario First Nations health from a culturally relevant perspective and where possible, across time.
The Vision section of this report covers information on the following survey sections: self reported health, health conditions, diabetes, physical limitations and injuries.

Health Status and Health Factors

The adult respondents population self reported their health to be:

- **Excellent/Very Good**: 35.1%
- **Good**: 39.8%
- **Fair/Poor**: 25.2%

When asked what makes them feel healthy, the top selected adult responses were: a *good sleep/proper rest*, a *good diet*, and *happiness* topped the list. For RHS II, the top responses were: a *good diet*, *good sleep* and regular *exercise*. For RHS I, the top responses were: feeling happy and being in balance.

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<td>70.7%</td>
<td>68.0%</td>
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Health Conditions

The following figure shows the top health conditions reported by adults:

27.0% Allergies
26.1% Arthritis
23.4% Diabetes
22.9% High Blood Pressure
15.4% High Cholesterol
13.2% Chronic Back Pain
12.6% Asthma
9.1% Thyroid Problems
7.9% Stomach/Intestinal Problems
7.6% Mood Disorder (Depression/Bipolar)
6.9% Anxiety Disorder
6.7% Hearing Impairment
6.5% Cataracts
6.3% Dermatitis/Atopic Eczema
6.0% Heart Disease
4.2% ADD/ADHD
3.4% Kidney Problem
3.3% Anemia (Chronic)
3.0% Blindness
2.6% Emphysema/Chronic Bronchitis
2.8% Learning Disorder
2.3% Osteoporosis
2.2% Speech/Language Difficulties
2.1% Effects of Stroke
2.0% Glaucoma
1.8% Cancer
1.7% Liver Disease

TOP 5 HEALTH CONDITIONS

- Allergies 27%
- Arthritis 26%
- High Blood Pressure 23%
- Diabetes 23%
- High Cholesterol 15%
The observed rates for RHS I and RHS II show that rates have been slowly increasing in most areas over time. For the 2002/03 RHS I survey results, the top 5 health conditions were: allergies (22%), arthritis (19%), diabetes (19%), high blood pressure (16%) and chronic back pain (13%). For the 2008/10 RHS II, the top 5 health conditions were: high blood pressure (27%), arthritis (23%), allergies (23%), diabetes (22%), and chronic back pain (17%). High Cholesterol is a new category that came in 5th for RHS III. Allergies, arthritis, diabetes and high blood pressure have been in the top 5 health conditions for all three RHS cycles, and remain top health issues for Ontario First Nation populations.

**Diabetes**

Among adult respondents, 23.4% indicated that they had diabetes. This number represents an increase from RHS II (22%), and RHS I (19%). Overall, a higher percentage of females (24.8%) compared to males (21.9%) reported having diabetes.

The highest rates of diabetes are found in those aged 60 years and older, at 44.5%, followed by those aged 50-59 years (34.7%) and those aged 30-39 years of age at (22.5%). More women (12.6%) have diabetes than (10.7%) of men. Further, when prompted by the question: “In the past two weeks, how often have you checked your blood sugar levels?” 33.2% of men responded: “Not at all in the past two weeks.”
As depicted below, and on the positive side, diabetes diagnosis has prompted healthier lifestyles by effecting First Nations people to change their diet and exercise patterns.

**PROMPTED A HEALTHIER LIFESTYLE**

- **Phase I**: 75.6%
- **Phase II**: 82.2%
- **Phase III**: 90.9%

**TREATMENTS SOUGHT FOR DIABETES**

- *Diet*: 70.8%
- *Exercise*: 54.6%
- *Insulin*: 29.1%
- *Pills*: 65.1%
- *Traditional Medicine*: 12.5%
- *Traditional Ceremonies*: 17.3%
However, the negative effects of diabetes still remain, the hands and feet being the highest reported health impact.

**REPORTED IMPACTS OF DIABETES**

- Affected Vision: 40%
- Resulted in Kidney Issues: 21.5%
- Resulted in Circulation Issues: 21.0%
- Affected Hands/Feet: 18.0%
- Affected Lower Limbs: 26.7%
- Resulted in Infections: 22.7%
- Resulted in Amputations: 31.8%
- Resulted in Heart: 0%
- Resulted in Nerve: 0%

*Graph shown with bar charts and percentages.*

Footnotes: suppressed due to extreme sampling variability or low cell counts.
Insulin usage among First Nations diabetics shows that 61.1% have never used insulin at all.

60.3% of respondents attended a diabetes clinic. The reasons for not using diabetes clinics are varied, with 38% reporting they chose not to attend and 34.9% reporting they already had the adequate information.

More women (87.1%) than men (80.6%) reported using insulin within a year of their initial diabetes diagnosis.
Physical Limitations

When asked if they have a physical or mental condition that causes them to be limited in the kinds or amount of activity than can do at home, school or otherwise, adults responded yes to 20.9% physical limitations and 4.6% to mental limitations.

Injury

Almost one out of five (1/5) of the adult respondents had suffered an injury within the previous 12 months. The most common injury was a major sprain (22.8%), with (37.0%) of these injuries reported to occur in a home. Interestingly, the top three months when injuries occurred more frequently were June (16.3%), January (12.7%) and April (12.2%). A total of 48.4% of adults’ injuries were treated in a hospital emergency room.
This section outlines the adult responses to the survey questions covering the topic areas of: language, traditional medicine, aggression, mental health, suicide, residential school, and community perceptions.

Language

Adult First Nation language responses are depicted in the following infographic. Compared to results from RHS II, there has been an increase in the percentage of those who speak a few words or have a basic understanding of a First Nations language (up from 59.2% to 65.6%). However, there has been a sharp decrease in the percentage of fluent/intermediate First Nations language speakers (down from 40.8% to 29.2%).
Mental Health Status

When asked about their overall mental health, First Nation adults demonstrate an overall positive attitude. 89.3% of adults felt that they could solve the problems they were facing. This rates were similar to the RHS II rate of 87.8%. Other responses on how much control they felt they had over their life are highlighted in the infographic.

The response rates to the questions posed in this area were similar to those seen in RHS II. This demonstrates that First Nations adults have maintained a positive outlook on life over time.
Traditional Medicine

For RHS III, a high percentage (96.2%) of adults reported that cost was not an issue when accessing traditional medicine. There was a decrease in the percentage of adults who reported using traditional medicine (36.2%) from RHS II results (45.9%). Further, there are many more adults who have difficulty accessing traditional medicine (61.6%) compared to the RHS II results (26.6%). Of the barriers to access reported for RHS III, 14.8% of adults do not know where to get traditional medicine, 13.4% do not know enough about traditional medicine, and 6.1% said it was not available to them in a health care setting. There is an opportunity for improvement in reducing the barriers First Nations adults face when attempting to access traditional medicine.

**USE OF TRADITIONAL MEDICINE**

36.2% of adults have used traditional medicine in the past 12 months.

**ACCESSING TRADITIONAL MEDICINE**

61.6% of adults have had difficulties accessing traditional medicine.

14.8% don't know where to get it.

13.4% don't know enough about traditional medicine.

6.1% of adults reported it was not available to them in a health care setting.
Social Determinants of Health

Roughly 7 out of 10 adult respondents reported that they felt in balance within the four aspects of life, either all or most of the time. The rates reported in all four aspects are very similar to those reported in RHS II.
Community Environment

The following infographic shows what First Nations adults perceptions are of their communities. Almost three quarters of adults felt a strong sense of belonging in their community. In addition, nine (9) out of ten (10) adults felt safe in their community.

