Report prepared by: Rhonda King Blood RN, BN, MA
RJKB Consulting
Box 6,
Spring Coulee, Alberta T0K 2C0

Project Coordination: Monica Chief Moon, B.Sc.
Alberta Regional Coordinator
First Nations and Inuit Regional Longitudinal
Health Survey

For further information or to obtain additional copies, please contact:
First Nations Adult and Higher Education Consortium (FNAHEC)
132 16 Avenue NE
Calgary, AB T2E 1J7
Tel: 403.230.0080
Fax: 403.212.1401
Email: monica@fnahec.org

This report and survey questionnaires are available electronically at: www.rhs-ers.ca and will be available at www.fnahec.org.

September 2007
Special thanks to Health Canada for its continued support for the RHS process.

© Alberta First Nations Participant Communities according to OCAP principles.
Table of Contents

Table of Contents ........................................................................................................... ii
Acknowledgements .......................................................................................................... vii
Executive Summary ......................................................................................................... ix
CHAPTER 1: A FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS ........ 2
  RHS Cultural Framework .............................................................................................. 6
  Population Health Framework ...................................................................................... 14
  Process and Methods Summary ................................................................................... 18
    Introduction .................................................................................................................. 18
    Background Information ............................................................................................ 19
    Coordination and Governance .................................................................................. 21
CHAPTER 2: ALBERTA FIRST NATIONS ADULT RESULTS ........................................ 26
  Vision ............................................................................................................................. 26
  Introduction ................................................................................................................... 26
  Health Conditions ......................................................................................................... 27
    Physical Injuries ......................................................................................................... 30
    Dental Care .................................................................................................................. 32
  Activity Limitations ....................................................................................................... 32
  Relationships .................................................................................................................. 33
    Perceived Health Status ............................................................................................. 33
    Residential School ....................................................................................................... 39
    Languages ................................................................................................................... 41
    Culture .......................................................................................................................... 42
    Community Wellness .................................................................................................... 42
  Reason ............................................................................................................................ 45
    Demographics ............................................................................................................. 45
    Education .................................................................................................................... 47
    Income and Status ....................................................................................................... 47
    Housing ......................................................................................................................... 50
    Health Care Access ..................................................................................................... 53
    Preventive Health Care ............................................................................................... 55
  Action ............................................................................................................................. 56
    Food and Nutrition ...................................................................................................... 56
    Physical Activity ......................................................................................................... 59
    Non Traditional Tobacco Use .................................................................................... 60
    Alcohol Consumption ................................................................................................. 62
    Non-prescription drug use .......................................................................................... 62
    Sexual Health Practices ............................................................................................... 64
  Summary ......................................................................................................................... 65
CHAPTER 3: ALBERTA FIRST NATIONS YOUTH RESULTS............................. 68

Introduction......................................................................................................................... 68

Vision................................................................................................................................. 68
  Health Conditions .............................................................................................................. 69
  Physical Injury ..................................................................................................................... 69
  Dental Care ........................................................................................................................ 69

Relationships...................................................................................................................... 70
  Personal Wellness and Support ........................................................................................... 70
  Personal Support ............................................................................................................... 74
  Residential School ............................................................................................................. 78
  Language ............................................................................................................................ 78
  Culture ............................................................................................................................... 80

Reason................................................................................................................................. 80
  Demographics ..................................................................................................................... 80
  Household and Living Environment Information ............................................................... 80
  General Health ................................................................................................................... 82
  Education ........................................................................................................................... 82
  Health Care Utilization ...................................................................................................... 84

Action................................................................................................................................. 84
  Lifestyle ............................................................................................................................... 85
  Drug Use ............................................................................................................................. 85
  Food and Nutrition ............................................................................................................ 88

Summary............................................................................................................................. 92

CHAPTER 4: ALBERTA FIRST NATIONS CHILDREN RESULTS.................... 94

Introduction......................................................................................................................... 94

Vision................................................................................................................................. 95
  Health Conditions .............................................................................................................. 95
  Physical Injuries ............................................................................................................... 96
  Dental Care ........................................................................................................................ 96

Relationships...................................................................................................................... 97
  Culture ............................................................................................................................... 99
  Residential Schools .......................................................................................................... 100
  Child Care Arrangement ................................................................................................. 100
  Emotional and Social Well-Being ..................................................................................... 100

Reason................................................................................................................................. 102
  Demographics ................................................................................................................... 102
  Income ............................................................................................................................. 105
  Education .......................................................................................................................... 105
  Health Care Access ......................................................................................................... 106

Action................................................................................................................................. 106
  Physical Activity .............................................................................................................. 107
## CHAPTER 5: INTERPRETATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations</td>
<td>114</td>
</tr>
<tr>
<td>Vision</td>
<td>115</td>
</tr>
<tr>
<td>Health Conditions</td>
<td>115</td>
</tr>
<tr>
<td>Physical Injuries</td>
<td>118</td>
</tr>
<tr>
<td>Dental Care</td>
<td>118</td>
</tr>
<tr>
<td>Relationships</td>
<td>119</td>
</tr>
<tr>
<td>Perceived Health Status</td>
<td>119</td>
</tr>
<tr>
<td>Personal Wellness</td>
<td>120</td>
</tr>
<tr>
<td>Available Support</td>
<td>122</td>
</tr>
<tr>
<td>Residential Schools</td>
<td>123</td>
</tr>
<tr>
<td>Culture</td>
<td>126</td>
</tr>
<tr>
<td>Community Wellness</td>
<td>126</td>
</tr>
<tr>
<td>Languages</td>
<td>128</td>
</tr>
<tr>
<td>Summary</td>
<td>129</td>
</tr>
<tr>
<td>Reason</td>
<td>131</td>
</tr>
<tr>
<td>Personal Background Information</td>
<td>131</td>
</tr>
<tr>
<td>Other Persons in the Household</td>
<td>132</td>
</tr>
<tr>
<td>Employment</td>
<td>132</td>
</tr>
<tr>
<td>Income</td>
<td>133</td>
</tr>
<tr>
<td>Education</td>
<td>134</td>
</tr>
<tr>
<td>Housing</td>
<td>135</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>137</td>
</tr>
<tr>
<td>Preventive Health Care</td>
<td>139</td>
</tr>
<tr>
<td>Summary</td>
<td>139</td>
</tr>
<tr>
<td>Action</td>
<td>141</td>
</tr>
<tr>
<td>Food and Nutrition</td>
<td>141</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>143</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>144</td>
</tr>
<tr>
<td>Figure A-2. Body Mass Index (n=591):</td>
<td>144</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>145</td>
</tr>
<tr>
<td>Non-Traditional Use of Tobacco</td>
<td>146</td>
</tr>
<tr>
<td>Alcohol and Drugs</td>
<td>148</td>
</tr>
<tr>
<td>Summary</td>
<td>149</td>
</tr>
<tr>
<td>YOUTH</td>
<td>151</td>
</tr>
<tr>
<td>Introduction</td>
<td>151</td>
</tr>
<tr>
<td>Health Conditions</td>
<td>151</td>
</tr>
<tr>
<td>Physical Injuries</td>
<td>151</td>
</tr>
<tr>
<td>Dental Care</td>
<td>151</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Relationships</td>
<td>152</td>
</tr>
<tr>
<td>Perceived Health Status</td>
<td>152</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>152</td>
</tr>
<tr>
<td>Personal Wellness</td>
<td>153</td>
</tr>
<tr>
<td>Available Support</td>
<td>154</td>
</tr>
<tr>
<td>Culture</td>
<td>157</td>
</tr>
<tr>
<td>Language</td>
<td>157</td>
</tr>
<tr>
<td>Residential Schools</td>
<td>159</td>
</tr>
<tr>
<td>Reason</td>
<td>160</td>
</tr>
<tr>
<td>Demographics</td>
<td>160</td>
</tr>
<tr>
<td>Household</td>
<td>160</td>
</tr>
<tr>
<td>Education</td>
<td>161</td>
</tr>
<tr>
<td>Employment</td>
<td>163</td>
</tr>
<tr>
<td>Housing</td>
<td>163</td>
</tr>
<tr>
<td>Health Care Utilization</td>
<td>164</td>
</tr>
<tr>
<td>Action</td>
<td>164</td>
</tr>
<tr>
<td>Nutrition</td>
<td>164</td>
</tr>
<tr>
<td>Physical activity</td>
<td>166</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>168</td>
</tr>
<tr>
<td>Summary</td>
<td>170</td>
</tr>
<tr>
<td>CHILD</td>
<td>172</td>
</tr>
<tr>
<td>Vision</td>
<td>172</td>
</tr>
<tr>
<td>Health conditions</td>
<td>172</td>
</tr>
<tr>
<td>Physical injuries</td>
<td>172</td>
</tr>
<tr>
<td>Dental care</td>
<td>173</td>
</tr>
<tr>
<td>Summary</td>
<td>173</td>
</tr>
<tr>
<td>Relationships</td>
<td>174</td>
</tr>
<tr>
<td>General Health</td>
<td>174</td>
</tr>
<tr>
<td>Emotional and Social Well-Being</td>
<td>174</td>
</tr>
<tr>
<td>Childcare</td>
<td>175</td>
</tr>
<tr>
<td>Culture</td>
<td>175</td>
</tr>
<tr>
<td>Language</td>
<td>175</td>
</tr>
<tr>
<td>Residential Schools</td>
<td>177</td>
</tr>
<tr>
<td>Reason</td>
<td>177</td>
</tr>
<tr>
<td>Demographics</td>
<td>177</td>
</tr>
<tr>
<td>Household Members</td>
<td>178</td>
</tr>
<tr>
<td>Income</td>
<td>180</td>
</tr>
<tr>
<td>Education</td>
<td>180</td>
</tr>
<tr>
<td>Housing</td>
<td>182</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>182</td>
</tr>
<tr>
<td>Summary</td>
<td>183</td>
</tr>
<tr>
<td>Action</td>
<td>183</td>
</tr>
<tr>
<td>Food and Nutrition</td>
<td>183</td>
</tr>
</tbody>
</table>
Acknowledgements

To the individuals past and present that have assisted in the realization of research in First Nations through the OCAP principles, we wish to thank the following for their participation:

**Participant First Nations**

Alexander First Nation  Blood Tribe  Driftpile First Nation
Kapawe’no First Nation  Nakoda Bearspaw Nation  Piikani First Nation
Siksika Nation  Sucker Creek First Nation  Swan River First Nation

**First Nations Chief and Council**

Chief Victoria Arcand  Chief Fred Badger  Chief Leon Chalifoux
Chief Darcy Dixon  Chief Frank Halcrow  Chief Rose Laboucan
Chief Chris Shade  Chief Adrian Stimson  Chief Peter Strikes With A Gun

**Alberta First Nations Community Health Directors**

Jordan Head, Treaty 7 Health Director; Treaty 7 Tribal Council
Marlene Arcand, Health Director, Alexander First Nation
Charlie Weasel Head, Health Director, Blood Tribe Department of Health
Florence Willier, Health Director, Driftpile First Nation
Julia Quin Lui, Health Director, Kapawe’no First Nation
Ellis Quirshie, Health Director, Nakoda Bearspaw Nation
Faye North Peigan, Health Director; Piikani Nation
Tyler White, Health Director, Siksika Nation
Janice Willier, Health Director, Sucker Creek First Nation
Lorraine Rubbish, Health Director, Swan River First Nation
Francis Little Light, Health Director, Tsuu T’ina Nation;

**Surveyors**

Juliann Arcand  John Bare Shin Bone  Douglas Black J.R.
Quinn Black Rider  Colleen Crawler  Tracey Crawler
Albertine Crow Shoe  Shannon Day Chief  Charles Davidson
April Davis  Becky Eagle Speaker  Wanda Good
Bernadette Good Eagle  Lyle Halcrow  Andrea Jerry
Stan Knowlton  Todd Kootenay  Zita Laboucan
Charmaine Larsen  Arlene Many Guns  Gabriella Many Shots
Rebecca Mistaken Chief  Lorraine Muskwa  Jacinta Plain Eagle
Merna Powderface  Shirley Prairie Chicken  Samantha Rain
Casey Scott  Lyle Scout  Lynol Smith
Cheryl Soucy  Tammy White Quills-Knife  Fred F. Willier
Rick Yellow Fly  Georgia Yellow Old Woman
Data Managers

Lillian Crop Eared Wolf, Blood Tribe Department of Health
Joseph Yellow Horn, Piikani Health Department
Colleen Crawler, Nakoda Bearspaw Nation
Gabriella Many Shots, Siksika Nation
Jody Arcand, Yellowhead Tribal Council
Jim Badger, Lesser Slave Lake Regional Council

First Nations Adult and Higher Education Consortium Board

Vivian Ayoungman, Executive Director, FNAHEC
Leona Makokis, President, Blue Quills First Nations College
Glen Eagletail, Director, Bullhead Adult Learning Centre
Rose Makinaw, past President, Maskwachees Cultural College
Angela Young, Post Secondary Director, Nakoda Chiniki Nation
Greg Twoyoungmen, Post Secondary Director, Nakoda Wesley Nation
Ruth Morin, past CEO, Nechi Training, Research and Health Promotions Institute
Amelia Clark, President, Old Sun Community College
John Holloway, Postsecondary Coordinator, Piikani Post Secondary and Adult Career Centre
Kirby Smith, past Postsecondary Coordinator, Piikani Post Secondary and Adult Career Centre
Marie Smallface-Marule, President, Red Crow Community College
Seaneen O’Rourke, Program Director, Yellowhead Tribal College
Doreen Beauchamp, Director, Yellowquill College
Noella Little Mustache, past Executive Director, FNAHEC

Administrative Support/Regional Coordinator

Monica Chief Moon, Alberta Regional Coordinator
Rhonda King-Blood, Data Analyst/Writer
Andrea Jerry, Executive Assistant
Sherry Water Chief, past Alberta Regional Coordinator
Rachel Snow, past Acting Alberta Regional Coordinator/Executive Assistant
Polly Wells, past Executive Assistant
Tanya Spring Chief, past Executive Assistant

National First Nations Regional Longitudinal Health Survey staff past and present

Jane Gray, National Coordinator, FNIRLHS  Brian Schnarch, Data Warrior, FNIRLHS
Phat Ha, Data Warrior, FNIRLHS  Gail MacDonald, past National Coordinator
First Nations Information Governance Committee
Executive Summary

The First Nations Adult and Higher Education Consortium (FNAHEC) contracted RJKB Consulting to complete the data analysis and interpretation phase of the First Nations Regional Longitudinal Health Survey (RHS) for Alberta.

The analysis began in May 2005. Prior to this phase, a literature search was done and continued throughout the time the work was in progress. The thirty cell rule was followed for most of the data analysis.

First Nations’ input was considered in the writing of the Alberta 2002-03 First Nations Regional Longitudinal Health Survey Report. The participating First Nations requested that the Alberta First Nations Regional Longitudinal Health Survey Report not include comparison between communities, or north and south comparison or community specific identifiers. Therefore, no comparisons were made between communities. The First Nations participant communities were close to main roads and urban centres where services are available. Isolated Alberta First Nations communities were not represented in the data and discussion excludes this population.

Since, this is the first Alberta First Nations Regional Longitudinal Health Survey (RHS) Report to be submitted, comparison to previous data was not possible, however, comparison was made with the National Regional Longitudinal Health Survey (RHS) where possible.

The data analysis and is completed for the three survey populations. The sections are organized according to the Cultural Framework with Population Health Determinants interspersed through
out. The report is organized by Chapter 1: Methodology; Chapter 2: Alberta Regional Health Survey Adult Results; Chapter 3: Alberta Regional Health Survey Youth Results; Chapter 4: Alberta Regional Health Survey Child Results; Chapter 5: Alberta Regional Health Survey Interpretation and Recommendations; lastly, the References.

Key findings

Income remains at a deficit for the Alberta First Nations population. Approximately half of the population is under the Low Income Cut-offs (LICO) for Alberta. Housing appears to be close to the Canadian National average, but housing safety standards and need for repairs places the residents at risk. The First Nations participant communities were close to main roads and urban centres where services were readily available. Isolated and remote Alberta First Nations communities were not represented in the survey data.