**BELONGING**
Strong Sense: 83.4%

**TRADITIONAL SPIRITUALITY**
Agree: 62.3%
Neither: 26.5%
Disagree: 11.3%

**ORGANIZED RELIGION**
Agree: 36.8%
Neither: 38.3%
Disagree: 25.0%

**FEELING OF SAFETY IN THE COMMUNITY:**
89%
The greatest strengths that First Nations adults reported for their communities were community health programs, cultural awareness, and family values.

**TOP 5 Community Strengths**

- Community Health Programs: 62%
- Awareness of Culture: 58%
- Family Values: 57%
- Traditional Gatherings: 56%
- Elders: 56%

Of the community challenges that adults perceived, alcohol and drug use, employment, and housing are paramount, followed by funding and crime.

**TOP 5 Community Challenges**

- Alcohol & Drug Use: 80%
- Employment: 65%
- Housing: 62%
- Funding: 54%
- Crime: 47%
Personal Safety

Personal safety is not always an easy topic to disclose, and might be underreported. When asked if they experienced any physical or verbal aggression in the past 12 months, 13.8% of First Nations adults reported experiencing physical aggression, while 32.1% reported experiencing verbal aggression. In the RHS II, the rates were 31% and 52.3%, respectively.

Males reported experiencing the highest proportion of their aggression in the home, while females experienced the highest proportion of aggression in the community.

It is alarming to note that 38.3% of males and 42.2% of females did not seek any help to deal with the aggression that they experienced.
When asked if they personally experienced racism in the past 12 months, 23% of RHS III First Nations adults responded yes. This rate has decreased from the RHS II rate of 37.5%. Of those experiences, 85% occurred outside the community.
Mental Wellness

There were several questions that covered mental wellness. The following infographic highlights the responses given on feeling hopeless and feeling stressed. The results show that 70.8% of First Nations adults reported feeling hopeless none of the time, while 51.0% reported not feeling stressed. Compared to data from the RHS II the percentage of adults who reported feeling hopeless none of the time has increased slightly (up from 67.3%), while the questions on stress were a new addition to the RHS III.
The Kessler Psychological Distress Scale (K10) is a screening tool that asks ten (10) questions to pinpoint potential cases of anxiety and or depression. The following are the results of those questions. Some rates have decreased slightly from the RHS II, such as feeling depressed (48.8% vs. 39.7%), feeling tired for no good reason (60.3% vs. 54.8%), and feeling so sad that nothing could cheer you up (10.3% vs. 8.4%). The feeling of worthlessness rates were similar to the RHS II (73.2% vs. 76.2%).

In terms of emotional support, most adults (72.8%) felt that they could call on someone when needed. Similarly, most adults (72.4%) felt supported by someone and felt loved (78.6%).
As with all survey data, it is important to remember that responses are self-reported, and that people may be less likely to report on sensitive topics, such as suicide. With that in mind, there appears to be a decreasing trend in reported suicide attempts over the three survey cycles. While the reported rate of attempted suicide among First Nation’s adults was between 13% and 14% for both RHS I and RHS II, the reported rate for RHS III has dropped to 7.5%. Moreover, while 12.8% of adults seriously considered attempting suicide, the rate was almost halved from the previous RHS II, at 25.3%.
Residential School

When adults were asked if they attended residential school, 6.1% indicated that they had. In the RHS II, 7.7% of adults indicated that they had also attended residential school.

Of those adults who reported attending residential school, 53.9% reported suffering from negative effects.
REASON
Socio-economic Determinants of Health

This section of the report will cover the area of Reason, including the following indicators: First Nation homes, household amenities, homecare, health care services and barriers, health tests and screenings, dental, education, employment status, financial hardships and migration.

First Nation Homes in Ontario

Among First Nations adults, 68.9% reported that they owned their primary residence, while 24.9% indicated that they rented. Of the rentals, 19.2% were band owned housing rentals. As reported in the RHS II, 31.0% of homes required major repairs and an additional 34.1% required minor repairs. These rates have decreased for the RHS III in terms of major repairs (24.3%), but have increased in the minor repairs (38.7%) category.

Primary Residence

68.9% Own 24.9% Rent 19.2% Band Owned Rental

42.5% REPORTED MOLD IN HOME

HOME IN NEED OF REPAIR

MAJOR: 24.3%
MINOR: 38.7%
Home amenities have stayed almost the same from the previous RHS II cycle, with the exception of computer ownership (down slightly to 67.9% from 72.7%). Roughly 1 in 5 adults (21.3%) reported that they have no regular garbage collection at their homes (down from 35.6% in RHS II), while 44.1% reported having no carbon monoxide detector (down from 55.1% in RHS II), and 35.7% reported the absence of a fire extinguisher (no change from RHS II). Just over three quarters of adults (76.7%) reported that they had their water piped in to their homes (up from 74.0% in RHS II), while 72.2% of adults reported using bottled water as an alternative water source (down from 73.6% in RHS II).
Just over three quarters of adults (76.7%) reported that they had their water piped in to their homes (up from 74.0% in RHS II), while 72.2% of adults reported using bottled water as an alternative water source (down from 73.6% in RHS II).

First Nations adults reported that the top three (3) services needed at home (due to a long term physical or mental condition), were home maintenance (17%), light housekeeping (11.1%) and paying bills (5.3%). For RHS II, the top three services needed were home maintenance services (15.7%), light housekeeping (12.7%) and meal preparation (4.4%).
In RHS III, First Nations adults reported that the top service they received at home due to a long term physical or mental condition was care from a nurse (62.9%).

### TOP 5 SERVICES RECEIVED AT HOME

**because of a long-term physical or mental condition**

- 62.9% care from a nurse
- 53.7% light housekeeping
- 50.9% meals
- 49.6% running errands
- 44.2% home maintenance

### Home Care

The percentage of adults who provide home care for a family member is up slightly from 18.9% in the RHS II, to 19.7% in RHS III. This demonstrates that First Nations adults continue to shoulder a burden when it comes to taking care of their ill or disabled friends and family members. They perform various duties to provide this support, including housekeeping, running errands, and meal preparation.
Further, 25% of the adults who reported providing care to friends and family spend upwards of 24 hours per week providing this care to their loved ones.

There is also a slight increase in the number of First Nations adults who reported that an immediate family member had been placed in a long-term care facility outside their community, up from 6.2% in the RHS II, to 8.6% in RHS III. However, the need for more long-term care facilities located on or near First Nations communities remains a priority for some First Nation communities.
Quality of Health Care Service

Only 54.3% of First Nations adults rated the quality of health care service as excellent or good, showing an area with vast room for improvement. In the RHS II, 26.8% of adults’ primary health care providers changed once or twice in the preceding year, while this figure has decreased to 19.6% in this cycle, the RHS III. Overall, 74.3% of adults had visited a doctor or community health nurse in the preceding 12 months.

Adults were asked if they had undergone a range of screening tests in the preceding 12 months. The top three screening tests were blood pressure (65.6%), eye exam (58.3%), and blood sugar testing (50.5%). In the RHS II, the top three screening tests were: blood pressure (71.8%), blood sugar (62.4%), and eye exam (58.4%). All three of the top screening tests showed a slight decrease in the levels reported from RHS II to RHS III.
Inquiring on screening for breast and prostate cancers has been one of the recurring questions for the RHS across all surveys. There is a higher percentage of women who have never had their breasts examined than previously reported (34.0% in RHS III vs. RHS II 26.6%).

The percentage of adult men who have never undergone a prostate exam has remained unchanged (70.0% in RHS III vs. 69.4% in RHS II).

The info graphic below shows results to the question “During the past 12 months, have you experienced any of the following barriers to receiving health care?”. A list of potential barriers was provided and the top three responses among First Nations adults were: waiting list too long (29.2%), felt health care provided was inadequate (26.0%), and not covered by non-insured health benefits (24.9%). When adults were asked if they had difficulties with accessing various types of health care through NIHB, the top three types of health care reported were dental (15.0%), medication (14.3%), and vision (10.3%). The top 3 types of NIHB health services that adults reported having difficulty accessing remain largely unchanged from the RHS II, with reported percentages of: dental (16.3%), medication (12.5%) and vision care (8.4%).
Dental Health

In RHS II, 42.7% of adults reported receiving dental care in the preceding 6 months, while in RHS III this rate is only 35.1%.

24.7% of adults reported wearing partial dentures in RHS III, compared to 28.1% in RHS II.

Adults identified their current most important dental needs to be routine maintenance and fillings. These two areas were also the highest reported dental needs in RHS II.

<table>
<thead>
<tr>
<th>Adult Rating Dental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent/Very Good</td>
</tr>
<tr>
<td>Good/Fair</td>
</tr>
<tr>
<td>Poor</td>
</tr>
</tbody>
</table>

**Last time you had dental care?**

Less than 6 months ago: 35.1%

**Wear Partial?**

24.7% - YES

**Current Dental Needs?**

- 36.9% require cavities filled
- 51.9% require maintenance (check up - teeth cleaning)

Education

When it comes to the level of education attained, 56.9% of First Nations adults reported receiving at least their high school diploma. This is an increase from both the RHS I and RHS II, in which 43% and 49.4% of adults reported the same, respectively. Although not presented in the infographic, there are twice the number of females (9.5%) compared to males (4.1%) who have a university degree.
Employment

In RHS II, 55.6% of First Nations adults reported that they were working at a job or business for pay, but this rate has lowered slightly to 50.4% for RHS III. Similar to the rates reported in RHS II, the overall First Nations workforce was comprised of more females (55.0%) than males (45.0%). Overall, 34.5% of adults who were unemployed reported that they were looking for work. Among those not looking for work, the top three reasons for not doing so were: retired (46.0%), in poor health or disabled (20.1%), and stay at home parent (13.7%). Interestingly, one of the top reasons for not looking for work in RHS II was being retired (22.8%), although the percentage of those who reported being retired has increased in the RHS III (46.0%). In total, 83.2% of those who reported working for pay were working in their own First Nation community, while 11.6% reported working in a non-First Nation community.
EMPLOYMENT STATUS

50.4% of adults reported they were currently working at a job or business for pay.

34.5% of adults who are unemployed, reported they are currently looking for work.

TOP 3 REASONS FOR NOT LOOKING FOR WORK

- 46.0% Retired
- 20.1% Poor health or disabled
- 13.7% Stay at home parent

JOB LOCATION

- In own first nation: 83.2%
- In a non-first nation community: 11.6%
- Other: 2.8%
- In another first nation: 2.4%

HOURS OF WORK

- How many hours do you usually work per week at your job?
  - 12% 1 to 23 hrs
  - 74.1% 24 to 40 hrs
  - 13.9% 41 hrs (or more)
In RHS II, 7.1% of adults reported earning more than $50,000 per year. That rate has since increased to 12.7% for RHS III. The percentage of adults who reported making less than $20,000 decreased slightly from RHS II (50.1%) to RHS III (46.3%).

The data continues to show that far too many First Nations adults struggle with meeting basic living requirements. The top categories in which adults reported struggling were utilities (32.9%), food (28.4%), and transportation (22.8%). In RHS II, the top categories were utilities (40.4%), clothing (37.1%), and food (36.3%).
In the RHS III, 63.3% of Ontario First Nations adults reported that they had lived outside of their First Nation community at one time in their lives. This rate was a marginal decrease from that seen in the RHS II (67.5%). Employment (49.0%), educational pursuits (42.7%), and relationship reasons (15.4%) were the top three reasons that adults gave as to why they chose to move away from their community. These top three reasons to move away remain unchanged from the RHS II. In terms of moving back to their communities, the top three reasons given by adults were family (69.2%), connection to community (43.8%), and job opportunity (23.8%).
The Action section of this report covers the topic areas of Body Mass Index (BMI), nutrition, traditional foods, food security, physical activity, smoking, alcohol and drugs and gambling.

**Body Mass Index**

BMI is a measure of weight and height that can be used to classify individuals as normal weight, overweight, or obese. Adult survey respondents were asked about their weight and height, and their BMI was calculated from these responses. Over the three phases of the RHS, the rate of normal weight has hovered around 20%: RHS I (22.2%), RHS II (20.6%), and RHS III (20%). The percentage of overweight individuals has been in the 30% plus range: RHS I (35.1%), RHS II (31.5%), and RHS III (36%). The percentage of obese individuals has remained in the 40% plus range: RHS I, (42.7%), RHS II (47.8%), and RHS III (43%).

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**BODY MASS INDEX (BMI)**

- **Normal**
  - BMI Range: 18.5-24.9
  - 20%

- **Overweight**
  - BMI Range: 25.0-29.9
  - 36%

- **Obese**
  - BMI Range: 30+
  - 43%
Food and Nutrition

The following infographic shows how often adults reported they ate a nutritious, balanced diet. It should be noted that there has been an increase in those who are eating a nutritious, balanced diet of roughly 16%, compared to RHS I and RHS II. For the most part, the adult survey data has shown some slight increases in eating nutritious foods as recommended by Canada’s Food Guide (prior to 2019 change) since the RHS II.

"How often do you eat a nutritious, balanced diet?"

ADULTS who MOST/ALWAYS eat a nutritious, balanced diet has increased 16.2% since 2002/03
FOOD & NUTRITION
CANADA'S FOOD GUIDE

Milk & Milk Products
- e.g. yogurt, cheese: 61.0%
- e.g. fresh, frozen or canned: 3.6%
- e.g. bread, rice & other grains: 3.6%
- e.g. yogurt, cheese: 9.4%
- e.g. fresh, frozen or canned: 4.5%
- e.g. bread, rice & other grains: 18.7%

Meat & Alternatives
- e.g. beef, chicken, pork, fish, seafood: 76.4%

Vegetables
- e.g. fresh, frozen or canned: 67.7%
- 4.5%

Fruit
- excluding fruit juice: 60.5%
- 11.3%

Grain Products
- e.g. bread, rice & other grains: 77.1%

Drink Water
- 89.4%
- 7.4%
- 1.4%
- 1.9%

F: Suppressed due to extreme sampling variability or low cell count.
The intake of unhealthy foods once or more times per day has generally decreased since the RHS II, which reported the following rates: fruit juice (54.5%), soft drinks (42.9%), fast food (12.7%).