The youth, while a good number were experiencing difficulties in school, a greater number aspired to completing university. First Nations languages were not understood nor spoken by the majority of First Nations individuals. Self-rated health was from good to excellent by the majority of all age/gender cohorts. The majority of participants did not eat traditional foods. Health conditions that were common were respiratory, vision and muscles/bone and endocrine disorders. The traditional healer was still sought out by the participants.

The street drug of choice by the youth participants was marijuana while the rest of the street drugs included in the survey questionnaire had lesser use.
First Nations still smoke cigarettes at a high number starting in mid teens for both male and females. Two thirds of the youth drank alcohol from occasionally to more than once a month. 75% of the youth felt in balance with their lives, while 25% had suicide ideation and 11% of those with suicide ideation had attempted suicide.

The children indicated that they ate a nutritious diet sometimes, leading to the question of food security. Do they have enough food or are the only choices are the cheap, non-nutritious choices? The most injury children experienced were cuts, scrapes and bruises, sprains and strains, fractures and burns.
CHAPTER 1

ALBERTA FIRST NATIONS

PERSPECTIVE ON HEALTH

AND WELLNESS
CHAPTER 1: A FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS

The First Nations Regional Longitudinal Health Survey (RHS) Cultural Framework is cited from the National First Nations Longitudinal Health Survey (RHS) Peoples Report in its entirety to maintain its integrity.

The First Nations Information Governance Committee determined that it was important to begin the development of a First Nations Regional Longitudinal Health Survey (RHS) 2002/03. We will refer to it as the RHS Cultural Framework. The goal of the RHS Cultural Framework is to assist in achieving a culturally informed interpretation process that can be presented back to communities in ways that are usable and reinforce their ways of seeing, relating, knowing, and being. A cultural framework will assist in providing a more accurate interpretation of the information shared by First Nations children, youth, and adults. Simply stated, the RHS Cultural Framework encompasses the total health of the total person within the total environment.

From the beginning, First Nations people have been taught that we start with a focus on the people – by giving thanks for their caring, honesty, sharing, and strength. Therefore, in keeping with RHS cultural framework, we wish to extend appreciation to all the First Nations people that participated and shared in this process, before we begin to discuss the organization of the report.
Where the model comes from

This section of the report is designed to help the reader to understand that there is an underlying science behind the cultural framework, and the resulting organization of this report. This science has been handed down through generation of First Nations in Canada, for most First Nations people there is a common belief in a connection to the natural world. For the purposes of this report and the RHS Cultural Framework, we represent the natural world in a circle.

When we begin this report at the centre of the cultural model (see figure 1) with a focus on First Nations people, it is reflective of the reasons, rules and rationale that are incorporated in the underlying science of the culture model. In accordance with these rules, we will then move from
the Centre to the East, South, West, North, and East again. The meaning and content of each quadrant will be elaborated in subsequent sections of this chapter.

VISION (Ways of seeing): Within a First Nations cultural paradigm, vision is considered the most fundamental of principles. Visioning First Nations’ well-being involves examining the complete picture of health including, physical, mental, emotional, and spiritual health issues. From an Indigenous Knowledge perspective, visioning will examine what is the ideal state of First Nations health and wellness (what was the standard in the past what is the desirable/achievable in the future). In order to envision First Nations’ health and wellness, it is imperative to establish a baseline of the extent and causes of the current situation. It is from that baseline that First Nations communities and the stakeholders can move towards the ideal vision.

RELATIONSHIPS (Time/Ways of Relating): Refers to the experiences that one encounters as a result of relationships built over time and examines how we relate to people. It provides an opportunity to gain an understanding of the attitudes and awareness that exist at this particular point of time, regarding the individual, community and national wellness issues.

REASON (Analysis/Reason): Also referred to as learned knowledge. It is where we become reflective, meditative and self-evaluative. It is in this direction, that the broader determinants of health are examined.

ACTION (Behaviours): Also referred to as movement and represents strength. This direction explores what has been done about previously identified barriers and how to nurture us as First
Nations. This component is important in that it activates positive change to improve the program so that it better achieves the vision (expectations) of First Nations resulting in the health development of their children, families, and communities.

It is important to note that the circular models presented in the RHS cultural framework are not medicine wheels. Medicine wheels are related to sacred teachings and understandings that are not discussed in the cultural framework, primarily because the diversity of Indigenous Knowledge across First Nations. The models presented in this report are designed for use as interpretation tools and are sometimes referred to as “working wheels” or “four directional wheels”. We are presenting working tools that can be used to understand the RHS cultural framework. It is within the context that the circular models can be representative of the diverse belief systems across First Nations.

The First Nations Information Governance Committee vision for this report, simply put, is to reflect the vision of the First Nations communities. The vision of the First Nations people is to have cultural respect and understanding entrenched throughout the RHS process. This vision includes First Nations collecting the information, as well as interpreting and organizing the information from a First Nations cultural perspective.

The First Nations Information Governance Committee wants to make the information more relevant to the lives of First Nations people. We want to make this more than just another survey/research report on First Nations people. The First Nations Information Governance Committee is moving on to the next step and interpreting the information received from a First Nations perspective.
RHS Cultural Framework

This section of the report will introduce and explain the RHS Interpretative Framework. Jim Dumont, Traditional Teacher, prepared a research document to assist in developing a culturally interpretative framework for the First Nations Information Governance Committee. Dr. Mark S. Dockstator further elaborated on the model.

The interpretative framework begins with the understanding that First Nations people use the concept of *Wellness* while in a Eurocentric viewpoint is more commonly referred to as *Health*. While it is important to note that there are different philosophical understanding between the concepts of *Health* and *Wellness*, the philosophies are not necessarily mutually exclusive. The concepts are not absolutes or adversarial in nature…they are simply different.

*Wellness* is a very complex and multi-layered philosophy, which we have tried to simplify through the following diagrams. However, it is important to articulate the complexity of this understanding in order to understand the significance of what questions to ask and how to interpret the information received by the First Nations people. Figure 2 attempts to illustrate, at the simplest level, a First Nation concept of wellness.
Level 1 represents all of Creation – Which is infinite:

Level 2 represents the known universe (a human perspective) – which is only a small part of creation;

Level 3 represents one small part of the universe – Earth. Referred to as “Mother Earth” by First Nations, it is comprised of animals, sun, water, and air;

Level 4 represents “Humankind” which is one small part of the animals found on Mother; Earth. The four colours depicted in this level are not racial characterizations; rather they reflect different human philosophies or ways of thinking;

Level 5 illustrated one small part of humankind – “First Nations people”- and how we organize ourselves, as individual, family, community, and nation;

Level 6 represents Indigenous intelligence and;
**Level 7** represents a First Nations person, and how an individual is composed of body, mind, spirit, and heart.

We pull out the cultural framework (like an accordion) in Figure 2 to demonstrate from this perspective of First Nations health, human beings are connected to the natural world, and thus to Creation through many different levels, or layers, of understanding. Each level represents only a small portion of the preceding one. All levels are interconnected.

This approach to health and wellness is based on BALANCE…of seeking balance, of achieving balance and of maintaining balance. To visualize this model health, imagine each level as a wheel, with each of these wheels rotating on a common axis. If one wheel is out of balance, it will affect the balance of the other wheels and also the overall balance of the system. Thus, when we speak of First Nations health, we are referring to the BALANCE of this system.

The RHS Cultural Framework encompasses the total health of the total person within the total environment. This is a holistic and rather complex understanding of First Nation Wellness.
Figure 3 attempts to illustrate the dynamic and multi-layer relationships associated with First Nations’ Wellness.

**Level 1** shows that most First Nations people have a common belief in their connection with Creation.

**Level 2** represents how we as First Nations people, were given our spirituality from Creation and from the Creator, when the known universe was created. Spirituality formulates our belief systems (however they are expressed) and is our direct connection to Creation (both the Act of Creation and the Creator – however they may be expressed and named by the diverse First Nations cultures and societies). Spirituality is connected to Creation and that is why it is found in the centre of the circle and why it is of key importance of First Nations. (Note: Spirituality surrounds the connection to Creation – level 1 – as represented by the straight line connecting level 1 to level 2).
Level 3 represents that when the Earth was created, as one small part of the universe, humans were created, and this is the stage at which we our worldview. That is, this is how we as humans understand or make sense of our world. Our worldview connects us to Creation and expressed in Spirituality.

Level 4 expresses how as different races of humankind were created, each with their different worldview – each race is connected to Creation through their language. First Nations people are connected to and express their worldview through their language, which is in turn connected to their spirituality.

Level 5 depicts how First Nations People, we are connected to Creation through our culture, which is expressed through our language, which contains our worldview, which is an expression of our spirituality.

Level 6 shows as individuals, First Nations People are connected to Creation through the knowledge that we have – which is termed Indigenous Knowledge. These different knowledge systems (they are not the same for all First Nations) are an expression of our culture, which are expressed in our languages, which are expressions of our worldviews and spirituality which all connect us to Creation.

Level 7 illustrates that as First Nations individuals we all develop our own identity, which is formed by that which we know (Indigenous Knowledge), which in turn is connected to our culture, which is an expression of our worldview and spirituality … all of which connects us to Creation.

That is why when we speak of First Nation Wellness; we speak of Indigenous Knowledge, Culture, Language, Worldview and Spirituality as indicators of “health”. These indicators are “core” to an
understanding of how we, as a People, keep ourselves “balanced” and therefore “healthy”. This reinforces the need for the RHS Cultural Framework to be used in interpreting the information collected by First Nations People.

**How we use the RHS Cultural Framework:**

The issue identified by the First Nations Information Governance Committee is that an abundance of information have been collected in a way that respect First Nations research ethics and principles of Ownership, Control, Access and Protection of Indigenous Knowledge. The goal of the First Nations Information Governance Committee is to replace the Western Based Analytical Framework with one based on principles common to all First Nations principle. This technical report is just beginning to articulate a First Nations Culturally Appropriate Interpretation Model as a basis for analysis. This model is by no means complete, but represents a starting point that will be expanded and developed over time and with the building of relationships.

The model is important for explaining why we ask the questions we do in the RHS questionnaires. The RHS asks questions about language and culture in a “Health Survey”. Articulating the First Nations Wellness model begins to respond to the need for the questions by defining wellness. It illustrates that you can’t have an indicator of wellness for First Nations People’s Health without also discussing culture, language, worldview, and spirituality.

The RHS is designed to be a longitudinal study and produce consistent data for First Nations across the country. Since the RHS data will be collected and interpreted by First Nations, the
interpretations will be well informed by First Nations culture and settings, thus eliminating risks of misinterpretations. In so doing, the RHS will serve as a useful and realistic model for culturally appropriate, community-based research. In choosing a longitudinal study the objective is to develop baseline data during the initial phases. The baseline data then sets the foundation against which comparisons can be made in later years.

Upon the completion of the subsequent rounds of the RHS, analysis can take place to see what impacts different approaches to improving First Nations health have made on this population. For example, have education campaigns reduced the number of women who smoke during pregnancy? This is the true nature of a longitudinal study.

Figure 4 elaborates on the planned First Nations Regional Longitudinal Health Survey using the RHS Cultural Framework rather than a linear framework. Although each cycle will discuss all four quadrants: Vision; Time and Relationships; Reason; and Changes (Movement), each cycle will also
place a particular emphasis for the 2002/03 RHS was on establishing baseline data and focus on the vision; that is, development of the cultural framework.

In the 2006 cycle of the RHS, the Cultural Based Framework will be used to explain the impact of time and relationships. The focus on the 3rd cycle of the RHS will be the reasons and rationales related to Health/Wellness issues and the 4th cycle will focus on changes – particularly over the 12-year period from the establishment of the baseline data.

It is important to remember that a longitudinal study is designed to measure change over time between the same groups of First Nations people (as opposed to comparisons with mainstream society). Over the past thirty years, extensive research has taken place about First Nations health and the relationship of First Nations health to the mainstream of Canada. They usually have a negative focused, and rarely lead to movement or action. The intent of this longitudinal study is not to simply repeat other studies, but to document something unique – for example, the impact that health approaches within a holistic framework, are having on improving First Nations health and well-being.

Balance

The RHS Cultural Framework will assist in bringing balance to the previous research by also drawing out the positive changes related to First Nations Peoples Wellness. For example, a large proportion of First Nations who quit smoking did so because they became pregnant. This is a positive indicator of wellness, where women placed the wellness of their children first, and quit smoking not just during pregnancy but permanently.
In addition to provide balance to the reporting by discussing positive changes, it is important for the information presented to be useful to the First Nations reading the report to facilitate positive changes in behaviours. The information needs to be presented in such a way as to clearly identify warning signs for possible wellness issues and what parents, for example, can do about it.

**Time and Relationship**

In the context of the First Nations issues, the key to understanding the future is to have a deep and detailed appreciation of the past. However, providing a singular interpretation of history is a challenging task when confronted by the complexity of the relationship between First Nations Peoples and Federal government relations and the negative impact it had on the health and wellness of First Nations people. Policies implemented by the Federal government have had a negative impact on spirituality, worldview, language, culture and Indigenous Knowledge of First Nations People.

**Population Health Framework**

The Population Health Framework is included in the Alberta First Nations Regional Longitudinal Health Survey (RHS) 2002-03 Report. The rationale is to integrate the Population Health Determinants of Health to augment the concepts of the Cultural Framework.
Determinants of Health

The definition of health that is used in conjunction with the Population Health is that health is an overall state of well being, including physical, social, mental and spiritual health. Health is much more than not being sick. Population health states the factors that are called determinants of health combine to determine the health of a population. Included are three categories: the social and economic environment, the physical environment and the person’s individual characteristics and behaviours (Canadian Network, 2005).

The Determinants of Health from the Public Health Agency of Canada website include:

- Income and Social Status
- Social Support Networks
- Education
- Employment and Working Conditions
- Social Environments
- Physical Environments
- Biology and Genetic Endowment
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Health Services
- Gender
- Culture

**Income and social status** determines the choices that an individual have for life’s necessities, such as shelter, clothing, transportation and other lifestyle choices that make enjoyable. Even though Canada is a rich country, its First Nations people live in poverty.

Some First Nations communities do not provide the choices for a better living standard for its residents. Social status is linked to the income level of individuals, families and communities. With
income and social status comes the ability to make choices and have control over life. The result is better health.

**Social Support Networks** are the social relationships between individuals. Whether the social relationships are in the workplace, the family or the community they affect how often an individual becomes ill. The level of wellness in a community therefore affects an individual. Safety is one of the health indicators in a community. Acceptance of the diversity of populations can increase the safety, respect and inclusion of such groups.

**Education** is another determinant of health that the more one has achieved; the chances are they will have better health. The link is explained by Chinook Health Region as follows: the higher the education, the better the job, and the more money you make.

**Employment and Working Conditions** determines health because of the stress caused by not being employed, underemployed or stressful occupations. Job loss or job insecurity can cause anger, failure, guilt and stress in individuals. Income loss can add to the stress of individuals after job loss.

**Physical Environment** includes the air we breathe, the water we drink, the homes we live in, the jobs we go to, and roads we travel on.

**Personal Health Practices and Coping Skills** are the things that people can decide for themselves, such as the food one consumes, physical activity and lifestyle choices such as smoking,
drug use, and sexual health practices. Early teachings of family can assist an individual to develop personal strength and support from family and community can aid in increasing the life chances of individuals.

**Healthy Child Development** begins with the prenatal period of an infant through the first years of their life. It is very important that an infant learns to thrive in a nurturing family. Prenatal care is important since the result will be a healthy baby or a premature, perhaps low birth weight baby with other development challenges.

**Culture** includes language differences, lack of health information, discrimination that is experienced by a particular group. Discrimination can affect employment opportunities, housing, and acquiring an education.

**Health Services** includes all of the services that keep an individual healthy and not only those services one seeks when they are not well. Changes in the health system can affect the health status of an individual or community because access to health services is affected for society.

**Gender** affects health in different ways since male and females have differing health needs. The differences can be biology or the social rules of culture.
**Biology and Genetic Endowment** is the individual’s uniqueness received from parents and ancestry. The makeup of the individual can set them up for getting certain diseases, being able to function in their surroundings and having inherited conditions.

The determinants of health all influence one another and interdependent on each other on how they affect the health of a population. The determinants of health are used to assess the level of health of a population; it is for that time frame. The result of the assessment is called health status. The rational for integrating the Population Health Framework determinants of health throughout the document is to utilize the knowledge, research that has been developed to determine the health of a population. The concepts are similar to the holistic health beliefs of First Nations.