### UNHEALTHY FOOD & SUGARY DRINKS

**Soft Drinks**  
(e.g. pop, artificially flavoured juice)

- **Once or more times per day**: 31.0%
- **A few times per week**: 32.3%
- **About once a week**: 10.8%
- **Never/hardly ever**: 25.9%

**Energy Drinks**  
(e.g. red bull, monster, rockstar)

- **Once or more times per day**: 5.3%
- **A few times per week**: 8.8%
- **About once a week**: 5.2%
- **Never/hardly ever**: 80.2%

**Sweets**  
(e.g. candy, cookies, cake)

- **Once or more times per day**: 14.9%
- **A few times per week**: 41.7%
- **About once a week**: 22.5%
- **Never/hardly ever**: 35.7%

**Fast Food**  
(e.g. burgers, pizza, hot dogs, french fries)

- **Once or more times per day**: 8.4%
- **A few times per week**: 33.3%
- **About once a week**: 29.0%
- **Never/hardly ever**: 27.0%

**100% Fruit Juice**  
(e.g. orange, grapefruit, tomato)

- **Once or more times per day**: 29.6%
- **A few times per week**: 14.5%
- **About once a week**: 29.0%
- **Never/hardly ever**: 27.0%
The following showcases how often adults reported eating traditional foods in the preceding 12 months. For the RHS II, the percentage of adults who reported that someone had sometimes shared traditional food with their household was 62.7%. For RHS III, 41.4% of adults reported that someone has shared traditional food with their household in the past 12 months.

Food security, as defined at the World Food Summit 1996 “exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.”\(^1\) Compared to the 2008/10 RHS II, there have generally been some improvements in reported food security rates. One exception was observed for the statement: “you sometimes couldn’t feed your child/children a balanced meal, because you couldn’t afford it.” For the 2008/10 RHS II, the rate was 23.9%, while this rate has increased for RHS III at 27.7%.

Food Security

The food that we bought just didn’t last and we didn’t have the money to get more:

- 12.5% Often True
- 26.1% Sometimes True

We couldn’t afford to eat balanced meals:

- 12.4% Often True
- 27.0% Sometimes True

19% of adults in household cut the size of meals or skip meals because there wasn’t enough money for food.

**HOW OFTEN?**

- 39.8% Almost every month
- 34.3% Some months but not every month

**14.7%** went hungry because there wasn’t enough money for food

**25.9%** of adults sometimes had to rely on only a few kinds of low-cost food to feed their children because there was not enough money to buy food.

**27.7%** of adults sometimes could not afford to feed their children well balanced meals.

**10.0%** of adults reported sometimes their child/children were not eating enough because they just could not afford to buy food.
Physical Activities

The top five (5) physical activities that adults reported taking part in regularly are shown below:

- Walking: 56%
- Yard Work: 40%
- Weights: 26%
- Fishing: 23%
- Swimming: 19%

A popular leisure activity is watching television. The majority of adults reported watching 1 to 4 hours of television per day.
Smoking

40.1% of adults reported that they smoked cigarettes daily. This is quite similar to the RHS II rate of 38.6%. More males than females continue to smoke cigarettes on a daily basis.

The Canadian Tobacco, Alcohol & Drugs Survey of 2017 indicates that 15.1% of those who are 15 years old and over are smokers.²

As indicated, 5.6% of cigarette smokers reported smoking in a home where a child lived, while 10.3% of adults reported experiencing second hand smoke in a vehicle.

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² https://www150.statcan.gc.ca/n1/daily-quotidien/181030/t001b-eng.htm
The following infographic highlights efforts made by adults to quit smoking, with the main reasons for quitting being: *to pursue a healthier lifestyle*, *out of respect for loved ones* and *from greater education/awareness*.

**Effort’s Made to Quit Smoking Within the Past 12 Months**

- **57.3%** of adults have never tried to quit smoking within the past 12 months.
- **34.1%** have tried to quit smoking at least 1-4 times.
- **8.6%** more than 5 times.

**Reasons for Quitting**

- **64.7%** healthier lifestyle
- **28.6%** greater awareness/education
- **28.2%** out of respect for loved ones

**The number one method used to quit smoking was cold turkey/will power alone**:

- **89.1%**
Alcohol and Drugs

As indicated in the graphic, 44.3% of adults have abstained from alcohol in the past 12 months. This is an increase from the rate of 37.9% reported in the RHS II.

Since the advent of this survey, cannabis is now a legal drug in Canada with the passing of the Cannabis Act (C-45) on October 17, 2018; however, at the time of this survey it remained illegal. Of those who used cannabis, 48.7% of adults reported using cannabis for medicinal purposes. There were no glaring differences between the rates of illegal drug abstinence reported in the RHS II, such as: cannabis (75%), cocaine (94.3%), and amphetamines (99%).

21.2% of adults reported taking pain relievers with opioids in the past 12 months at least once or twice, 1.3% of stimulants at least once or twice, and 3.6% of sedatives at least once or twice. Of those, 57% were prescribed, 26% have taken them longer than they should have, 21% tampered with them, and 10% sought treatment for abuse/addiction to prescribed medication.

![Illegal Drugs and Consume Alcoholic Beverage(s) in the Past 12 Months Diagram]

Of those who used cannabis, 48.7% was for medicinal purposes.
Sexual Health

The following infographic shows what form of birth control First Nations adults reported using. Reported condom use was at 43.5%, the most common form of birth control. An increase from RHS II’s rate of 36.8%. There is currently less dependence on birth control pills (RHS II 15.9%) and sexual reproductive surgery (RHS II 15.4%). There are currently more adults reporting receiving tests for sexually transmitted diseases (up from 37% in RHS II) and HIV/AIDS (up from 31.5% in RHS II).
Gambling

The gambling habits for the preceding 12 months are presented below. From the RHS II data, the reported rates of gambling have declined. For instance, in the 2008/10 RHS II, 74.8% reported gambling in the preceding 12 months and 10.2% reported that their gambling caused financial problems.

Adult Summary

The adult data reveals more information than the other two categories as the adults were asked more questions. Adult chronic health conditions are increasing over previous RHS cycles. More and more adults are speaking a few words or have a basic understanding of a First Nation language and over 50% could both read and write. Unfortunately, there is a sharp increase in those who have difficulties accessing traditional medicine. Keeping in mind that the survey is self reported, and although almost three quarters of adults said they could count on someone for support, 38.3% of males and 42.2% of females who reported being physically or verbally assaulted, did not seek any help. Furthermore, almost 13% of adults have contemplated suicide in the past year. Mold in homes, minor and major repairs needed, and consuming bottled water as a main source of drinking water indicate that hardships still exist. On the plus side, more adults are graduating high school than in previous years. Over half of the adults are working while other are still looking for work. Over half of adults have moved for work. However, many struggle to meet basic living requirements such as utilities, food and transportation. A tenth of adults reported sometimes their children were not eating enough because they could not afford to buy food. Conversely, a disturbing trend is that overweight and obesity have been increasing since RHS I. Although, adults reported that they most/always eat a nutritious, balanced diet but still continue to consume soft drinks \ sweets and fast food once or more times per day. More than forty percent smoke cigarettes daily.
CHAPTER II
Youth Findings
The youth portion of the survey included questions on self reported health, health conditions, physical limitations and injury. Youth who completed the survey were 12 to 17 years of age and completed the survey themselves.

Health Status and Health Factors

Overall, 68.2% of youth reported that their health was excellent/very good, while 25.1% reported their health was good, and 6.7% reported their health was fair/poor. A total of 16.4% of youth reported that their health is much better now, compared to the previous year.

When asked what makes them healthy, the top 3 responses were: good sleep (70.9%), regular exercise (70.0%) and a good diet (64.1%).
Health Conditions

The top chronic health conditions among First Nations youth were found to be allergies and asthma. RHS II revealed that the top 3 were also Allergies at 18%, Asthma at 16% and Learning Disabilities at 11%. When looking at treatment sought for the top health conditions among youth, 38.8% of those with allergies reported seeking treatment for their condition. This number was reported to be 53% in RHS II and only 21% in RHS I. Among those who reported having asthma, 73.8% also reported seeking treatment for their condition, and that number has increased from 61% in both RHS I and RHS II.