**Process and Methods Summary**

First Nations Regional Longitudinal Health Survey (RHS) 2002/03 process and methods is adapted for use with the Alberta First Nations Regional Longitudinal Health Survey

**Introduction**

The First Nations Regional Longitudinal Health Survey (RHS) traces its origins back to 1995. Although initially proposed to fill data gaps, the project evolved considerably.
Ten years later, in keeping with its mandate from the Assembly of First Nations’ Chiefs Committee on Health, the RHS has reported from two rounds of data collection and has emerged as the only national research initiative under complete First Nations control.

Results from the 1997 round were released in 1999. Based on the 2002/03 round, two national major reports were completed in 2005: this one, containing 4 chapters, presents the Alberta portion of the First Nations Regional Longitudinal Health Survey (RHS).

This section includes an adapted summary of the process and methods used in the 2002/03 survey and in the Alberta First Nations Regional Longitudinal Health Survey Final Draft Report.

**Background Information**

The First Nations Regional Longitudinal Health Survey (RHS) was previously conducted in Alberta; however, a report is not available for comparison with the most recent data. Fewer Alberta First Nations consented to participate in the second phase of the RHS.

Alberta First Nations operate under three treaty areas: Treaty 8 in the north, Treaty 6 in the Central, and Treaty 7 in the South. Each treaty area has its own Tribal Council for its governance or leadership.

**Table 1. 2002/03 RHS at a glance**

<table>
<thead>
<tr>
<th>Title</th>
<th>First Nations Region Longitudinal Health Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronym</td>
<td>NRLHS or RHS</td>
</tr>
</tbody>
</table>
Mandate: Assembly of First Nations Chiefs Committee on Health

National Governance: First Nations Information Governance Committee

Regional Coordination: First Nations Adult and Higher Education Consortium

National Coordination: First Nations Centre, National Aboriginal Health Organization

Target Population: First Nations communities across Alberta

Longitudinal cohort: First round for all other regions

Sample design: Largely Standardized

Sample size: 1322

Communities: Nine included

Length of National “core” components: 84 minutes median interview time (estimated for adult, youth, and child surveys combined)

Region-specified questions: Additional modules of varying length in 7 to 10 regions

Table 2. RHS timeline

1994: Three Canadian longitudinal surveys launched, excluding First Nations and Inuit communities

First Round of the survey

1995: Funding for the first round by Health Canada. Indian Affairs and Human Resources Development Canada decline

1996: Mandate from Assembly of First Nations

1997: Direct First Nations and Inuit control established

Development of instruments and methods
1997 Data collection in 9 regions: surveys (9,870 adults, 4,138 children)
   Code of Research Ethics adopted
1998 Ownership, Control, and Access (OCA) principles first articulated
1999 Final report based on 1997 survey released

Second (current) round of the survey

2000/01 Proposals and long-term plans submitted for funding and potential Treasury Board submission
2000/02 Development of instruments and methods for 1st wave of longitudinal survey
2002 Coordination transferred to the First Nations Centre (NAHO)
2002/03 Data collection in Alberta First Nations regions: 1322 surveys (732 adults; 228 youth; 362 children)
2005 Data processing
   Preliminary results released
2006 Albert RHS Final Draft Report completed

Coordination and Governance

The RHS is coordinated and governed by First Nations through their regional and national organizations and representatives. As of 2005, the survey partners were:

National
   Assembly of First Nations (Coordination of First Nations Information Governance Committee)
First Nations Centre of the Aboriginal Health Organization (National coordination and data stewardship)

Regional coordination and data stewardship

First Nations Adult and Higher Education Consortium (Alberta)

The RHS National Steering Committee has been renamed the First Nations Information Governance Committee (FNIGC). It is made up of members of the partner organizations and is a standing committee of the Chiefs Committee on Health at the Assembly of First Nation. Within most regions a research advisory committee or similar entity parallels the work of the FNIGC, including oversight and direction of the survey. In Alberta, coordination is achieved through the First Nations Adult and Higher Education Consortium.

2002/03 Survey Instruments and Methods

Data collection was conducted between August 2002 and November 2003 in First Nations communities across Alberta. A total of 1322 surveys were administered. Three age-specific questionnaires were completed for:

- 732 adults, 18 years of and over (by interview);
- 228 youth, 12 to 17 years of age (self-administered); and
- 362 children 0 to11 years of age (the parent or guardian responded).

The survey addressed a range of priority First Nations issues related to health.
Table 3. First Nations “sub regions” (Alberta)

3 Treaty Areas

Treaty 6 (Central)

Treaty 7 (South)

Treaty 8 (North)

Nine First Nations participated in the First Nations 2002-03 Regional Longitudinal Health Survey (RHS).

Organization of the Report

The Alberta First Nations Regional Longitudinal Health Survey Final Report has three main chapters (Chapter 2 to 4) that contain the First Nations Regional Longitudinal Health Survey information collected from the nine participant Alberta First Nations.

The First Nations perspective toward health and healing is used, in whole, as the basis for the Alberta First Nations Regional Longitudinal Health Survey Final Report. The Population Health Determinants concepts are integrated throughout the document as an attempt at bridging the worldview of First Nations and mainstream Canadian society.

The Alberta First Nations Regional Longitudinal Health Survey Report is the final document that presents a selected summary of the survey results of the Alberta First Nations Regional Longitudinal Health Survey 2002/03.
ALBERTA FIRST NATIONS REGIONAL LONGITUDINAL HEALTH SURVEY 2002/03
CHAPTER 2

ALBERTA FIRST NATIONS

ADULT RESULTS
CHAPTER 2: ALBERTA FIRST NATIONS ADULT RESULTS

Alberta First Nations 2002-03 Regional Longitudinal Health Survey (RHS) 2002-03 Chapter 2 is focused on the results of the survey data for the adult section of Alberta First Nations 2002-03 Regional Longitudinal Health Survey (RHS) 2002-03. The Cultural Framework concepts are used in whole from the National RHS document. Population Health Determinants integrated throughout the report. Some studies were found on tribal affiliation specific, but could not be used for the report. The participant communities did not agree to comparison between Alberta treaty areas or First Nations or north and south population health indicators.

Vision

VISION (Ways of seeing): Within a First Nations cultural paradigm, vision is considered the most fundamental of principles. Visioning First Nations’ well-being involves examining the complete picture of health including, physical, mental, emotional, and spiritual health issues. From an Indigenous Knowledge perspective, visioning will examine what is the ideal state of First Nations health and wellness (what was the standard in the past what is the desirable/achievable future). In order to envision First Nations’ health and wellness, it is imperative to establish a baseline of the extent and causes of the current situation. It is from that baseline that First Nations communities and the stakeholders can move towards the ideal vision.

Introduction

The first section includes health conditions from a holistic viewpoint that is typically held by First Nations. Research has found that neighborhood or living circumstances can affect the health behavior of residents, thereby affecting their health over the long term. For example, if food
security is an issue then the chances are lessened that individuals will buy and eat healthy foods. Or the opportunity to exercise is not available because of concerns about the safety of the neighborhood. Studies have found that the surroundings that one has to contend with on a daily basis can affect their health. Socio-economic challenged neighborhoods can increase the rate of heart disease because poor diet, inactivity results in obesity and high blood pressure.

**Health Conditions**

Alberta First Nations Adults reported the following health conditions:

- Arthritis (n= 713): 23.0%
- Chronic back pain (n=717): 19.4%
- Asthma (n=720): 10.8%
- Allergies (n=721): 18.0%
- Hearing Impairment (n= 720): 8.9%
- High Blood Pressure (n=709): 12.1%
- Thyroid Problems (n= 717): 4.6%
- Stomach & Intestinal Problems (n=716): 7.7%
- Tuberculosis (n=719): 2.5% *
- Diabetes (n= 709): 10.2%

Average age of diagnosis for the following health conditions:

- Arthritis (n=138): 30.4 years
- Chronic back pain (n=120): 26.2 years
- Asthma (n=67): 22.8 years
- Allergies (n=107): 22.7 years
- Hearing Impairment (n= 42): 27.7 years
- High Blood Pressure (n=67): 37.3 years
- Thyroid Problems (n= 32): 25.9 years
- Stomach & Intestinal Problems (n=44): 33.5 years
- Tuberculosis (n=16): 17.6 years*
- Diabetes (n= 57): 36.1 years

Undergoing Treatment for the following health conditions:

- Arthritis (n=154) 54.5%
- Chronic back pain (n=133): 42.9%
- Asthma (n=73): 65.8%
- Allergies (n=128): 39.8%
- High Blood Pressure (n=80) 71.3%
- Tuberculosis (n=18) 11.1% *
- Diabetes (n=68) 85.3%

Limitations in activity due to the following health conditions:

- Arthritis (n=152): 61.8%
- Chronic back pain (n=130): 60.8%
- Asthma (n=73): 52.1%
- High Blood Pressure (n=73): 44.3%
- Diabetes (n=67): 47.8%
- Tuberculosis inactive (n=18) 100.0% *

Activity Limitation due to physical or mental condition or health problem:

Home (n=722):
- Yes, often 8.0%
- Yes, sometimes 14.3%

Work or school (n=709):
- Yes, often 6.3%
- Yes, sometimes 10.4%

Leisure or traveling (n=720):
- Yes, often 5.0%
- Yes, sometimes 12.2%

Total number of reported medical conditions (n=732):

- None 45.4%
- One 22.7%
- Two 13.4%
- Three 7.9%
- Four 4.2%

Number of (n=732):

- Respiratory conditions: 10.7%
- Vision and/or hearing conditions: 10.7%
- Neurological conditions: 5.9%
- Cardiovascular conditions: 10.4%
- Infectious diseases (1-2) 3.4%
- Musculo-skeletal conditions:(1-2) 29.0%
Number of conditions where treatment was sought (n=732):

- One       17.6%
- Two        8.6%
- Three to four 5.9%

Number of reported conditions where treatment was not sought (n=732):

- None      21.3%
- One        8.3%

Diabetes diagnosed (n=64):

- Type I     17.2%
- Type II    70.3%
- Pre-diabetes 12.5%
- Gestational diabetes 3.1%

Treatment used to control diabetes (n=69):

- Traditional medicines 17.4%
- Traditional ceremonies, healer: 11.6%
- Diet: 44.9%
- Exercise: 33.3%
- Insulin: 15.9%
- Pills: 72.5%

Diabetes has (n=64):

- Prompted to adopt a healthier lifestyle: 82.8%
- Affected vision 49.2%
- Affected kidney function 28.6%
- Affected the feeling in hands or feet 47.0%
- Affected lower limbs 34.3%
- Affected heart 21.9%
- Resulted in infections 18.8%
- Resulted in amputation 1.4%

Currently attend a diabetes clinic or seeing someone for diabetes education (n=70):

- Yes       55.7%
Reason not attending clinic or diabetes education (n=33):

- Do not require diabetes education 54.5%
- Insufficient information about where to go 15.2%
- Diabetes clinic is not available in my area 12.1%
- Diabetes specialist is not available in area 9.1%
- Due to transportation costs 9.1%
- Chose not to attend 27.3%

Number of adverse consequences related to diabetes (n=72):

- None 33.3%
- One 20.8%
- Two 6.9%
- Three 16.7%

**Physical Injuries**

Physical injuries experienced (n=728):

- Fractured bones 12.6%
- Burns or scalds 5.5%
- Dislocation 4.4%
- Major sprain or strain 14.6%
- Major cuts, scrapes, or bruises 16.8%
- Dental injury 5.5%

Indicated cause of injury (n=732):

- Motor vehicle accidents 4.1%
- Fall or trip 12.3%
- Sport 7.8%
- Physical assault 5.9%
- Suicide attempt/self-inflicted 1.4%

Attempted suicide or self-inflicted injury involving alcohol drugs (n=10):

- Yes 40.0%

Number of injury types involving alcohol (n=732):

- None 91.7%
- One 5.9%
- Range 0-4
Number of injury types not involving alcohol (n=732):

- None 79.5%
- One 12.7%
- Two 4.1%
- Three to eleven 4.6%
- Range 0-4

Total number of injuries where the use of alcohol is or is not implicated (n=732):

- None 73.1%
- One 17.2%
- Two 4.9%
- Three to eleven 4.7%
- Range 0-11

One or more injury types involving alcohol (n=732):

- Yes – 8.3%

One or more injury types not involving alcohol (n=732):

- Yes – 20.5%

Number of injury types including unspecified alcohol involvement (n=732):

- One 73.4%
- Two 17.5%
- Three 4.5%
- Four to thirteen 4.9%
- Range 1-13

Alcohol or drug related injuries (n=645):

- Fall or trip (n=87): 21.8%
- Sport (n=54): 9.3%
- Self-inflicted/suicide attempt (n=10) 40.0%
**Dental Care**

Dental care (n=692):

- Less than 6 months ago 30.8%
- Between 6 months and 1 year ago 29.5%
- Between 1 and 2 years ago 15.0%
- Between 2 and 5 years 14.2%
- More than 5 years ago 9.5%
- Never 1.0%

Barriers to dental care access:

- Not available in my area 11.3%
- Waiting list too long 18.5%
- Service not covered by NIHB 29.9%
- Approval for services denied by NIHB 26.5%
- Can’t afford it 24.5%
- Direct cost of care 17.2%
- Transportation costs 10.4%
- Childcare costs 6.8%
- Other costs 6.0%
- Felt dental services were inadequate 13.5%

Current dental care needs (n=674):

- Cavities filled 40.5%
- Maintenance 46.4%
- Extractions 13.9%
- Fluoride treatment 18.1%
- Periodontal work 5.8%
- Prosthetics 11.6%
- Orthodontic work 4.9%
- Orthodontic urgent 6.5%

**Activity Limitations**

Number of physical limitations due to physical, mental or health problems (n=732):

- None 75.1%
- One 4.6%
- Two 4.4%
- Three 8.1%
- Four to nine 7.9%
- Range 0-9
Activity limitation due to physical or mental condition or health problem:

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (n=722)</td>
<td>8.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Work or school (n=709)</td>
<td>6.3%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Leisure or travel (n=720)</td>
<td>5.0%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

**Relationships**

RELATIONSHIPS (Time/Ways of Relating): Refers to the experiences that one encounters as a result of relationships built over time and examines how we relate to people. It provides an opportunity to gain an understanding of the attitudes and awareness that exist at this particular point of time, regarding the individual, community and national wellness issues.

**Perceived Health Status**

In general, health is said to be (n=722):

- Excellent 12.6%
- Very good 25.1%
- Good 38.2%
- Fair 17.5%
- Poor 6.6%

Adults reported the things that make you so healthy (n=256):

- Good diet 54.7%
- Reduced stress 30.5%
- Good social supports 55.5%
- Good sleep 50.0%
- Happy, content 61.3%
- Regular exercise or active in sports 57.8%
- In balance (physical, emotional, mental, Spiritual) 51.2%
### Physical Balance (n=731):

- All of the time: 26.3%
- Most of the time: 44.3%
- Some of the time: 24.8%
- Almost none of the time: 4.5%

### Emotional Balance:

- All of the time: 31.7%
- Most of the time: 44.7%
- Some of the time: 18.9%
- Almost none of the time: 4.7%

### Mental Balance:

- All of the time: 31.7%
- Most of the time: 44.7%
- Some of the time: 18.9%
- Almost none of the time: 4.7%

### Spiritual Balance:

- All of the time: 32.8%
- Most of the time: 40.2%
- Some of the time: 21.9%
- Almost none of the time: 5.1%

### Balance Level:

- High level of balance: 34.7%
- Moderate level of balance: 60.4%
- Low level of balance: 4.9%

### Racism was experienced by (n=691):

- Yes: 48.3%

### Self-esteem was affected by the racism experienced (n=334):

- Strongly and very strongly: 7.5%
- Some effect: 24.0%
- Little effect: 26.6%
- No effect: 34.7%
- Very strong effect: 7.2%
Adults could solve any problems that they may experience (n=645):

- Strongly agreed 43.3%
- Agreed 42.8%
- Neither agree or disagree 9.0%
- Disagree or strongly disagree 4.8%

Adults responded no one pushed them around in life (n=646):

- Strongly agreed 38.7%
- Agreed 41.0%
- Neither agree or disagree 13.0%
- Disagree or strongly disagree 7.0%

Adults have control over things that happen to them (n=649):

- Strongly agreed 39.3%
- Agreed 48.2%
- Neither agree or disagree 12.0%
- Disagree or strongly disagree 5.5%

Ability to do doing just about anything they set their minds to doing (n=659):

- Strongly agreed 47.5%
- Agreed 43.0%
- Neither agree or disagree 5.9%
- Disagree or strongly disagree 3.5%

Feelings of helplessness in dealing with the problems of life (n=645):

- Strongly agreed 6.2%
- Agreed 18.3%
- Neither agree or disagree 18.0%
- Disagree or strongly disagree 12.2%

What happens in the future mostly depends on me (n=647):

- Strongly agreed 46.1%
- Agreed 46.1%
- Neither agree or disagree 5.7%
- Disagree or strongly disagree 3.2%
Little I can do to change many of the important things in my life (n=642):

- Strongly agreed 10.0%
- Agreed 15.4%
- Neither agree or disagree 13.4%
- Disagree 46.6%
- Strongly disagree 14.6%

Self-determination (n=728):

- Very Low 18.9%
- Neutral 7.4%
- Moderate 25.4%
- High 30.6%
- Very High 16.5%

Emotional or mental support from (n=713):

- Friend 61.2%
- Immediate family member 65.9%
- Other family member 49.5%
- Traditional healer 21.2%
- Family doctor 31.1%
- Psychiatrist 6.1%
- CHR 10.2%
- Nurse 7.7%
- Counsellor 14.0%
- Psychologist 7.5%
- Social worker 10.6%

Number or support agents (n=732):

<table>
<thead>
<tr>
<th>Number of agents</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family &amp; friends</td>
<td>25.0%</td>
<td>16.9%</td>
<td>22.0%</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>General health professional</td>
<td>58.8%</td>
<td>24.2%</td>
<td>11.6%</td>
<td>5.7%</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Mental/Social professional</td>
<td>16.5%</td>
<td>13.4%</td>
<td>6.1%</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Total agents</td>
<td>20.1%</td>
<td>11.9%</td>
<td>15.2%</td>
<td>19.3%</td>
<td>14.5%</td>
<td>9.2%</td>
<td>12%*</td>
</tr>
</tbody>
</table>

Range 0-12
*6-12 support agents
Feelings of being sad, blue or depressed for 2 weeks or more in a row (n=698):

- Yes 39.7%

Thoughts of suicide in your lifetime (n=677):

- Yes 33.4%

Thoughts of suicide at one time or another (n=677):

- Child under 12 years of age 1.5%
- Adolescent (12-17 years) 16.2%
- Adult (+18 years) 16.4%
- In the past year 5.3%

Attempted suicide in your lifetime (n=679):

- Yes 19.0%

Attempted suicide (n=679):

- As an adolescent 9.9%
- As an adult 9.0%

Friend or family member committed suicide in the last 12 months (n=):

- Yes 14.0%

Personal Support

Someone to count on to listen to adults when they need to talk (n=711):

- All of the time 45.7%
- Most of the time 32.4%
- Some of the time 16.5%
- Almost none of the time 5.2%

Someone you can count on to listen to you when you need help (n=710):

- All of the time 46.2%
- Most of the time 31.4%
- Some of the time 16.3%
- Almost none of the time 6.1%
Someone to take him or her to the doctor if needed (n=707):

- All of the time                          51.3%
- Most of the time                         31.8%
- Some of the time                         11.2%
- Almost none of the time                  5.7%

Someone who shows you love and affection (n=711):

- All of the time                          59.6%
- Most of the time                         25.7%
- Some of the time                         11.8%
- Almost none of the time                  2.8%

Someone to give them a break from daily routine (n=708):

- All of the time                          30.6%
- Most of the time                         29.9%
- Some of the time                         25.6%
- Almost none of the time                  13.8%

Someone to have a good time with (n=711):

- All of the time                          44.9%
- Most of the time                         32.1%
- Some of the time                         17.9%
- Almost none of the time                  5.2%

Someone to confide in or talk about yourself or your problems (n=706):

- All of the time                          46.0%
- Most of the time                         28.8%
- Some of the time                         18.6%
- Almost none of the time                  6.7%

Someone to do something enjoyable with (n=711):

- All of the time                          50.9%
- Most of the time                         28.7%
- Some of the time                         16.9%
- Almost none of the time                  3.5%
Residential School

Attended residential school (n=728):

- Yes 24.7%

Began attending residential school at age (n=160):

- Age 6 21.9%
- Age 7 26.3%
- Average age 7.6 years
- Age range 3-16 years

Left residential school at age (n=158):

- Age 16 32.3%
- Average age 14 years
- Age range 6-20 years

Belief that overall health was negatively affected by attendance at residential school (n=570):

- Yes 5.8%

Negative impact on health and well-being because of attendance at residential school, more than one reply given (n=640):

- Harsh discipline 84.6%
- Verbal or emotional abuse 83.5%
- Witnessing abuse 83.5%
- Loss of cultural identity 81.3%
- Isolation from family 78.0%
- Loss of traditional religion or spirituality 76.9%
- Physical abuse 75.8%
- Loss of language 67.0%
- Separation from First Nation community 67.0%
- Bullying from other children 64.8%
- Poor education 59.3%
- Harsh living conditions 49.5%
- Lack of food 47.3%
- Lack of proper clothing 45.1%
- Sexual abuse 18.7%
Number of items having an impact on health and well-being (n=640):

- No items reported: 1.1%
- 1 to 4 items reported: 9.8%
- 5 to 8 items reported: 23.9%
- 9 to 12 items reported: 34.8%
- 13 to 16 items: 30.4%

Number of grouped items having impact on your health and well-being (n=92):

- 1-4 items: 9.8%
- 5-8 items: 23.9%
- 9-12 items: 30.4%

Parent’s residential school attendance:

- Mother (n=656): 66.9%
- Father (n=603): 65.2%
- One or more parents (n=671): 75.6%

Grandparent’s residential school attendance:

- Mother’s mother (n=481): 63.2%
- Mother’s father (n=455): 60.4%
- Father’s mother (n=417): 60.7%
- Father’s father (n=403): 57.1%
- One or more grandparents (n=504): 69.0%

Belief that parent(s) residential school attendance negatively affected parenting received:

- Yes: 49.2%
- Not sure: 20.2%

Belief that Grandparent(s) residential school attendance negatively affected parenting of parent(s):

- Yes: 69.5%
- Not sure: 30.5%
### Languages

English, French, Sign Language and First Nations languages understood (n=731):

<table>
<thead>
<tr>
<th>Languages</th>
<th>Fluently</th>
<th>Relatively Well</th>
<th>Few Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>92.1%</td>
<td>4.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>French</td>
<td>-</td>
<td>-</td>
<td>8.2%</td>
</tr>
<tr>
<td>Sign Language</td>
<td>-</td>
<td>-</td>
<td>5.1%</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>23.5%</td>
<td>9.0%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Cree</td>
<td>7.9%</td>
<td>6.3%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Stoney</td>
<td>3.8%</td>
<td>1.4%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

Number of languages understood (n=731):

<table>
<thead>
<tr>
<th>Number of Languages</th>
<th>Fluently</th>
<th>Relatively well</th>
<th>Few Words</th>
<th>Fluently/Relatively well</th>
<th>Fluently/Relatively well Excl. English, French, Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>48.2%</td>
</tr>
<tr>
<td>1</td>
<td>64.4%</td>
<td>31.7%</td>
<td>31.7%</td>
<td>48.3%</td>
<td>49.8%</td>
</tr>
<tr>
<td>2</td>
<td>30.5%</td>
<td>2.6%</td>
<td>5.9%</td>
<td>46.0%</td>
<td>-</td>
</tr>
</tbody>
</table>

English (n=732) and First Nations languages spoken (n=731):

<table>
<thead>
<tr>
<th>Languages</th>
<th>Fluently</th>
<th>Relatively Well</th>
<th>Few Words</th>
<th>No understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>92.3%</td>
<td>4.5%</td>
<td>0.1%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>20.5%</td>
<td>7.2%</td>
<td>17.8%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Cree</td>
<td>7.4%</td>
<td>3.3%</td>
<td>21.0%</td>
<td>68.3%</td>
</tr>
<tr>
<td>Stoney</td>
<td>4.0%</td>
<td>1.1%</td>
<td>0.5%</td>
<td>94.4%</td>
</tr>
</tbody>
</table>

Number of languages spoken (n=731):

<table>
<thead>
<tr>
<th># Languages</th>
<th>Fluently</th>
<th>Relatively well</th>
<th>Few Words</th>
<th>Fluently/Relatively well</th>
<th>Fluently/Relatively well Excl. English, French, Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3.6%</td>
<td>83.9%</td>
<td>59.8%</td>
<td>-</td>
<td>56.1%</td>
</tr>
<tr>
<td>1</td>
<td>67.6%</td>
<td>14.2%</td>
<td>31.7%</td>
<td>55.2%</td>
<td>42.5%</td>
</tr>
<tr>
<td>2</td>
<td>28.0%</td>
<td>1.6%</td>
<td>5.9%</td>
<td>40.6%</td>
<td>-</td>
</tr>
<tr>
<td>More than 1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>43.9%</td>
<td>-</td>
</tr>
<tr>
<td>First Nations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Culture

Importance of cultural events in life (n=699):
- Very important 53.4%
- Somewhat important 32.2%
- Not very important 9.3%
- Not important 5.2%

Importance of traditional spirituality in life (n=699):
- Very important 55.2%
- Somewhat important 29.8%
- Not very important 9.2%
- Not important 5.9%

Importance of religion in life (n=707):
- Very important 52.5%
- Somewhat important 28.0%
- Not very important 9.5%
- Not important 10.0%

Community Wellness

Traditional approaches to healing (n=538):
- Good progress 17.7%
- Some progress 46.5%
- No progress 35.9%

Renewal of First Nation or Inuit spirituality (n=513):
- Good progress 14.4%
- Some progress 48.0%
- No progress 37.6%

Traditional ceremonial activity (n=546):
- Good progress 21.2%
- Some progress 48.4%
- No progress 30.4%
Renewed relationship with the land (n=482):

- Good progress 10.0%
- Some progress 43.7%
- No progress 47.3%

Use of First Nation or Inuit language (n=564):

- Good progress 12.8%
- Some progress 39.2%
- No progress 48.0%

Reduction in alcohol and drug abuse (n=594):

- Good progress 6.4%
- Some progress 21.2%
- No progress 72.4%

Availability of First Nation or Inuit health professionals (n=534):

- Good progress 15.9%
- Some progress 47.2%
- No progress 36.9%

Cultural awareness in schools (n=572):

- Good progress 26.2%
- Some progress 52.6%
- No progress 21.2%

Education and training opportunities (n=623):

- Good progress 27.6%
- Some progress 51.2%
- No progress 21.2%

Housing quality (n=641):

- Good progress 10.6%
- Some progress 34.6%
- No progress 54.8%
Water and sewage facilities (n=604):

- Good progress 16.7%
- Some progress 44.7%
- No progress 38.6%

First Nation or Inuit control over health services (n=548):

- Good progress 17.0%
- Some progress 46.0%
- No progress 37.0%

Recreation and leisure facilities (n=615):

- Good progress 13.5%
- Some progress 33.5%
- No progress 53.0%

Police services (n=538):

- Good progress 17.7%
- Some progress 46.5%
- No progress 35.9%

Number of reported community development items reported (n=725):

- No items 5.8%
- One to ten 6.1%
- Eleven to twenty 20.0%
- Twenty-one to thirty 47.0%
- Thirty-one to forty 25.6%
- Forty-one to forty-two 5.7%
  (Note: Lower score is better)
Reason

REASON (Analysis/Reason): Also referred to as learned knowledge. It is where we become reflective, meditative and self-evaluative. It is in this direction, that the broader determinants of health are examined. It is the mental component of the human being. It is the activity called thinking, reason represents all those elements of the mind that allow us to live, and earn a living (FNRLSR, 2005).

Demographics

Personal Background Information

The Alberta Adult respondents to the First Nations 2002-03 Regional Longitudinal Health Survey (RHS) consisted of 310 men (42.3%) and 422 women (57.7%) of the total n=732 (100%) sample of the First Nations population on reserve. Of the women 17 (4.0%) were pregnant.

Other Persons in the Household

Children less than 6 years of age living in household (n=708):

- No children 56.4%
- One child 26.4%
- Two children 13.6%
- Three to seven 3.6%
- Range 0-7

Children 6 to 11 years of age living in household (n=708):

- None 59.2%
- One 22.3%
- Two 12.4%
- Three 4.5%
- Four to eight 1.5%
- Range 0-8
Youth 12 to 17 years living in household (n=708):

- None       63.0%
- One       23.9%
- Two       8.9%
- Three to six       4.2%
- Range       0-6

Number of children in household (732):

- None       24.0%
- One       20.9%
- Two       19.7%
- Three       16.8%
- Four       9.2%
- Five to eleven       6.5%
- Range       0-11

Adults 18-64 years living in household (717):

- None       1.3%
- One       14.6%
- Two       42.7%
- Three       19.7%
- Four       12.0%
- Five       6.1%
- Six to nine       2.6%
- Range       0-9

Adults over 65 years of age living in household (717):

- One       8.0%

Number of adults in household (n=717):

- One       13.8%
- Two       41.8%
- Three       19.8%
- Four       13.8%
- Five       6.6%
- Six to nine       4.2%
- Range       1-9
Household Crowding indicator:

- One or more children (n=531): 29.0%
- All, including singles, couples (n=713): 23.3%

**Education**

A person’s level of education influences their opportunities for employment and adequate income.

Highest level of education attained (n=726):

- Did not graduate from High School 63.5%
- Graduated from High School 36.5%

Type of education completed (n=732):

- Some trade/technical/vocational education 25.6%
- Some community college 26.4%
- Some university 14.3%
- Diploma-trade/technical/vocational schools 15.3%
- Diploma from community college 12.8%
- University degree 4.3%
- Master’s degree 0.6%
- Earned doctorate 0.1%

Highest level of formal education attained (n=726):

- Did not graduate high school 50.7%
- High School Graduate 21.2%
- Diploma: university/college/technical Vocational schools 23.7%
- Bachelor’s Degree 0.6%
- Masters 0.1%
- PhD.

**Income and Status**

Income and Status health determinant is the most influential. Income affects health by increasing opportunities, choices and a sense of control in your life. Alberta First Nations Adults reported total
personal income 38.7% had less than $10,000, 27.6% had total personal income of $10,000 to $19,999, 16.2% had total personal income of $20,000 to $29,999, 13.4% had total personal of $30,000 to $49,999, and 4.0% had total personal income of $50,000 to $80,000+. The range of income was from income loss to $80,000+.

Total household income for 2001, for all members including self (n=304):

- Less than $10,000 16.8%
- $10,000 to $19,999 19.4%
- $20,000 to $29,999 20.0%
- $30,000 to $49,999 23.4%
- $50,000 to $80,000+ 20.4%
- Range Income loss to $80,000+

Number of employment income sources (n=732):

- No income 47.8%
- One income 45.5%

Number of government income source (n=732):

- None 23.5%
- One 44.9%
- Two 24.5%
- Three 6.1%
- Range 0 to 9

Non-government, non-employment income sources:

- One 26.4%
- Two 1.6%

Total number of income sources:

- None 4.4%
- One 28.8%
- Two 38.4%
- Three 18.0%
- Four 5.5%
Income, during the year ending December 31, 2001:

- Child Tax Benefit (n=714) 41.5%
- Paid employment (n=706) 48.0%
- Employment Insurance (n=704) 7.5%
- Alimony/Child Support (n=715) 3.1%
- Social Assistance (709) 40.6%
- Education/Training Allowance 17.9%
- Basic Old Age Security (n=43) 69.8%
- Self-employment (n=705) 13.0%
- Canada Pension Plan (710) 4.2%
- Guaranteed Income Supplement/Spouse’s Allowance (n=712) 3.7%
- Income from: Disability, Workers’ Compensation, Veterans, Royalties, Land Claims, Settlements (n=693) 23.5%

**Employment**

The respondents that were currently working for pay (n=713):

- Currently working for pay 43.8%

Hours worked per week (n=713):

- Between 30 and 45 hours per week 31.7%
- Over 60 hours per week 6.7%
- Not working 56.2%

Full or part time employment N=713):

- Not working 56.2%
- Part time 3.2%
- Full time 40.5%

Including yourself, number of household members received income in 2001 (n=630):

- None 23.5%
- One 25.6%
- Two 31.7%
- Three 12.9%
- Four 4.1%
- Five to nine 2.3%
- Range 0-9
Number of income sources (n=732):

- None 47.8%
- One 45.5%
- Two 6.7%

Number of government income sources (n=732):

- None 47.8%
- One 45.5%
- Two 6.7%

Number of income sources (n=732):

- None 47.8%
- One 45.5%
- Two 6.7%

Total number of income sources (n=732):

- None 4.4%
- One 28.8%
- Two 38.4%
- Three 18.0%
- Four 6.6%
- Five to nine 3.8%

**Housing**

Housing is one of the Determinants of Health for a population.