The most common health conditions among youth that were diagnosed by age 10 years are depicted below.
Physical Limitations

First Nations youth have much lower rates of physical conditions that limits their activities; however, youth reported a slightly higher rate of mental conditions than adult responses (pg.17).

Injury

26.6% of youth reported having an injury, with in the last 12 months. 44.1% sustained injuries while playing sports or during physical exercise. Common type injuries reported, were major sprain or strains (29.8%), scrape(s), bruise(s) or blister(s) (19.5%), and broken or fractured bones (15.8%). A total of 60.9% of injured youth sought treatment at a hospital. The top three months of injury occurrence were found to be March, May and October.
The following section of this report focuses on responses pertaining to the Relationship section from Ontario First Nations youth. Several main groups of questions were asked to the youth, including language, community perceptions, mental health, suicide, and bullying.

**Language**

While the majority of Ontario First Nations youth reported being able to speak at least a few words of a First Nations language (84.1%), only 8.8% are fluent/intermediate speakers. Most youth (90.0%) reported that they understand basic/few words of a First Nations language.
Results on reading and writing are also highlighted. Overall, 20.5% of youth could not read in a First Nations language, while 27% could not write in a First Nations language.

**Community Environment**

When youth were asked about their lives in their community, 91% reported they felt safe, 84.3% agreed that traditional/cultural events are important, 13.4% take music lessons 1-3 times per week outside school, and 59.8% play team sports outside of a school setting.

The top four (4) categories are highlighted regarding who helps youth understand culture. Family members, such as grandparents (68.6%) and school teachers (63.2%) are the main influences for youth in understanding their traditional culture, followed by parents (56.5%) and Elders (35.1%). Almost three-quarters of youth (72.9%) take part in cultural activities of some sort.
Youth also categorized community strengths and challenges. The top five (5) for each category is highlighted in the following infographic. The top community strength reported by youth was community health programs, while the top challenge was seen to be alcohol and drug use.

### Community

#### Strengths

<table>
<thead>
<tr>
<th>Community Heath Programs</th>
<th>57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Gatherings</td>
<td>52%</td>
</tr>
<tr>
<td>Awareness of Culture</td>
<td>51%</td>
</tr>
<tr>
<td>Elders</td>
<td>49%</td>
</tr>
<tr>
<td>Family Values</td>
<td>46%</td>
</tr>
</tbody>
</table>

#### Challenges

<table>
<thead>
<tr>
<th>Alcohol &amp; Drug Use</th>
<th>87%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>58%</td>
</tr>
<tr>
<td>Funding</td>
<td>45%</td>
</tr>
<tr>
<td>Housing</td>
<td>41%</td>
</tr>
<tr>
<td>Crime</td>
<td>36%</td>
</tr>
</tbody>
</table>
Mental Wellness

Youth were also asked to self rate their overall mental health. In the RHS II, 82.6% of youth felt that they could solve problems they were having, similar to the RHS III, 85%. The results are featured in the following info graphic:

Bullying and Cyberbullying

There has been a sharp increase in reported bullying among First Nations youth. In RHS II, 9.5% of youth reported being bullied, while 40.1% of youth reported being bullied in past 12 months in RHS III.
Youth mental wellness and self esteem measures are presented next. Questions focused on youth personal experiences in the previous month. Although almost 80% of youth felt loved quite a bit/a lot, almost 20% felt quite/very stressed, 51% felt tired for no good reason, and over 29% felt depressed.
In the RHS I, 13.2% of youth reported that they attempted suicide. In RHS II, this figure was reported to be 6.7%, while in the current RHS III data this figure sits at 7.6%. So, while youth reporting “to have ever attempted suicide” has decreased since the first RHS I survey was conducted in 2002/03, there is still a large proportion of youth who have attempted suicide. Youth suicide remains an important mental health concern.

Another change from the RHS II showed 11.1% of youth reported that “a friend or family member had taken their own life, in the past 12 months”, compared to youth in the RHS III; 7.4% responded yes.
About a quarter (23%) of youth indicated that they felt it necessary to see or talk on the phone with someone about their emotional or mental health, usually with either parents (32.6%) or friends (32.7%). Unfortunately, 44.7% of youth spoke to no one when they felt they needed help with their emotional needs or mental health.

As for availability of support, more than three-quarters of youth (77.1%) reported that they had someone they could count on when they needed help.
Residential School

Youth were asked if any of their family members had attended residential school: 50% of respondents indicated that another family member attended residential school.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>1.7%</td>
</tr>
<tr>
<td>Father</td>
<td>2.5%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>51.0%</td>
</tr>
<tr>
<td>Sibling</td>
<td>F</td>
</tr>
<tr>
<td>Other Family Member</td>
<td>50.0%</td>
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</tbody>
</table>

F Suppressed due to extreme sampling variability or low cell count.
REASON
Socio-economic Determinants of Health

The following section of this report presents the youth results from the Reason portion of the survey covering the topics of health services, health tests and screenings, dental health, education and household composition.

Health Care

Youth experiences with the health care system and health testing are varied. Almost 8 out of 10 First Nations youth had seen a doctor or community health nurse in the preceding 12 months. In the 2008/10 RHS II, this rate was lower (62.2%). With the increase in the percentage of youth interacting in the health care system, it is hoped that is a result of increased access to care, and not an increase in the presence of illness or chronic diseases.

The graphic highlights the various health tests and health services received by youth in the preceding 12 months. The top three services or tests that youth received were eye exams (50.6%), HPV vaccines (43.5%), and blood pressure tests (32.2%). Also interesting to note is that almost 8 out of 10 youth had never consulted with a traditional healer.
Dental Health

Youth reported dental health as shown in the graphic. In RHS II, 58.1% of youth reported receiving dental care in the preceding 6 months, while this rate has dropped to 48.7% in RHS III.

Youth identified their most pressing dental needs as fillings and orthodontics. Routine maintenance and cavity fillings were the most commonly reported dental needs in RHS II.

Youth Rating Dental Health

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent/Very Good</td>
<td>47.9%</td>
</tr>
<tr>
<td>Good/Fair</td>
<td>47.4%</td>
</tr>
<tr>
<td>Poor</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Current Dental Needs?

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>check up or teeth cleaning</td>
<td>51.5%</td>
</tr>
<tr>
<td>cavities filled</td>
<td>32.5%</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>20.9%</td>
</tr>
</tbody>
</table>

Last time you had dental care?

Less than 6 months ago 48.7%
Education

Established in 1995, Aboriginal Head Start is a national initiative “to help enhance child development and school readiness of First Nations, Inuit and Metis children living in urban centres and large northern communities.” A total of 46.6% of First Nations youth reported being part of a Head Start program. Further, while 9 out of 10 youth reported being in school, a third of these youth also reported having problems at school. The top three problems that youth reported facing at school were subject difficulty (68%), distractions (51%) and reading (51%) or writing (51%) issues.

In the 2002/03 RHS I, 39% of youth reported repeating a grade, while in the 2008/10 RHS II, this rate was 31%. In the RHS III, the rate of youth who reported repeating a grade dropped dramatically to 17%, marking great progress for First Nations youth in Ontario.

The youth section of the Action chapter will cover the survey areas of BMI, nutrition, physical activity, smoking, alcohol and drug use and sexual health.

**Body Mass Index**

The RHS III asked youth participants to disclose their weight and height to enable the calculation of BMI results, as outlined below. Over the three phases of the RHS, the rate of normal weight has decreased: RHS I (70.4%), RHS II (52.4%) and RHS III (48%). The percentage of overweight youth has been increasing over time: RHS I (21.8%), RHS II (31.7%) and RHS III (32%). The percentage of obese youth has increased since the initial RHS: RHS I (7.9%), RHS II (15.9%), and RHS III (14%).
Food and Nutrition

Similar to the patterns observed in the adult respondents, the youth respondents have made some improvements in healthy eating according to Canada’s Food Guide since the RHS II (prior to 2019 change). Youth reported eating fruits and vegetables (an increase of 3%), and drinking water (also a 3% increase) since RHS II.

### FOOD & NUTRITION
CANADA'S FOOD GUIDE

<table>
<thead>
<tr>
<th></th>
<th>Once or More Times Per Day</th>
<th>A Few Times Per Week</th>
<th>About Once Per Week</th>
<th>Never/Hardly Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milk &amp; Milk Products</strong></td>
<td>e.g. yogurt, cheese</td>
<td>63.1%</td>
<td>24.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>28.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>e.g. fresh, frozen or canned</td>
<td>56.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grain Products</strong></td>
<td>e.g. bread, rice &amp; other grains</td>
<td>67.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.6%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>27.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meat &amp; Alternatives</strong></td>
<td>e.g. beef, chicken, pork, fish, seafood</td>
<td>63.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.3%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>31.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td>excluding fruit juice</td>
<td>65.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drink Water</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>86.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td></td>
</tr>
</tbody>
</table>

*F* Suppressed due to extreme sampling variability or low cell count.
Youth also reported decreased intake of unhealthy foods ‘once or more times per day’ since the RHS II, which had rates of: fruit juice (78.4%), soft drinks (54.5%), and fast food (20.3%).
The following infographic showcases how often youth reported consuming traditional foods in the preceding 12 months to completing the survey. The percentage of youth who reported often consuming the listed traditional foods have each increased. The consumption of bannock (RHS II 27.0%), berries (RHS II 19.9%) and fresh water fish (RHS II 15.3%) all showed significant increases.

39.4% of youth reported sometimes someone has shared traditional food within their household in the past 12 months.
Physical Activities

The majority of youth reported playing team sports, with swimming and walking as additional areas of substantial physical activity. For the RHS II, the top five activities were, in order: walking, running, team sports, swimming and fishing.

The top five physical activities reported by youth for RHS III are:

- Team Sports: 51%
- Swimming: 47%
- Walking: 41%
- Bicycle Riding: 30%
- Fishing: 25%

A popular leisure activity is watching television. Just over half of youth reported watching 1 to 4 hours of television per day.
Smoking

When asked about smoking habits, 6.0% of youth reported that they smoked daily. This is a substantial decrease from the reported daily smoking rate of 16.4% in RHS II. Within the preceding 12 months to the survey, 77% of youth smokers made at least 1 attempt to quit smoking, with the main reasons for quitting being: to pursue a healthier lifestyle, out of respect for loved ones, and from greater education/awareness. 95.1% of youth who smoked attempted to by “cold turkey” or without the assistance of any smoking cessation aids.
Alcohol and Drugs

In total, 81.2% of youth reported abstaining from alcohol in the preceding 12 months. This rate of abstainers has increased from the 62.6% reported in RHS II.

Cannabis is now a legal drug in Canada; however, at the time of this survey it remained illegal. 79.5% of youth reported never using cannabis when the survey data was collected in 2015/16.

9.3% of youth have taken pain relievers with opioids, stimulants and sedatives. Of those, 62% were prescribed, 12% were taken longer than they should have and 17% were tampered with.
Sexual Health

In total, 18.9% of youth reported to have had sex. Condom use was the most common form of birth control reported by youth (83.7%), with much higher rates reported when compared to the adult population (45.3%). This rate of condom use is also higher than previously reported rate by youth in the RHS II report (56%). Only 31.6% of youth reported relying on birth control pills as their main method of contraception.

While the majority of youth (86.7%) identified as heterosexual, this is much lower than the percentage of adults who identified as heterosexual (97%).

**Birth Control**

- Condom use 83.7% was the most used form of birth control.
- 18.9% have had sex
- 4.7% used NO method
- 31.6% rely on Birth Control pills

**Tested for STI or HIV?**

- Tested for STIs: 7.2%
- Tested for HIV: 5.8%

**Heterosexual**

- 86.7% responded "YES"

**Have you ever been pregnant?**

- 8% responded "YES"
Youth Summary

Youth results showed that their chronic health conditions have not changed since the previous RHS cycle with allergies, asthma, and learning disorders as the top three. Treatment for allergies has gone significantly down. Most injuries for the youth respondents were from playing sports or during physical exercise. As adults responded, youth indicated that speaking a First Nations language is important to them. A majority agreed that traditional/cultural activities were important. The sharp increase from the previous RHS for bullying is worrisome. It is concerning that the youth who answered that they seriously considered attempting suicide, did not talk to anyone about it. A majority of youth respondents reported that they did not take alcohol or drugs and less than 10% of youth reported that they did smoke cigarettes.
CHAPTER III

Child Findings
The survey was completed by the child’s primary care giver. The age range for these children is from 0 to 11 years of age. The Vision section of this report covers information on the following survey sections: health conditions, gestational diabetes and injuries.

Health Conditions

Similar to the pattern observed in youth, the most commonly reported chronic health conditions among First Nations children were asthma, allergies and speech/language difficulties. However, the RHS II showed that asthma (15%), allergies (13%) and dermatitis/atopic eczema (10%) were at the forefront. Speech and Language difficulties have increased from 6% in the RHS II to 12.8%.
The following depicts the health conditions diagnosed among children before they turned five (5) years of age:

**DIAGNOSED BY FIVE (5) YEARS OF AGE**

- **97.8%** CHRONIC EAR INFECTIONS
- **27.5%** HAD AN EAR INFECTION AT LEAST ONCE WITHIN 12 MONTHS
- **93.0%** SPEECH/LANGUAGE ISSUES
- **75.9%** ADD/ADHD
- **92.0%** DERMATITIS ATOPIC ECZEMA
- **42.8%** CURRENTLY UNDERGOING TREATMENT
- **38.9%** CURRENTLY UNDERGOING TREATMENT
- **60.3%** CURRENTLY UNDERGOING TREATMENT

Was the mother diagnosed with gestational diabetes?

**8.8%** RESPONDED "YES"
**Injury**

Of the 8.9% of children who sustained an injury in last 12 months, 59.4% were scrapes, bruises or blisters. The top 3 months when injuries occurred were July, March and June. More than half of all injuries were sustained at home or at someone else’s home.
The Relationship portion will cover language, community involvement, activities and home life.

Language

As adults and youth reported, the use of the English language among Ontario First Nation children is quite high at 95.1%. The child results also indicate that 78.4% of them have knowledge of a First Nation language, 64.2% could understand a few words and 62.2% could speak a few words. Children results showed that they could read (36.9%) and write (43.4%) a few words.
Community Environment and Home Life

As indicated in the info graphic below, the top three groups who help First Nations children understand their culture are their grandparents, parents and school teachers. In the RHS II data, the top group was parents, followed by grandparents and aunts/uncles. A high percentage (79.3%) of children take part in some sort of cultural activity within their community.

Child understands culture from:

- Grandparents: 78.3%
- Parents: 73.1%
- Teachers: 66.1%

Child takes part in cultural activities: 79.3%

Traditional Events Important

- Strongly Agree: 51.8%
- Agree: 36.7%

Outside school hours take part in traditional events

- Never: 68.4%
- Weekly: 31.6%

The following info graphic shows various results in the topic areas of community involvement, activities and sleep patterns. Participation in activities outside of school hours has decreased since the RHS II, with those reporting never participating in musical activities increasing from 62.0% to 82.7%, and those reporting never participating in sports outside of school increasing from 42.0% to 57.6%.
Another question asked across multiple RHS phases is how children got along with the rest of the family. In the RHS II, it was reported that 93.6% of children got along quite or very well with their family, while 96.2% of children reported the same in the RHS III.