Home ownership status (n=653):

- Rented 28.0%
- Owned 63.2%
- Other 8.7%

Live in band-owned housing (n=704):

- Yes 78.0%
Number of rooms (n=725):
- Range 1 to 18

Crowding indicator:
- Families (n=713): 29.0%
- Singles, couples (n=732): 23.4%

House Services and Amenities

Does your home have: Yes?
- Smoke detector 80.3%
- Carbon Monoxide Detector 8.0%
- Fire Extinguisher 33.6%
- Telephone with service 79.1%
- Computer 35.6%
- Connection to the Internet 22.5%
- Refrigerator 99.0%
- Stove 99.6%
- Electricity 99.7%
- Cold running water 98.9%
- Hot running water 98.5%
- Flush toilet 98.5%
- Septic tank/sewage service 88.7%
- Garbage collection service 68.4%

In the last 12 months, mold or mildew in the home (n=631):
- Yes 48.0%

Number of Household Amenities: general safety (n=732):
- None 17.2%
- One 50.8%
- Two 28.1%
- Three 3.8%

Number of Household Amenities: communication and technology (n=732):
- None 18.2%
- One 47.3%
- Two 14.6%
- Three 19.8%
Number of Household Amenities: food security and safety (n=732):

- None 1.1%
- One 0.5%
- Two 96.4%

Number of Household Amenities: incoming water and electricity (n=732):

- None 0.7%
- One 0.7%
- Two 1.4%
- Three 97.3%

Number of Household Amenities: outgoing plumbing and sanitation (n=732):

- None 1.8%
- One 8.3%
- Two 27.2%
- Three 67.7%

Number of Household Amenities: all listed except computer (n=732):

- None to seven 5.0%
- Eight 10.5%
- Nine 22.5%
- Ten 24.2%
- Eleven 18.7%
- Twelve 11.3%
- Thirteen 7.1%

Home Repairs needed (n=732):

- Needed major repairs 47.0%
- Needed minor repairs 31.4%
- Needed regular maintenance 15.0%
- Needed no repairs 6.6%

Main Water Supply Safety for household (n=706):

- Piped in local or community supply 50.4%
- Individual or shared well 26.8%
- Trucked 20.4%
- Collect from water plant, river, lake, etc. 2.3%
Consider main water supply safe for drinking (n=671):

- Yes 65.7%

Other sources of drinking water used (n=671):

- Yes 32.8%

Other sources of drinking water used (n=429):

- Bottled water 58.8%
- From another house 6.3%
- Boiled tap water 9.7%
- From river, lake, stream 1.1%

**Health Care Access**

Do you use traditional medicines (N=699):

- Yes 42.6%

Difficulties accessing traditional medicines (n=621):

- Do not know where to get them 14.8%
- Can’t afford Traditional medicines 5.0%
- Too far to travel 7.9%
- Concerned about effects 3.9%
- Do not know enough about them 20.3%
- Not available through health centre 10.8%
- Not covered by NIHB 7.9%

Rating of access to health services compared to Canadians (n=605):

- Same level of access 41.8%
- Better access 28.3%
- Less access 29.9%

Barriers to health care access (n=703):

- Doctor/nurse not available in my area 13.9%
- Health facility not available 11.3%
- Waiting list too long 34.1%
- Unable to arrange transportation 14.6%
• Difficulty accessing traditional care 12.0%
• Not covered by NIHB 27.8%
• Denied services under NIHB 24.5%
• Could not afford direct cost of service 19.3%
• Could not afford transportation 15.5%
• Could not afford child care costs 9.0%
• Felt health care provided inadequate 18.3%
• Felt service not culturally appropriate 14.0%
• Chose not to see a health professional 10.8%
• Service not available in my area 10.5%

Difficulties accessing NIHB services (n=615):

Yes
• Medication 22.1%
• Vision care 26.8%
• Hearing aid 2.8%
• Other medical supplies 8.3%
• Escort travel 4.4%
• Transportation services or costs 8.3%

Number of fulfilled required home services (n=732):

• None 95.5%
• One to five 4.4%
• Range 0-5

Number of unfulfilled required home services (n=732):

• None 81.8%
• One 13.0%
• Range 0-4

Total number of required home services (n=732):

• None 79.1%
• One 13.8%
• Two 4.2%
• Range 0-5

Proportion of home services among those believing they need
• One or more home services (n=153): 21.6%
• Light housekeeping (n=716): 9.2%
• Care from a nurse (n=723): 2.8%
• Home maintenance (n=720) 17.8%
• Modifications to home (n=707): 9.9%
Currently receive the service:

- Light housekeeping (n=66): 19.7%
- Care from a nurse (n=20) 50.0%
- Home maintenance (n-125): 16.8%

Currently receive help from family member (n=707):

- Yes, often 7.2%
- Yes, sometimes 8.3%

Preventive Health Care

Last consulted a traditional healer (n=412):

- Within the past 12 months 60.0%
- 1 to 2 years ago 16.6%
- Over 2 years ago 23.4%

Tests or examinations done:

- Cholesterol (n=706): 29.7%
- Vision or eye exam (n=724): 59.4%
- Blood pressure test (n=721): 61.3%
- Blood sugar test (n=718): 45.7%
- Complete physical examination (n=717): 42.3%
- Rectal exam (n=707): 9.5%

Breast self-examination done (n=380):  

- Never performed one 42.4%
- About once per month 35.5%
- About every 2-3 months 11.6%
- Less often than every 2-3 months 10.5%

Time of last mammogram (n=389):

- Never had one 71.7%
- Less than six months ago 6.9%
- 6 months to less than 1 year ago 5.7%
- 1 year to less than 3 years ago 10.0%
- 3 years to less than 5 years ago 2.1%
- 5 or more years ago 6.1%
Last PAP smear test (n=391):

- Never had one 18.9%
- Less than 6 months ago 22.8%
- 6 months to less than 1 year ago 22.8%
- 1 year to less than 3 years ago 24.6%

**Action**

**ACTION (Behaviours):** Also referred to as movement and represents strength. This direction explores what has been done about previously identified barriers and how to nurture us as First Nations. This component is important in that it activates positive change to improve the program so that it better achieves the vision (expectations) of First Nations. Resulting in the health development of their children, families and communities.

**Food and Nutrition**

Eat a nutritious, balanced diet (n=714):

- Always or almost always 30.8%
- Sometimes 56.3%
- Rarely 10.4%

On average, how often do you eat or drink (n=731):

Coffee or tea:

- Never or hardly ever 18.4%
- About once a week 5.6%
- A few times a week 13.3%
- Once a day 18.6%
- Several times a day 44.0%

Soft drinks or pop:

- Never or hardly ever 15.7%
- About once a week 13.7%
- A few times a week 32.7%
- Once a day 18.2%
- Several times a day 19.7%
Fast food

- Never or hardly ever: 25.3%
- About once a week: 33.8%
- A few times a week: 32.0%
- Once a day: 5.6%

Cake, pies, cookies, candy or chocolate

- Never or hardly ever: 35.4%
- About once a week: 23.3%
- A few times a week: 32.0%
- Once a day: 6.4%

French fries, potato chips, pretzels, fry bread

- Never or hardly ever: 18.3%
- About once a week: 29.0%
- A few times a week: 38.7%
- Once a day: 8.8%
- Several times a day: 5.2%

Added salt

- Never or hardly ever: 18.3%
- About once a week: 7.1%
- A few times a week: 16.7%
- Once a day: 13.8%
- Several times a day: 44.0%

Added sugar

- Never or hardly ever: 21.8%
- About once a week: 10.0%
- A few times a week: 17.8%
- Once a day: 12.7%
- Several times a day: 37.8%

Traditional foods eaten

Land based animals (n=718):

- Not at all: 37.7%
- A few times: 42.3%
- Often: 19.9%
Fresh water fish (n=715):

- Not at all: 65.5%
- A few times: 27.1%
- Often: 7.4%

Salt-water fish (n=717):

- Not at all: 82.8%
- A few times: 14.6%

Other water based foods (n=721):

- Not at all: 91.1%
- A few times: 7.8%

Sea-based animals (n=721):

- Not at all: 98.5%

Game birds (n=720):

- Not at all: 79.9%
- A few times: 17.8%

Small game (n=719):

- Not at all: 88.5%
- A few times: 9.6%

Berries or other wild vegetation (n=721):

- Not at all: 37.9%
- A few times: 46.9%
- Often: 15.3%

Bannock, fry bread (n=726):

- Not at all: 5.0%
- A few times: 51.5%
- Often: 43.5%
Corn Soup (n=710):

- A few times 11.1%

Traditional food shared with your household (n=684):

- Often 22.2%
- Sometimes 61.0%
- Never 16.8%

Traditional Food Consumption Indicator (n=732):

- One 13.8%  Six 8.6%
- Two 12.2%  Seven 6.8%
- Three 11.7%  Eight 4.9%
- Four 11.2%  Nine 4.1%
- Five 19.2%

**Physical Activity**

Activity participation (n=695):

- Walking 91.2%
- Swimming 34%
- Bicycle riding, Weights, 31.4%
- Exercise equipment 30.5%
- Running, Berry picking or food gathering 29.5%
- Dancing 29.1%
- Competitive or group sports 25.0%
- Fishing 22.7%
- Golf 21.4%
- Hunting or trapping, 20.7%
- Hiking 19.7%
- Skating & 15.3%
- Bowling 14.5%
- Aerobics or fitness class 9.5%
- Canoeing 6.5%
- Rollerblading 5.9%
- Skiing 5.0%
Number of reported activity types (n=732):

<table>
<thead>
<tr>
<th>Number of Activity Types</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>5.9%</td>
</tr>
<tr>
<td>1</td>
<td>16.9%</td>
</tr>
<tr>
<td>2</td>
<td>14.9%</td>
</tr>
<tr>
<td>3</td>
<td>12.4%</td>
</tr>
<tr>
<td>4</td>
<td>10.8%</td>
</tr>
<tr>
<td>5</td>
<td>8.9%</td>
</tr>
<tr>
<td>6</td>
<td>7.1%</td>
</tr>
<tr>
<td>7</td>
<td>7.4%</td>
</tr>
<tr>
<td>8</td>
<td>NS</td>
</tr>
<tr>
<td>9</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Mean number of reported activity types (n=732): 4.3

Body Mass Index, excluding pregnant females, (n=591):

- Underweight: 0.8%
- Acceptable: 28.4%
- Overweight: 40.8%
- Obese: 26.7%
- Morbidly obese: 3.2%

Participation in activities increasing heart rate and breathing as follows (n=489):

- One per week: 10.6%
- Two per week: 15.5%
- Three per week: 21.3%
- Four per week: 11.5%
- Five per week: 15.1%
- Seven per week: 12.9%
- Range: 0-60

Hours per week participation in physical activities increasing heart rate and breathing (n=603):

- None: 7.1%
- One to two: 36.7%
- Three to four: 20.9%
- Five to six: 14.8%
- Seven to ten: 10.6%
- Eleven or more: 10.0%

Non Traditional Tobacco Use

At the present time, Alberta First Nations Adults are smoking cigarettes (n=724):

- Not at all: 36.3%
- Daily: 47.8%
- Smoking cigarettes occasionally: 15.9%
On average, number of cigarettes smoked each day (n=461):

- 10.5 cigarettes

Alberta First Nations cigarette smokers began smoking at age (n=415):

- Twelve years old 9.2%
- Thirteen years 12.8%
- Fourteen years 14.0%
- Fifteen years 13.5%
- Sixteen years 20.0%
- Youngest 7 years old 0.2%
- Oldest 56 years old 0.2%

Attempts made to quit smoking in the past 12 months (n=400):

- No attempt 43.3%
- 1-2 attempts 38.8%
- 3-4 attempts 9.5%
- Over 5 attempts 8.5%

Number of adults that have ever smoked cigarettes (n=723):

- Yes, daily 10.0%
- Yes, occasionally 10.7%
- No 15.6%
- Current smoker 63.8%

Age began smoking (n=137):

- Average age is 16 years 23.4%
- Range 5 – 59 years

Age quit smoking cigarettes (n=131):

- Youngest 8 years old
- Oldest 87 years old

Reasons for quitting smoking (n=583):

- Choose a healthier lifestyle 63.7%
- Health condition 25.2%
- Out of respect for loved ones 26.7%
- Greater awareness 23.7%
Methods used to quit smoking (n=583):

- Quit smoking cold turkey 86.8%

Smoke-free homes (n=732):

- Smoke-free home 41.7%

**Alcohol Consumption**

During the past 12 months, drank beer, wine, liquor or any other alcoholic beverage (n=717):

- Had a drink 62.3%

Frequency of drinking (n=418):

- 2 to 3 times per year 32.8%
- About once a month 19.6%
- About 2-3 times a month 29.2%
- About 2 to 3 times a week 16.7%
- About once a day 1.7%

Respondents had 5 or more drinks on one occasion (n=409):

- Never drink 20.0%
- Once per month 24.0%
- Once per week 7.6%
- Less than once per month 15.6%
- 2 to 3 times per month 24.7%
- Had a drink more than once per week 8.1%

Use of the following substances in the past 12 months (without a prescription):

**Non-prescription drug use**

Chewing tobacco (n=723):

- Never 89.2%

Marijuana (weed, grass) or hash (n=698):

- Never 69.9%
- About 2-3 times a year 5.6%
- About once a month 3.4%
• About 2-3 times a month 4.2%
• About 2-3 times a week 6.2%
• About once a day 10.7%

Sedatives or downers (Valium etc.) (n=723):
• Never 95.9%

Cocaine, crack, or freebase (n=721):
• Never 94.2%

Codéine, morphine, or opiates (Percodan, Tylenol 3, etc.) (n=728):
• Never 86.0%
• About 2-3 times a year 5.0%

PCP or angel dust (n=723):
• Never 99.6%

Acid, LSD, or amphetamines (n=722):
• Never 98.3%

Ecstasy (n=723):
• Never 99.3%

Inhalants (glue, gas, paint) (n=724):
• Never 99.6%

Heroin (n=723):
• Never 99.4%

Drug Use (excluding chewing tobacco and marijuana) (n=732):
• None used 80.2%
• 2-3 times per year 7.4%
• 12 times per year 2.7%
• 25-36 times per year 1.5%
• 104-156 times per year 2.0%
• 365 times per year 1.9%
Use of non-prescription drug in the last year (excluding chewing tobacco) (n=732):

- Yes 60.9%

Treatment for substance abuse (n=723):

- Alcohol 16.7%
- Drugs 6.5%

**Sexual Health Practices**

Sexually Active (n=541):

- Sexually active 78.2%

In the last 12 months (n=556):

- Had Sexual intercourse 82.4%

Number of partners within the last 12 months (n=411):

- 1 to 2 partners 88.8%
- 3 to 4 partners 7.3%
- Range 1 - 11 or more

Birth control or protection methods used (n=343):

- Condom 54.2%
- Birth control pills 21.9%
- None 31.4%

Methods used for (n=433):

- Not using protection 28.2%
- Birth control 24.5%
- Birth control/protection from STDs 19.2%
- Other reasons 15.7%
- Protection from STDs 12.0%

Use of condoms to avoid getting STDs (n= 391):

- Never 39.9%
- Always to avoid getting STDs 38.1%
- Most of the time 14.6%
- Occasionally 7.4%
Main reason for not using condoms (n=238):

- With steady partner 67.2%

Figure 14. Number of children given birth or number of children fathered (n=709):

Tested for HIV (29):

- Yes 37.7%

**Summary**

Alberta First Nations Adult results followed the 30-cell rule, except for diabetes, suicide attempts and nutrition choices. It was important to note results for diabetes, suicide attempts and nutrition due to the high incidence in the First Nations population, in general. The survey sample did not include remote or isolated Alberta First Nations reserves. It must be kept in mind that the survey data and results must be taken in this context since remote and isolated communities have different characteristics, not captured in the current results. The interpretation of the results is in Chapter 5 under the Alberta First Nations Adult heading.
CHAPTER 3

ALBERTA FIRST NATIONS

YOUTH RESULTS
CHAPTER 3: ALBERTA FIRST NATIONS YOUTH RESULTS

Introduction

Alberta First Nations Youth participated in the RHS; sample size was 228 youth who live in non-isolated or non-remote First Nations reserve communities within 90 km road access of a physician. Gender represented evenly between the ages of twelve to seventeen years of age. Laptops were used by the youth to complete the survey questionnaire, allowing for confidentiality of the responses.

The organization of the data is according to the Cultural Framework from Vision, Relationships, Reason and Action.

Vision

Visioning First Nations’ wellbeing involves examining the complete picture of health including, physical, mental, emotional, and spiritual health issues. From an Indigenous Knowledge perspective, visioning will examine what is the ideal state of First Nations health and wellness (what was the standard in the past what is the desirable/achievable in the future). In order to envision First Nations’ health and wellness, it is imperative to establish a baseline of the extent and causes of the current situation. It is from that baseline that First Nations communities and the stakeholders can move towards the ideal vision.
Health Conditions

Youth reported they have been told they have (n=228):

- Asthma 15.9%

Physical Injury

Youth reported the following injuries most (n=226):

- Cuts, scrapes and bruises: 40.3%
- Sprains and Strains: 23.6%
- Broken or fractured bones: 15.9%
- Burns or scalds: 15.1%

Injury Causes (n=228):

- Fall or trip: 15.2%
- Sports: 20.2%

Dental Care

Approximately the last time youth had any dental care (n=209):

- Less than six months ago 45.5%
- Between 6 months and 1 year 30.6%
- Between 1 and 2 years ago 10.5%
- Between 2 and 5 years ago 7.7%
- More than 5 years ago 4.3%
- Never 1.4%

Type of dental currently needed (n=209):

- Cavities filled or other restorative work 30.6%
- Maintenance dental care 42.1%
- Extractions 4.3%

Experienced problems with teeth or dental pain in the past month (n=220):

- Yes 22.7%
Relationships

RELATIONSHIPS (Time/Ways of Relating): Refers to the experiences that one encounters as a result of relationships built over time and examines how we relate to people. It provides an opportunity to gain an understanding of the attitudes and awareness that exist at this particular point of time, regarding the individual, community and national wellness issues (FNRLSR, 2005).

Personal Wellness and Support

Of the Alberta First Nations Youth that participated in:

Sports or Lessons (n=213):

- Never: 31.5%
- Once a week: 19.2%
- 1 to 3 times a week: 34.7%
- 4 or more times a week: 14.6%

Music or art lessons (n=217):

- Never: 73.3%
- Less than once per week: 13.8%
- Once to three times per week: 7.4%
- Four or more times per week: 5.5%

Traditional singing, drumming, dancing or lessons (n=217):

- Never: 70.0%
- Less than once a week: 18.9%
- One to 3 times a week: 7.8%
- Four or times a week: 3.2%

Self esteem or liking oneself was expressed by the youth (n=224):

- Strongly agreed: 45.1%
- Agreed: 45.1%
- Neither agree or disagree: 6.3%
- Disagree: 2.2%
- Strongly disagree: 1.3%
Youth reported pride in self by (n=221):

- Strongly agreed 48.0%
- Agreed 42.1%
- Neither agree or disagree 5.4%
- Disagree 3.6%
- Strongly disagree 0.9%

Youth reported that a lot of things were good about them (n=225):

- Strongly agreed 39.1%
- Agreed 46.7%
- Neither agree or disagree 7.1%
- Disagree 7.1%

Youth reported that they do things well (n=225):

- Strongly agreed 34.2%
- Agreed 50.7%
- Neither agree or disagree 10.2%
- Disagree 4.0%
- Strongly Disagree 0.9%

I can solve the problems that I have (n=218):

- Strongly agreed 17.9%
- Agreed 59.6%
- Neither agree or disagree 15.6%
- Disagree 6.0%
- Strongly Disagree 0.9%

No one pushes me around in life (n=223):

- Strongly agreed 31.8%
- Agreed 45.3%
- Neither agree or disagree 10.3%
- Disagree 12.1%
- Strongly Disagree 0.4%

Have control over things that happen to them:

- Strongly agreed 23.5%
- Agreed 55.8%
- Neither agree or disagree 14.7%
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can do just about do anything I really set my mind to (n=222)</td>
<td>38.3%</td>
<td>46.8%</td>
<td>10.8%</td>
<td>3.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>I often feel helpless in dealing with the problems of life (n=207)</td>
<td>7.2%</td>
<td>31.4%</td>
<td>17.7%</td>
<td>37.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>What happens to me in the future mostly depended on me (n=215)</td>
<td>37.7%</td>
<td>51.2%</td>
<td>8.4%</td>
<td>2.8%</td>
<td></td>
</tr>
<tr>
<td>There is little I can do to change many of the important things in life</td>
<td>13.6%</td>
<td>29.6%</td>
<td>16.5%</td>
<td>33.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Feeling lonely was expressed by (n=217)</td>
<td>Not at all</td>
<td>A little</td>
<td>Moderately</td>
<td>Quite a bit</td>
<td>A lot</td>
</tr>
<tr>
<td></td>
<td>35.9%</td>
<td>42.4%</td>
<td>7.4%</td>
<td>8.3%</td>
<td>6.0%</td>
</tr>
</tbody>
</table>
Felt loved (n=128):

- Not at all 3.7%
- A little 12.1%
- Moderately 10.2%
- Quite a bit 14.4%
- A lot 59.5%

Stressed (n=210):

- Not at all 26.7%
- A little 30.0%
- Moderately 18.1%
- Quite a bit 12.9%
- A lot 12.4%

The youth were able to talk about their emotional state on the telephone to: (n=220):

- Friend: 56.8%
- Parent/guardian: 50.2%
- Immediate family member: 50.2%
- Another family member: 42.9%

The youth responses to being asked about thoughts of committing suicide (n=204):

- Under 12 years of age 7.4%
- 12-17 years of age 10.8%
- In the past year 5.9%
- Never 76.0%

The youth responses to being asked about suicide attempts (n=211):

- Less than 12 years old 2.4%
- 12-17 years of age 5.7%
- During the past year 2.8%
- Never 89.1%

A close friend or close relative committed suicide in the past year (n=209):

- Yes: 17.2%
Youth reported feelings of sadness, being blue or depressed for 2 weeks in a row (n=212):

- Yes: 34.4%

**Personal Support**

**Balance:**

Youth expressed feelings of physical balance (n=208):

- All of the time 32.2%
- Most of the time 41.8%
- Some of the time 21.2%
- Almost none of the time 4.8%

Youth expressed feelings of emotional balance (n=200):

- All of the time 23.5%
- Most of the time 37.5%
- Some of the time 28.5%
- Almost none of the time 4.8%

Youth expressed feelings of mental balance (188):

- All of the time 35.6%
- Most of the time 36.7%
- Some of the time 16.5%
- Almost none of the time 11.2%

Youth expressed feelings of spiritual balance (193):

- All of the time 28.5%
- Most of the time 32.6%
- Some of the time 22.8%
- Almost none of the time 16.1%
Alberta First Nations youth had someone they could count on:

To listen to them when they need to talk (n=222):

- All of the time 37.8%
- Most of the time 32.4%
- Some of the time 24.8%
- Almost none of the time 5.0%

Need help (n=223):

- All of the time 43.0%
- Most of the time 32.7%
- Some of the time 19.7%
- Almost none of the time 4.5%

Take him or her to the doctor (n=218):

- All of the time 57.8%
- Most of the time 23.9%
- Some of the time 12.8%
- Almost none of the time 5.5%

Shows you love and affection (n=218):

- All of the time 60.1%
- Most of the time 24.3%
- Some of the time 11.5%
- Almost none of the time 4.1%

Someone who can give you a break from your daily routine (n=216):

- All of the time 43.0%
- Most of the time 23.9%
- Some of the time 12.9%
- Almost none of the time 5.5%

Someone to have a good time with (n=221):

- All of the time 51.6%
- Most of the time 30.3%
- Some of the time 16.3%
- Almost none of the time 1.8%
Someone to confide in or talk about yourself or your problems (n=217):

- All of the time 38.7%
- Most of the time 31.3%
- Some of the time 18.4%
- Almost none of the time 11.5%

Someone to do something enjoyable with (n=222):

- All of the time 51.6%
- Most of the time 30.3%
- Some of the time 16.3%
- Almost none of the time 1.8%

Who would you go to first for help if you had?

Family problems (n=219):

- Parent or guardian 44.7%
- Other family members 18.7%
- Friends my age 22.4%

Relationship problem with boyfriend or girlfriend (n=210):

- Parent or guardian 27.6%
- Other family members 7.5%
- Friends my age 47.1%
- No one 10.0%

Finances (n=212):

- Parent or guardian 68.4%
- Other family members 7.5%
- Friends my age 3.3%
- No one 16.0%

Drugs or alcohol problems (n=207):

- Parent or guardian 45.4%
- Other family members 14.0%
- Friends my age 17.9%
- No one 14.5%
Anger or feeling out of control (n=214):

- Parent or guardian 47.7%
- Other family members 13.6%
- Friends my age 19.2%
- No one 13.1%

Depression (n=214):

- Parent or guardian 50.5%
- Other family members 12.6%
- Friends my age 15.9%
- No one 18.2%

Problems with friends (n=219):

- Parent or guardian 47.5%
- Other family members 17.8%
- Friends my age 19.2%
- No one 10.0%

Sexual or physical assault (n=208):

- Parent or guardian 62.0%
- Other family members 12.0%
- Friends my age 8.2%
- No one 10.0%

STDs (n=203):

- Parent or guardian 57.1%
- Other family members 10.3%
- Friends my age 4.9%
- Doctor, nurse or health aide 14.8%
- No one 10.8%

Birth control (n=203):

- Parent or guardian 51.2%
- Other family members 10.8%
- Friends my age 6.9%
- Doctor, nurse or health aide 14.8%
- No one 12.3%
Pregnancy (n=199):

- Parent or guardian 51.8%
- Other family members 10.6%
- Friends my age 10.6%
- Doctor, nurse or health aide 9.5%
- No one 12.6%

Residential School

Parent’s attendance at residential school:

- Mother (n=204) 27.9%
- Father (n=181) 30.9%
- One or more parent (n=228) 43.0%

Grandparent’s attendance at residential school:

- Maternal grandmother (n=178) 76.4%
- Maternal grandfather (n=169) 72.8%
- Paternal grandmother (n=144) 73.8%
- Paternal grandfather (n=140) 72.9%
- One or more grandparent 89.2%

Other issues affecting the well being of teens in the community (n=228):

- Drugs and alcohol 26.8%

Language

Language Used Most Daily (n=226)

- English 93.8%
- Blackfoot 3.5%
- Cree 0.4%
- Stoney 2.2%
### Number of languages understood (n=228):

<table>
<thead>
<tr>
<th>Number of languages</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluently</td>
<td>57.7%</td>
<td>86.8%</td>
<td>NS</td>
</tr>
<tr>
<td>Relatively well</td>
<td>82.5%</td>
<td>14.0%</td>
<td>NS</td>
</tr>
<tr>
<td>Few words</td>
<td>31.6%</td>
<td>49.1%</td>
<td>12.3%</td>
</tr>
<tr>
<td>No understanding</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Fluently/Relatively well</td>
<td>0</td>
<td>77.6%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Fluently/Relatively well (excluding English, French, sign language)</td>
<td>81.6%</td>
<td>15.9%</td>
<td>NS</td>
</tr>
<tr>
<td>First Nations languages Fluently/Relatively well</td>
<td>81.6%</td>
<td>18.4%</td>
<td>NS</td>
</tr>
</tbody>
</table>

### Youth understand the following languages (N=228):

<table>
<thead>
<tr>
<th>Language</th>
<th>Fluently</th>
<th>Relatively well</th>
<th>Few words</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>92.5%</td>
<td>6.1%</td>
<td>-</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>3.1%</td>
<td>5.3%;</td>
<td>35.5%</td>
</tr>
<tr>
<td>Cree</td>
<td>3%</td>
<td>4%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Stoney</td>
<td>2%</td>
<td>2%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

### Youth speak the following languages (n=228):

<table>
<thead>
<tr>
<th>Language</th>
<th>Fluently</th>
<th>Relatively well</th>
<th>Few words</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>92.5%;</td>
<td>6.1%</td>
<td>-</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>3.1%</td>
<td>1.8%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Cree</td>
<td>3%</td>
<td>1%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Stoney</td>
<td>3%</td>
<td>0.4%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

### Number of language person speaks (n=228):

<table>
<thead>
<tr>
<th>Number of languages</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluently</td>
<td>4.8%</td>
<td>89.0%</td>
<td>3.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Relatively well</td>
<td>88.2%</td>
<td>10.5%</td>
<td>1.3%</td>
<td>-</td>
</tr>
<tr>
<td>Few words</td>
<td>40.8%</td>
<td>47.8</td>
<td>6.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>No understanding</td>
<td>-</td>
<td>84.6%</td>
<td>11.0%</td>
<td>-</td>
</tr>
<tr>
<td>Fluently/Relatively well (excluding English, French, sign language)</td>
<td>89.0%</td>
<td>7.9%</td>
<td>2.6%</td>
<td>-</td>
</tr>
<tr>
<td>1 or more First Nations languages</td>
<td>89.0%</td>
<td>11.0%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Culture

Youth were helped to understand culture by:

- Grandparents 58.9%
- Parents 53.6%
- Aunts and Uncles 26.8%
- School Teachers 28.6%
- Other Relatives 25.0%
- Community Elders 17.9%
- Community members 14.7%
- Friends 12.9%
- No one 5.4%

Reason

REASON (Analysis/Reason): Also referred to as learned knowledge. It is where we become reflective, meditative and self-evaluative. It is in this direction, that the broader determinants of health are examined. It is the mental component of the human being. It is the activity called thinking, reason represents all those elements of the mind that allow us to live, and earn a living (FNRLSR, 2005).

Demographics

Of the 228 Alberta First Nations Youth that were surveyed, 49.6% are male and 50.4% are female between the ages of twelve to seventeen years of age.