It is recommended that children need 9 to 11 hours of sleep per night. In the RHS III, 72.9% of children met or exceeded this recommendation.

<table>
<thead>
<tr>
<th>Take part in community</th>
<th>Music outside school</th>
<th>Read for fun</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Always:</strong> 25.1%</td>
<td><strong>Never:</strong> 82.7%</td>
<td><strong>Everyday:</strong> 29.3%</td>
</tr>
<tr>
<td><strong>Sometimes:</strong> 54.2%</td>
<td><strong>Weekly:</strong> 17.3%</td>
<td><strong>Once +/Week:</strong> 46.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sports outside school</th>
<th>Gets along with rest of family</th>
<th>Hours of sleep per night</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Never:</strong> 57.6%</td>
<td><strong>Very well:</strong> 42.5%</td>
<td><strong>8 hrs (or less):</strong> 27.1%</td>
</tr>
<tr>
<td>1-3x/Wk: 37.9%</td>
<td><strong>Quite well:</strong> 53.7%</td>
<td><strong>9-12 hrs:</strong> 66.4%</td>
</tr>
<tr>
<td>4+/Wk: 4.5%</td>
<td><strong>Not too well/not at all:</strong> 3.8%</td>
<td><strong>13-16 hrs:</strong> 6.5%</td>
</tr>
</tbody>
</table>

The following section of this report will present the child responses to the Reason portion of the RHS III questionnaire, covering the topics of health access and barriers, dental health, education, and household composition.

**Health Care Access and Barriers**

When the First Nations child’s parents or guardians were asked what barriers to receiving health care experienced for the child in the preceding 12 months, the top three responses were: *unavailability of doctors or nurses in the area*, *services not covered by NIHB*, and *length of waiting lists*.

**Most reported barriers for children receiving health care:**

- **12.9%** Doctor or nurse not available in my area
- **11.6%** Not covered by non-insured health benefits (NIHB)
- **10.8%** Waiting list too long

**Financial barriers reported:**

- Direct cost of care/services: 8.0%
- Transportation: 7.4%
- Childcare costs: 4.6%
Dental Health

Only 1.5% of parents/caregivers rated their child’s overall dental health as poor. Additionally, 53.2% reported their child received dental care in the preceding 6 months, and 10.3% reported their child received dental treatment more than 90km away.

The highest reported dental needs for children were teeth cleaning, fillings and fluoride.

<table>
<thead>
<tr>
<th>Excellent/Very Good</th>
<th>55.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good/Fair</td>
<td>42.8%</td>
</tr>
<tr>
<td>Poor</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**LAST TIME YOU HAD DENTAL CARE?**

- Less than 6 months ago: 53.2%
- Received more than 90 km away: 10.3%
- Teeth affected by baby bottle tooth decay: 13.9%

**CURRENT DENTAL NEEDS?**

- Teeth cleaning: 56.2%
- Cavities filled: 30.8%
- Floride: 17.2%
Education

It is important to remember that the child survey is for those 0-11 years of age and not all children would be enrolled in school at the time of the survey. While 80.8% of First Nations children were reported to be enrolled in school, 36.0% of these children attended a Head Start program. The percentage of children who reported being bullied was quite high (42.5%); however, 61.2% of these children reportedly received all the help that they needed to deal with the bullying. The percentage of children 6 years of age and older who repeated a grade was 10.8%, while this rate was reported to be 12% in the 2008/10 RHS II survey.

As for the use of daycare by children, 9.4% were reportedly in daycare, while 11.5% were taken care of by a relative. In the 2008/10 RHS II, 27.4% of children were reported to be in daycare.
Household Composition

As shown on the info graphic below, most First Nations children live at least with their mother (86.8%), father (61.1%), a sibling (52.9%), a grandparent (11.7%) or other relative (7.1%).
The Action chapter will cover the topic areas of physical activities, baby feeding practices and nutrition.

**Physical Activities**

The most commonly reported physical activity for children was bicycle riding, with the remaining top four physical activities listed below. For RHS II, the top five physical activities for children were walking, swimming, running, bicycle riding and fishing.

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle Riding</td>
<td>44%</td>
</tr>
<tr>
<td>Running</td>
<td>37%</td>
</tr>
<tr>
<td>Walking</td>
<td>36%</td>
</tr>
<tr>
<td>Team Sports</td>
<td>28%</td>
</tr>
<tr>
<td>Yard Work</td>
<td>22%</td>
</tr>
</tbody>
</table>

A popular leisure activity is watching television. It was reported that 69.3% of children watch 1 to 4 hours of television per day.
Baby Feeding Practices

The topic of baby feeding includes both breast and bottle feeding. In RHS II, 64.6% of babies were breastfed, which is nearly identical to the rate seen in RHS III (63.6%). The most common substance fed to babies via bottles was formula, with milk being prominent as well.

In the 2008/10 RHS II, the most common substances fed to babies via a bottle were water (55%), milk (52.6%), formula (52.5%), fruit juices (38.5%) and breast milk (34.6%). It should be noted that Kool-Aid and other powdered drinks given to babies has decreased slightly from the rate seen in RHS II (12.9%).
Food and Nutrition

The following showcases the percentages of how often children consume from various foods from the Canada Food Guide food groups, which have since changed.

**Milk & Milk Products**
- *e.g. yogurt, cheese*: 2.3% (NEVER/HARDLY EVER), 3.4% (A FEW TIMES PER WEEK), 14.2% (ABOUT ONCE PER WEEK), 80.1% (ONCE OR MORE TIMES PER DAY)

**Meat & Alternatives**
- *e.g. beef, chicken, pork, fish, seafood*: 2.7% (NEVER/HARDLY EVER), 1.4% (A FEW TIMES PER WEEK), 16.4% (ABOUT ONCE PER WEEK), 79.6% (ONCE OR MORE TIMES PER DAY)

**Vegetables**
- *e.g. fresh, frozen or canned*: 6.7% (NEVER/HARDLY EVER), 4.9% (A FEW TIMES PER WEEK), 16.8% (ABOUT ONCE PER WEEK), 71.5% (ONCE OR MORE TIMES PER DAY)

**Fruit**
- *excluding fruit juice*: 3.4% (NEVER/HARDLY EVER), 2.4% (A FEW TIMES PER WEEK), 13.3% (ABOUT ONCE PER WEEK), 80.8% (ONCE OR MORE TIMES PER DAY)

**Grain Products**
- *e.g. bread, rice & other grains*: 2.5% (NEVER/HARDLY EVER), 16.6% (A FEW TIMES PER WEEK), 79.0% (ABOUT ONCE PER WEEK)

**Drink Water**
- 83.4% (ONCE OR MORE TIMES PER DAY), 9.7% (A FEW TIMES PER WEEK), 2.7% (ABOUT ONCE PER WEEK), F (NEVER/HARDLY EVER)

*F* Suppressed due to extreme sampling variability or low cell count.
The following infographic showcases how often traditional foods were eaten by children in the preceding 12 months. Most categories have had slightly increased rates since RHS II.