Household and Living Environment Information

Housing:

- Homes for the youth ranged in size from 1 to 12 rooms
- 5 to 7 rooms was the most reported house size for the youth
Children living in the household under 6 years old (n=225):

- None 63.6%
- One 28.0%
- Two to four 8.4%

Children living in the household under 6 to 11 years old (n=225):

- None 49.3%
- One 34.7%
- Two to four 16.0%

Children Living in Household Age 0 to 17 years old (n=224):

- One 12.5%
- Two 10.3%
- Three 19.2%
- Four 17.0%
- Five 21.9%
- Six or more 18.7%
- Mean: 4.3
- Range 1 to 17

Adults 18 to 64 years Living in the Household (n=226):

- None 0.9%
- One adult 13.2%
- Two adults 53.1%
- Three adults: 21.9%
- 4 or more adults 12.0%
- Mean 2.4
- Range: 0 to 9

Adults 65 years and older (n=226):

- One 4.0%

Live with most of the time (n=228)

- Biological mother 77.6%
- Biological father 45.6%
- Stepfather 14.0%
- Brothers or sisters 42.5%
General Health

Youth self-rated health (n=222):

- Excellent 21.2%
- Very good 31.5%
- Good 36.9%
- Fair 9.5%
- Poor 0.9%

Youth said what makes them so healthy (more than one selected) (n=112):

- A good diet 38.4%
- Reduced stress 14.3%
- Good social supports 44.6%
- Good sleep or proper rest 50.0%
- Happy or content 49.1%
- Exercise or active in sports 69.6%
- In balance 36.6%

Youth Body Mass Index (n=149):

- Underweight 11.4%
- Acceptable 51.0%
- Overweight 23.5%
- Obese 13.4%
- Morbidly Obese 0.7%

Youth Satisfaction with Weight:

- Very Satisfied 34.9%
- Somewhat Satisfied 31.6%
- Neither Satisfied/Dissatisfied 15.1%
- Somewhat to very Dissatisfied 13.7%
- Very dissatisfied 4.7%

Education

Current School Attendance (n=225):

- Yes 87.6%
Feelings about Going to School (n=197):

- I like school very much 42.6%
- I like school somewhat 43.7%
- Unsure 5.1%
- I dislike school 6.1%
- I dislike school very much 2.5%

Highest Level of School Completed n=193):

- Grade 6 17.6%
- Grade 7 16.6%
- Grade 8 15.5%
- Grade 9 21.2%
- Range of school completion was from Grade 3 to Grade 12

Youth that reported having problem learning at school (n=227):

- Yes 49.8%

Skipped or Advanced a Grade as a result of academic performance (n=222):

- Yes 12.6%

Repeated a grade (n=226):

- Yes 45.1%

The youth respondents (n=228), half had problems learning in school:

- Problems reading 32.1%
- Problems writing 17.0%
- Problems with math 47.3%
- Short attention span 13.0%
- Too many distractions 41.1%
- Difficulty understanding the teacher 35.7%

Highest level of school that Alberta First Nations youth would like to complete (n=210):

- High school diploma 26.2%
- College diploma 13.8%
- Trade, technical, vocational school 3.8%
- University degree 36.7%
- Master’s degree 13.3%
- Doctorate 6.2%
Employment (n=219):

- Never worked: 52.5%
- Less than once a week: 20.5%
- 1-3 times a week: 16.4%
- + 4 times a week: 10.5%

Health Care Utilization

Consult a traditional healer (n=215):

- Never 54.0%
- Within the last 12 months 23.7%

Counselling, psychological testing, or any other mental health service (n=204):

- Never 68.7%
- Within the last 12 months to over 2 years ago 22.6%

Had any of the following tests or examinations (n=222):

- Vision or eye exam 53.2%
- Complete physical examination 16.7%
- Blood sugar test 16.4%

Action

ACTION (Behaviours): Also referred to as movement and represents strength. This direction explores what has been done about previously identified barriers and how to nurture us as First Nations. This component is important in that it activates positive change to improve the program so that it better achieves the vision (expectations) of First Nations. Resulting in the health development of their children, families, and communities.
Lifestyle

Chewing tobacco (n=227):

- Never 88.5%

Drug Use

Marijuana use (n=219):

- Never (weed, grass): 68.5%
- From once a month to once a day 24.7%

PCP or angel dust, (n=227):

- Never 99.1%

Acid, LSD or amphetamines (227):

- Never 98.2%

Ecstasy (225):

- Never 99.1%

Inhalants (glue, gas, paint) (226):

- Never 99.6%

Sedatives or downers (Valium, etc.)(226):

- Never 98.2%

Cocaine, crack, and freebase (n=226):

- Never 96.5%

Codéine morphine, opiates (Percodan, Tylenol 3, etc.) (n=227):

- Never 96.5%
Heroin (n=228):

- Never 100.0%

**Alcohol**

Drink of beer, wine, liquor or other alcoholic beverage in the last 12 months.

- Yes 43.4%

During the past year, often have 5 or more drinks on one occasion (n=92):

- Never 21.7%
- Once per week to once a month 37.0%
- Every day 1.1%
- Less than once per month 17.4%
- 2-3 times per month 17.4%
- More than once per week 5.4%

At the present time, smoke cigarettes (n=225):

- Not at all 68.9%
- Daily 21.8%
- Occasionally 9.3%

On average, number of cigarettes smoked each day (n=70):

- One to ten 75.8%
- Eleven to twenty two 21.9%
- Mean 6.3

Age at which youth began smoking (n=69):

- Eight to twelve years 36.1%
- Thirteen 21.7%
- Fourteen 21.7%
- Fifteen to eighteen 30.2%
- Mean age: 12.9 years
- Range 8 - 18 years

Tried to quit smoking (n=57):

- Never 28.1%
- One to two tries 45.6%
- Three or more tries 26.3%
Number of youth smoking cigarettes daily (n=151):

- Yes 11.9%

Age began smoking cigarettes (n=17):

- Ten years 5.9%
- Twelve years 52.9%
- Thirteen 29.4%
- Fifteen 11.8%

Age quit smoking cigarettes (n=210):

- Ten years 5.6%
- Twelve 27.8%
- Thirteen 11.1%
- Fourteen 16.7%
- Fifteen 22.2%
- Sixteen 16.7%

Reasons for quitting smoking cigarettes (n=18):

- Chose a healthier lifestyle 50.0%
- Health condition 16.7%
- Peer pressure from friends and co-workers 11.1%
- Out of respect for loved ones 22.2%
- Greater awareness of health effects 27.8%

Smoke free home (n=226):

- Yes 25.7%

**Sexual Health**

Sexually active (n=199):

- Yes 28.1%

Sexual intercourse in the past 12 months (n=192):

- Yes 30.7%

Number of people you have sexual intercourse with in the past 12 months (n=53):

- One to two 77.4%
- Three to eleven or more 22.6%
Birth control protection used (n=56):
- Condom 73.2%
- Birth control pills 23.2%

Reasons for using birth control methods (n=47):
- Avoid pregnancy 23.4%
- Protection from STDs 25.5%
- Both birth control/ protection from STDs 51.1%

Use condoms to avoid getting STDs (n=57):
- Always 70.2%

Reasons for not always using a condom (n=15):
- With steady partner 46.7%
- Under the influence of alcohol or drugs 26.7%

Been pregnant or got someone pregnant (n=213):
- Yes 8.5%

Number of children given birth to or fathered (n=18):
- 1 child 61.1%
- 3 children 5.6%

Food and Nutrition

The Youth ate a nutritious balanced diet (n=224):
- Always or almost always 16.1%
- Sometimes 65.2%
- Rarely 12.9%
- Never 5.8%
On average, the following foods were eaten (n=228):

Coffee or tea:
- Never or hardly: 66.7%
- About once a week: 14.9%
- A few times a week: 7.9%
- Once a day: 5.7%
- Several times a day: 4.8%

Fast Food:
- Once to several times a week: 78%
- Once to several times a day: 14%

Soft drinks:
- Never or hardly: 4.8%
- About once a week: 9.6%
- A few times a week: 39.9%
- Once a day: 5.7%
- Several times a day: 4.8%

Fast Food:
- Never or hardly: 8.3%
- About once a week: 32.5%
- A few times a week: 45.2%
- Once a day: 11.0%
- Several times a day: 3.1%

Cakes, cookies, candy or chocolate:
- Never or hardly: 17.1%
- About once a week: 26.8%
- A few times a week: 35.1%
- Once a day: 13.6%
- Several times a day: 7.5%

French fries, potato chips, pretzels:
- Never or hardly: 8.8%
- About once a week: 19.3%
- A few times a week: 45.2%
- Once a day: 18.0%
- Several times a day: 8.8%
Added salt:

- Never or hardly: 28.5%
- About once a week: 6.1%
- A few times a week: 18.4%
- Once a day: 18.4%
- Several times a day: 8.8%

Added sugar:

- Never or hardly: 23.7%
- About once a week: 14.0%
- A few times a week: 24.6%
- Once a day: 15.8%
- Several times a day: 21.9%

Traditional food eaten by the youth in the last 12 months:

Land based animals (n=226):

- A few times: 42.0%
- Often: 17.7%

Fresh water fish (n=225):

- Often/Few Times: 16.4%

Game birds (n=225):

- Few times: 14.2%

Berries or other wild vegetation (n=225):

- Few times: 54.2%
- Often: 17.3%

Bannock/Fry Bread (n=228):

- Few times: 41.2%
- Often: 53.1%

Someone shared traditional food with household (n=198):

- Often: 18.7%
- Sometimes: 59.1%
- Never: 22.2%
Time Spent Weekly in Physical Activity that Increases Heart Rate or Breathing (n=199):

- 1-5 hours 44.7%
- 11 to more than 20 hours 18.1%
- 6-10 hours 17.1%
- Less than 1 hour 15.6%
- None 4.5%

Types of Physical Activity Participated During the Last 12 Months (n=227):

- Walking 92.1%
- Running 74.4%
- Swimming 62.6%
- Bicycle Riding 60.8%
- Competitive sports 59.9%
- Skating 41.9%
- Weights 41.4%
- Dancing 38.3%
- Berry picking 29.5%
- Bowling 22.9%
- Skiing 22.0%
- Hiking 21.6%
- Golf 20.3%
- Rollerblading 20.3%
- Hunting 19.8%
- Fishing, Skateboard 18.9%

Alberta First Nations Youth participated in other recreation activities

Watching Television (n=223):

- 1 to 2 hours 31.4%
- 3 to 5 hours of television 40.8%
- 6 hours or more 19.3%

Video Games (n=220):

- Less than one hour or not at all 44.5%
- 1 to 2 hours 30.5%
- 3 to 5 hours 17.3%

Computer Use (n=215):

- No computer at all 54.9%
- 1 hour to 2 hours 28.8%
- 3 to 5 hours 13.5%
Spending Time Outdoors (n=221):

- 1 to 2 hours outdoors 31.7%
- 3 to 5 hours outdoors 39.4%
- 6 hours or more 21.3%

Assisting with Household Chores (n=221):

- Did not assist or spent less than one hour 25.8%
- 1 to 2 hours 31.7%
- 3 to 5 hours 39.4%
- 6 or more hours 21.3%

Youth reported the things that make them healthy (More than one selected):

- Regular exercise or active in sports 69.6%
- Good sleep or proper rest 50.0%
- Happy or content 49.1%
- Good social supports 44.6%
- Good diet 38.4%
- In balance 36.6%

**Summary**

Alberta First Nations data results are based on the First Nations Cultural Framework with Population Health Determinants interspersed throughout. Alberta First Nations Youth responded to the First Nations Regional Longitudinal Survey Questionnaire using laptop to ensure more accurate responses, as well, to maintain confidentiality. The survey sample did not include isolated or remote First Nations reserves. The same rules were followed for this group as with the adult and children’s data results. The exceptions to the 30-cell rule included suicide since this population is seen to be at higher risk. The data interpretation is in Chapter 5 under the Youth heading.
CHAPTER 4

ALBERTA FIRST NATIONS

CHILDREN RESULTS
CHAPTER 4: ALBERTA FIRST NATIONS CHILDREN RESULTS

Introduction

First Nations Children on Alberta’s First Nations communities begin life at a disadvantage due to conditions already existing, yet these conditions will affect their life’s chances. The conditions that will affect their health will be poverty, poor nutrition, and environmental pollutants, such as tobacco smoke. Birth weight will be affected by the prenatal nutrition that the mother receives during pregnancy. Despite a recognized relationship between poverty and children’s health, few studies have found what conditions need to exist before health, physical growth and development and increased mortality are negatively affected. Parent’s level of education and lifestyle choices affect the health of children. Children display health problems by developing any of these conditions: respiratory problems, low iron in the blood, ear infections, premature birth or low birth weight. The health problems continue into adulthood most likely to result in a lessened quality and length of life. Children’s health can be affected in a number of ways since the family’s socio-economic status provides for shelter, food, warmth and the ability to make choices about the quality of life. First Nations children live in poverty, have lower family income and lower education levels of parents, puts them at greater risk for being overweight or obese.

First Nations children are likely to be affected by family violence. Self-esteem issues can result in learning and behaviour difficulties in school.
**Vision**

**VISION (Ways of seeing):** Within a First Nations cultural paradigm, vision is considered the most fundamental of principles. Visioning First Nations’ well-being involves examining the complete picture of health including, physical, mental, emotional, and spiritual health issues. From an Indigenous Knowledge perspective, visioning will examine what is the ideal state of First Nations health and wellness (what was the standard in the past what is the desirable/achievable lithe future). In order to envision First Nations’ health and wellness, it is imperative to establish a baseline of the extent and causes of the current situation. It is from that baseline that First Nations communities and the stakeholders can move towards the ideal vision (FNRLSR, 2005).

**Health Conditions**

Alberta First Nations were told by a health professional that they had the following health conditions.

Health conditions:

- Asthma (n=358): 13.4%
- Allergies (n=357): 10.9%
- Tuberculosis (n=361): 0.3%
- Diabetes (n=362): 0.0%

Age of diagnosis:

- Asthma (n=43) mean age: 2.4 years
- Allergies (n=19) mean age: 2.3 years

Limitations in activity:

- Asthma (n=43) 33.2%
- Allergies (n=38) 15.8%

Asthma attack in the past 12 months (n=44):

- Yes 36.4%
Undergoing treatment:

- Asthma (n=43): 30.2%
- Allergies (n=38): 28.2%

In the past 12 months, child had blood sugar test to screen for diabetes (n=23):

- Yes 6.5%

**Physical Injuries**

Experienced injuries:

- Fractured bones (n=351) 3.0% NS
- Cuts, scrapes and bruises (n=362) 11.9%

Injury causes:

- Fall or trip (excl. bicycle, sport, Snowmobile) (n=362) 5.8% NS
- Physical assault (362) 0.3% NS
- Dog bite (n=362) 0.8% NS
- Bite by animal other than dog (n=362) 0.6% NS
- Natural environmental factors (n=362) 0.8% NS
- Other injury causes (n=362) 4.7% NS

Alcohol or drug related injury:

- Natural environmental factors (n=2) 50.0%

**Dental Care**

The last time child had dental care approximately (n=356):

- Less than 6 months ago 49.7%
- Between 6 months and a year 28.1%
- Between 1 and 2 years ago 9.0%
- Never had dental work 12.4%

Dental work currently needed (n=356):

- Cavities filled or other restorative work: 26.0%
- Maintenance 46.6%
• Extractions 6.5%
• Fluoride treatment 11.9%

Children’s teeth affected by Baby Bottle Tooth Decay (n=352):

• Affected 17.6%
• Received treatment (n=62) 72.4%

Dental Treatment

• Dental Care
  • Last 12 months 71.3%
  • Less than 6 months ago 44.2%
  • 6 months to a year ago 24.9%
  • 1 or 2 years ago 9.0%
  • Over 2 years ago 2.8%
  • Never 19.1%

Relationships

(Time/Ways of Relating): Refers to the experiences that one encounters as a result of relationships built over time and examines how we relate to people. It provides an opportunity to gain an understanding of the attitudes and awareness that exist at this particular point of time, regarding the individual, community and national wellness issues (FNRLSR, 2005).