### TRADITIONAL FOODS
#### Eaten in the past 12 months

**Land Based Animals**
- **Not at all**: 25.6%
- **A few times**: 50.4%
- **Often**: 21.5%

**Fresh Water Fish**
- **Not at all**: 35.7%
- **A few times**: 45.1%
- **Often**: 17.5%

**Game Birds**
- **Not at all**: 17.2%
- **A few times**: 32.8%
- **Often**: 48.3%

**Berries**
- **Not at all**: 28.9%
- **A few times**: 43.1%
- **Often**: 27.2%

**Small Game**
- **Not at all**: 69.2%
- **A few times**: 9.0%
- **Often**: 19.1%

**Wild Rice**
- **Not at all**: 54.6%
- **A few times**: 16.5%
- **Often**: 41.8%

**Bannock or Fry Bread**
- **Not at all**: 12.6%
- **A few times**: 33.8%
- **Often**: 53.0%

**Corn Soup**
- **Not at all**: 54.6%
- **A few times**: 13.4%
- **Often**: 30.0%
The rates of children’s reported intake of unhealthy foods ‘once or more times per day’ has decreased from those seen in RHS II, which showed rates of: fruit juice (76.7%), soft drinks (23.2%), fast food (12.2%).
Child Summary

Similar to the youth health conditions, the top health conditions for children were asthma, allergies, and speech/language difficulties. The majority of children had an ear infection by the time they were five years of age. Almost 9% of the children had mothers who had gestational diabetes. Almost 78% of children have knowledge of a First Nation language. As youth reported, almost 43% of children aged 5-11 experienced bullying. Additionally, almost 83% do not take music outside school and 57% never participate in sports outside school. Children also experienced barriers with health care such as unavailability of doctors and nurses, NIHB service denials, and long waiting lists. Some children had to receive dental care more than 90km away. Along with eating traditional food within the last 12 months, a majority of the child respondents showed that they ate sufficient amounts recommended by the Canada Food Guide.
Planning for Future Surveys

At the end of the RHS III survey process, Chiefs of Ontario held a Lessons Learned session with some of its surveyors to focus on their field experiences. Community readiness for future research projects, capacity building, building partnerships, finding alternative ways to sample, and not inundating the communities with more than one survey at a time, were all topics that came to the forefront of the session. Additional suggestions, such as, utilizing community based wisdom, enlisting community leadership, and ensuring community readiness coupled with clear lines of communication plus validating the time needed to fulfil survey quotas are vital for future survey planning.

Continuing incentives for participants was also suggested. Incentives have the potential to offer reciprocity to those who willingly share their information. A chance to win prizes such as a tablet, gift cards and a Smart TV was an incentive offered to participants for the RHS III. Some surveyors gave coffee gift cards in addition to putting their name in for the draws.

Closing Reflections

Ontario First Nations people still regard their language, culture and community as important facets of their lives. Although mold and safe drinking water concerns continue to be environmental health concerns, Ontario First Nations people continue to live in communities they love. Community strengths highlight health programs and strong family values juxtaposed with the challenges of improper alcohol and drug use. There are adults who provide homecare in excess of 25 hours per week, struggle with chronic health conditions, experience food insecurity and unemployment. More and more adults are high school graduates and showing promise of more post secondary graduate rates. Both youth and child results showed that grandparents and parents were top rated in understanding their culture. Grandparents and parents are a testament to how much they care for the future of their communities.

Hopefully, First Nation governments will find this data useful to inform and educate their community members on their health and take proactive measures in addressing any areas outlined. Additionally, along with First Nation communities, federal and provincial governments will be part of the answer to ensure better access to health care, address chronic health conditions, improve housing structures and water quality, promote physical activities, and harness the power of data.
Glossary

BMI    Body Mass Index
FNIGC  First Nations Information Governance Centre
NIHB   Non-Insured Health Benefits
OCAP   Ownership, Control, Access, Possession
RHS    Regional Health Survey

APPENDIX

The following RHS national survey instruments addresses a range of health status, wellness and health determinant measures. They provide comparability with content to other Canadian surveys while addressing First Nation priorities within a cultural and holistic framework.

ADULT SURVEY TOPIC AREAS (18+ Years)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Traditional Medicine</th>
<th>Suicidal Ideation &amp; Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>Preventative Health Care</td>
<td>Residential Schools</td>
</tr>
<tr>
<td>Languages</td>
<td>Dental Care</td>
<td>Community Wellness</td>
</tr>
<tr>
<td>General Health</td>
<td>Food Security &amp; Nutrition</td>
<td>Traditional Culture &amp; Spirituality</td>
</tr>
<tr>
<td>Pregnancy &amp; Fertility</td>
<td>Physical Activity</td>
<td>Education</td>
</tr>
<tr>
<td>Chronic Health Conditions</td>
<td>Sedentary Behaviours</td>
<td>Employment</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Smoking, Alcohol, Drugs</td>
<td>Income &amp; Sources</td>
</tr>
<tr>
<td>Disability</td>
<td>Sexual Health</td>
<td>Housing Conditions</td>
</tr>
<tr>
<td>Injury</td>
<td>Gambling</td>
<td>Depression &amp; Personal Wellness</td>
</tr>
<tr>
<td>Home Care &amp; Care Giving</td>
<td>Migration</td>
<td>Health Care Access &amp; Utilization</td>
</tr>
<tr>
<td>Personal Safety</td>
<td>Water Quality</td>
<td></td>
</tr>
</tbody>
</table>
### YOUTH SURVEY TOPIC AREAS

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Traditional Medicine</th>
<th>After-School Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Languages</td>
<td>Preventative Health Care</td>
<td>Depression &amp; Personal Wellness</td>
</tr>
<tr>
<td>Traditional Culture</td>
<td>Dental Care</td>
<td>Bullying</td>
</tr>
<tr>
<td>General Health</td>
<td>Food Security &amp; Nutrition</td>
<td>Suicidal Ideation &amp; Attempts</td>
</tr>
<tr>
<td>Pregnancy &amp; Fertility</td>
<td>Education</td>
<td>Physical Activity &amp; Sedentary Behaviours</td>
</tr>
<tr>
<td>Chronic Health Conditions</td>
<td>Smoking, Alcohol, Drugs</td>
<td>Household Characteristics</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Sexual Health</td>
<td>Residential Schools</td>
</tr>
<tr>
<td>Injury</td>
<td>Community Wellness</td>
<td>Health Care Utilization</td>
</tr>
</tbody>
</table>

### CHILD SURVEY TOPIC AREAS

<table>
<thead>
<tr>
<th>Demographics</th>
<th>After-School Activities</th>
<th>Immunization &amp; Medication Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Languages &amp; Culture</td>
<td>Dental Health/BBTD</td>
<td>Emotional &amp; Social Wellbeing</td>
</tr>
<tr>
<td>General Health</td>
<td>Breastfeeding</td>
<td>Physical Activity &amp; Sedentary Behaviours</td>
</tr>
<tr>
<td>Maternal Behaviours (New)</td>
<td>Food &amp; Nutrition</td>
<td>Household Characteristics</td>
</tr>
<tr>
<td>Chronic Health Conditions</td>
<td>Residential Schools</td>
<td>Parental Characteristics</td>
</tr>
<tr>
<td>Injury</td>
<td>Bullying (New)</td>
<td>Education/Childhood Development</td>
</tr>
<tr>
<td>Health Care Utilization</td>
<td>Sexual Health</td>
<td>Child Care Arrangements</td>
</tr>
<tr>
<td>Residential Schools</td>
<td></td>
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</tbody>
</table>

To further review the RHS Phase III questions, they can be reached at this link:  
[www.fnigc.ca](http://www.fnigc.ca)