Perceived Health Status

Children’s General Health (n=362)

• Excellent 45.9%
• Very good 29.6%
• Good 18.0%
• Fair 5.5%
• Poor 1.1%
**LANGUAGE**

Alberta First Nations children rated learning a First Nations language (n= 362):

- Very important: 66.3%
- Somewhat important: 28.7%

English and First Nations languages child understands (n=317):

<table>
<thead>
<tr>
<th>Languages</th>
<th>Fluently</th>
<th>Relatively Well</th>
<th>Fluently/Relatively Well</th>
<th>Few Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>85.5%</td>
<td>9.8%</td>
<td></td>
<td>2.2%</td>
</tr>
<tr>
<td>Blackfoot</td>
<td>2.8%</td>
<td>4.1%</td>
<td></td>
<td>32.2%</td>
</tr>
<tr>
<td>Cree</td>
<td>0.3%</td>
<td>1.6%</td>
<td></td>
<td>23.7%</td>
</tr>
<tr>
<td>Stoney</td>
<td></td>
<td>0.3%</td>
<td></td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Number of languages understands (n=317):

<table>
<thead>
<tr>
<th>Number of languages</th>
<th>Fluently</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluently</td>
<td>14.5%</td>
<td>83.0%</td>
<td>2.5%</td>
<td>-</td>
</tr>
<tr>
<td>Relatively well</td>
<td>83.0%</td>
<td>16.1%</td>
<td>0.6%</td>
<td>-</td>
</tr>
<tr>
<td>Few words</td>
<td>40.4%</td>
<td>53.3%</td>
<td>5.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Fluently/Relatively well</td>
<td>4.4%</td>
<td>85.5%</td>
<td>9.5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Fluently/Relatively well (excluding English, French, sign language)</td>
<td>91.5%</td>
<td>8.2%</td>
<td>0.3%</td>
<td>-</td>
</tr>
<tr>
<td>First Nations languages Fluently/Relatively well</td>
<td>91.5%</td>
<td>8.5%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Number of languages child speaks (n=326):

<table>
<thead>
<tr>
<th>Number of languages</th>
<th>Fluently</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluently</td>
<td>17.8%</td>
<td>81.0%</td>
<td>1.2%</td>
<td>-</td>
</tr>
<tr>
<td>Relatively well</td>
<td>85.9%</td>
<td>13.5%</td>
<td>0.6%</td>
<td>-</td>
</tr>
<tr>
<td>Few words</td>
<td>39.9%</td>
<td>54.6%</td>
<td>4.6%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Fluently/Relatively well</td>
<td>8.9%</td>
<td>84.4%</td>
<td>6.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Fluently/Relatively well (excluding English, French, sign language)</td>
<td>94.8%</td>
<td>5.2%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>First Nations languages Fluently/Relatively well</td>
<td>94.8%</td>
<td>5.2%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
English, French, Sign Language and First Nations languages speaks (n= 326):

<table>
<thead>
<tr>
<th>Languages</th>
<th>Fluently</th>
<th>Fluently/Relatively Well</th>
<th>Relatively Well</th>
<th>Few Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>82.2%</td>
<td></td>
<td>8.9%</td>
<td></td>
</tr>
<tr>
<td>French</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sign Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blackfoot</td>
<td>0.9%</td>
<td>3.7%</td>
<td>2.8%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Cree</td>
<td></td>
<td>22.7%</td>
<td>0.9%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Stoney</td>
<td></td>
<td>0.3%</td>
<td>0.3%</td>
<td></td>
</tr>
</tbody>
</table>

Satisfaction with child’s knowledge of First Nations or Inuit language (n=308):

- Very satisfied 14.3%
- Satisfied 38.3%
- Neither satisfied nor dissatisfied 18.8%
- Dissatisfied 21.8%

**Culture**

Alberta First Nations considered traditional events in the child’s life (n=351):

- Very important 51.6%
- Somewhat important 36.1%
- Not very important 9.2%

Teachers of culture for children (n=351):

- Grandparents 66.4%
- Parents and schoolteachers 29.3%
- Aunts and uncles 27.9%
- Other relatives 19.1%
- Community elders 13.7%
- Other community members 9.7%
- Friends 4.6%
- No one 6.0%
Residential Schools

Residential school attendance by:

Parents:
- Mother or guardian (n=356): 6.5%
- Father or guardian (n=335): 14.3%
- One or more parent’s (n=356): 18.3%

Grandparents:
- Mother’s or guardian’s mother (n=329): 60.2%
- Mother’s or guardian’s father (n=285): 63.2%
- Father’s or guardian’s mother (n=267): 67.8%
- Father’s or guardian’s father (n=250): 64.8%
- One or more grandparents (n=342): 81.9%

Child Care Arrangement

Children currently receiving childcare while parent or guardian is at work or studying (n= ):  
- Yes 27.9%

Main childcare arrangements for children (n=108):
- Someone else’s home by a relative 20.4%
- Child’s home, a relative, not a brother or sister 32.4%
- Day care center 17.6%

Number of hours per week spent in childcare (n=84):
- Average hours a week in childcare 19.75
- Range 1 - 80 hours

Emotional and Social Well-Being

Non-school Activity participation:

Art or music groups or lessons (n=296):
- Less than once per week 10.1%
Traditional singing, drumming or dancing groups or lessons (302):

- Less than once per week 15.9%
- 1 or more times per week 10.3%

Sport Teams or Lessons (n=292):

- Less than once per week 10.6%
- 1-3 times per week 25.3%

Average hours per week spent:

Watching television (n=284):

- None to ten hours 35.0%
- Eleven to twenty hours 9.9%
- Twenty one to thirty hours 5.4%
- Thirty one to fifty six hours 5.8%
- Mean 14.4 hours

Average hours per week spent:

Using a computer (n=139):

- None 9.4%
- Up to two hours 34.5%
- Two to three hours 32.3%
- Three hours to six hours 29.9%
- Six hours to thirty hours 18.0%

Outdoors (n=296):

- None to ten hours 38.3%
- Eleven to twenty hours 27.9%
- Twenty one to thirty hours 18.8%
- Thirty one to forty hours 7.2%

Assisting with household chores (n=222):

- Less than 1 hour 3.2%
- 1 hour 23.9%
- 2 hours 14.9%
- Range 0-30 hours
Child reads for fun or is read to (n=359):

- Everyday 43.7%
- A few times a week 30.9%
- Less than once a month 10.5%
- Almost none of the time 10.9%

Child behavior with the family in the past 6 months (n=351):

- No difficulties 53.0%
- Quite well with hardly any difficulties 38.5%
- Not too well, lots or constant difficulties 6.6%

Other issues affecting the well being of children in this community:

- Reported no issues 29.8%
- Reported Drugs and Alcohol 9.0%

**Reason**

**REASON (Analysis/Reason):** Also referred to as learned knowledge. It is where we become reflective, meditative and self-evaluative. It is in this direction, that the broader determinants of health are examined (FNRLSR, 2005).

**Demographics**

**Personal Background Information**

The Alberta First Nations Child participants of the First Nations 2002-03 Regional Longitudinal Health Survey (RHS) consisted of 176 males (48.6%) and 186 females (51.4%) of the total n=362 (100%) sample surveyed on reserve. Parents or guardians completed the RHS survey questionnaire.

**Birth Weight**

- Birth weights ranged from 0.5 kg. to 5.5kg
Body Mass Index

Body Mass Index (based on adult thresholds) (n=118):

- Underweight 36.4%
- Acceptable 35.6%
- Overweight 15.3%
- Obese 10.2%
- Morbidly obese 2.5%

Other People Living in Household

Under 6 years old living in the household, including the child (n=361):

- None 28.8%
- One 37.4%
- Two 23.8%
- Three 7.8%
- Four or more persons 2.2%
- Range 0-10

Number of children, 6-11 years old living in the household, including the child (n=361):

- None 17.7%
- One 40.2%
- Two 27.4%
- Three 12.2%
- Four 2.5%
- Range 0-4

Number of children, 12-17 years old living in the household, including the child (n=361):

- None 58.7%
- One 24.7%
- Two 14.4%
- Three or more 2.2%
- Range 0-4
Under 18 years old (n=361):

- One: 9.1%
- Two: 24.9%
- Three: 26.9%
- Four: 23.5%
- Five: 9.4%
- Six to twelve: 6.2%
- Range: 1 to 12

Adults 18-64 years old (n=361):

- None: 0.3%
- One: 15.5%
- Two: 57.9%
- Three: 15.5%
- Four to seven: 10.9%
- Range: 0 to 7

Adults over 65 years old (n=361):

- None: 94.7%
- One: 4.7%
- Two: 0.6%

Adults over 18 years old (n=361):

- One: 15.2%
- Two: 56.0%
- Three: 16.1%
- Four to seven: 12.8%
- Range: 1 to 7

Child lives most of the time with (n=361):

- Biological Mother: 91.7%
- Biological Father: 51.5%
- Brothers or sisters: 29.1%
- Grandparent: 10.8%
- Adoptive parents: 3.9%
- Stepfather/stepmother/step siblings: 8.3%
- Foster parents: 0.8%
- Aunts, uncles, or cousins: 6.6%
**Income**

Family income determines the environment the opportunities that the child can expect.

Amount of Household Income (n= 238):

- Less $10000-$19,999 58.0%
- $20000-$29,999 15.5%
- $30000-$49,999 22.7%
- $50,000+ 13.1%

**Housing**

- Average number of rooms 5 to 7
- Range: 2 to 12
- Mean number of rooms: 5.85

**Education**

Alberta First Nations children have parents with the following education standards:

Mothers’ education (n=351):

- Some high school 39.6%
- A high school diploma 21.1%
- Community college diploma or certificate 16.5%
- Trade/vocational school diploma/certificate 12.0%
- University degree, (incl. a masters degree) 5.4%

Father’s education (n=312):

- Some high school 47.8%
- High school diploma 15.1%
- Trade/vocational school certificate/diploma 16.3%
- Community college certificate/diploma 9.0%
- University degree 1.9%

Children currently attending School (n=330):

- Yes 75.8%
- Male 49.0%
- Female 51.0%
- Aboriginal Head Start 35.6%
Child has attended Aboriginal Head Start (n=247):

- Yes 75.8%

Child’s performance in his grade compared to other children (n=231):

- Above average 24.2%
- Slightly above average 17.7%
- Average 42.0%
- Slightly below average 10.8%
- Below average 5.2%

Child Skipped or Advanced a Grade as a Result of Academic Performance (n=325)

- Advanced a grade. 4.0%

Child repeated a grade (n=321):

- Yes 15.3%
- Yes (n=160) 31 males
- Yes (n=181) 18 females

Health Care Access

Barriers to health access:

- Waiting list too long (n=254) 23.2%
- Not covered by NIHB (n=349) 10.6%

Action

ACTION (Behaviours): Also referred to as movement and represents strength. This direction explores what has been done about previously identified barriers and how to nurture us as First Nations. This component is important in that it activates positive change to improve the program so that it better achieves the vision (expectations) of First Nations. Resulting in the health development of their children, families, and communities (FNRLSR, 2005).
Physical Activity

Children were involved in physical activity (n=347):

- Never 7.2%
- Less than once a week 1.7%
- Once a week 2.0%
- 2-3 times a week 21.0%
- 4-6 times a week 13.3%
- Every day 54.8%

Types of activity, more than one activity selected (n=353):

- Walking 88.7%
- Running 73.4%
- Swimming 70.5%
- Bicycling 70.0%
- Dancing 37.7%
- Skating 37.4%
- Berry picking or other food gathering 34.6%
- Competitive group sports 22.9%
- Fishing 21.2%
- Bowling 18.4%
- Line skating, rollerblading 18.1%
- Skateboarding 14.4%
- Hiking 13.9%
- Golf 11.3%
- Hunting/Trapping 9.9%

Activity participation in (non-school) sports teams or lessons (n=292):

- Never 58.9%
- Less than once a week 10.6%
- One to three times a week 25.3%

Activity participation in art or music lessons (n=296):

- Never 82.8%
- Less than once a week 10.1%
- One to more than four times a week 7.1%
Activity participation in traditional singing, drumming or dancing groups or lessons (n=302):

- Never: 73.8%
- Less than once a week: 15.9%
- One to more than four times a week: 10.3%

Food and Nutrition

Nutritious Balanced Diet (n=358):

- Always or almost always: 53.6%
- Sometimes: 40.8%

Average consumption of (n=361):

Coffee or tea:

- Never or hardly ever: 93.4%

Soft Drinks or pop

- Never or hardly ever: 19.4%
- About once a week: 22.0%
- A few times a week: 41.8%
- Once a day: 10.5%
- Several times a day: 6.1%

Fast food

- Never or hardly ever: 24.4%
- Once a week: 39.0%
- A few times a week: 32.7%

Cakes, pies, cookies, candy or chocolate

- Never or hardly ever: 13.6%
- Once a week: 28.5%
- A few times a week: 39.9%
- Once a day: 16.6%
French Fries, potato chips, pretzels, Fried Bread, etc:

- A few time a week 46.8%
- About once a week 33.0%
- Once a day 10.0%
- Never or hardly ever 9.1%

Added Salt:

- Never or hardly ever 43.4%
- About once a week 9.1%
- A few time a week 16.3%
- Once a day 10.0%

Added Sugar:

- Never or hardly ever 34.6%
- About once a week 14.7%
- A few time a week 24.9%
- Once a day 16.6%
- Several times a day 9.1%

Traditional foods eaten:

Land Based Animals (n=359):

- A few times 37.0%
- Often 13.4%

Fresh water fish (n=360):

- A few times 19.2%

Saltwater fish (n=358):

- A few times 10.9%

Game birds (n=358):

- A few times 12.3%

Small game (n=360):

- A few times 8.6%
Berries or other wild vegetation (n=359):

- A few times 48.2%
- Often 15.9%

Bannock or Fry Bread (n=361):

- A few times 49.6%
- Often 42.1%

Sharing traditional food with your household: (n=349):

- Yes 19.2%
- Yes 59.0%

Lifestyle

Tobacco

Mothers smoked per day during pregnancy (n=349):

- Yes, throughout pregnancy 33.5%
- Yes, but quit in the 1st trimester 7.7%
- Yes, but quit in the 2nd trimester 3.4%
- Yes, but quit in the 3rd trimester 2.3%

Approximate number of times cigarettes smoked per day (n=143):

- Daily cigarette smokers 75.5%
- Occasional, not daily 24.5%

Approximate number cigarettes smoked per day (n=108):

- One to nine 49.2%
- Ten to twenty 49.1%
- Twenty five 2.8%
- Mean 9.4

Someone else in the household smoked while the mother was pregnant (n=345):

- Yes 60.3%
Child lives in a smoke-free home (n=355):

- Yes 44.2%

Respondents think the child smokes cigarettes (n=355):

- No 99.7%
- Sometimes 0.3%

**Breast Feeding**

- Mothers breast fed (n=355) 64.8%
- Breastfed did for a number of months 95.0%
- Still being breastfed 5.0%

**Summary**

The First Nations Cultural Framework was used as the basis for the organization of the Alberta First Nations data. The 30-cell rule was followed except for diabetes, tuberculosis and for describing the health conditions that were most common for Alberta First Nations children. The survey sample did not include remote or isolated First Nations reserves. Therefore, the results must not be construed as inclusive of all populations in Alberta First Nations.
CHAPTER 5

INTERPRETATION
CHAPTER 5: INTERPRETATION

The Alberta First Nation Regional Longitudinal Health Survey (RHS) results used the Cultural Framework as the basis for organization of the data and report. Population Health Determinants were also interspersed in the report as a way to integrate the First Nations Cultural Framework and Population Health concepts.

Limitations

The participant Alberta First Nations communities stipulated that there was to be no comparison made between communities or between north and south data. The isolated or remote Alberta First Nations communities were not represented in the survey data. Due to small sample sizes, caution must be made when interpreting the results.

Since there was no previous report to compare the data against, this made it necessary that it remain a descriptive report. Comparison was made with the National Regional Longitudinal Health Survey 2002/03 where possible.

Chapter 5 consists of the data interpretation and discussion of the Alberta First Nations Regional Health Survey Adults, Youth and Child Survey results. The chapter ends with the recommendations.
Vision

Health Conditions

Alberta First Nations Adults present health status is reported by health conditions, physical injuries and dental care. Diabetes is reported, as one of the chronic health conditions which are endemic in First Nations populations.

Alberta First Nations Adults reported the following health conditions as arthritis (23.0%), chronic back pain (19.4%), allergies (18.0%), high blood pressure (12.1%), asthma (10.8%), diabetes (10.2%), hearing impairment (8.9%), stomach & intestinal problems (7.7%), thyroid problems (4.6%) and tuberculosis (2.5%). Tuberculosis was included even though the results were not significant.

Alberta First Nations Adults reported average age of diagnosis for the following health conditions as arthritis at 30.4 years, chronic back pain at 26.2 years, asthma at 22.8 years, allergies at 22.7 years, hearing impairment at 27.7 years, high blood pressure at 37.3 years, thyroid problems at 25.9 years, stomach and intestinal problems at 33.5 years, tuberculosis at 17.6 years and diabetes at 36.1 years.

Alberta First Nations Adults reported undergoing treatment for arthritis (54.5%), chronic back pain (42.9%), asthma (65.8%), allergies (39.8%), high blood pressure (71.3%), tuberculosis (11.1%) and Diabetes (85.3%).
Alberta First Nations Adults reported limitations in activity due to arthritis (61.8%), Chronic back pain (60.8%), asthma (52.1%), high blood pressure (44.3%), diabetes (47.8%) and tuberculosis inactive (100.0%)

Alberta First Nations Adults reported Activity Limitation in the home, due to physical or mental condition or health problem as often (8.0%) and sometimes (14.3%). Activity limitations reported at work or school, due to physical or mental condition or health problem as often (6.3%) and sometimes (10.4%). Activity limitations during leisure or travel, due to physical, mental condition or health problem reported as often (5.0%) and sometimes (12.2%).

Alberta First Nations Adults had total number of reported medical conditions as none (45.4%), one (22.7%), two (13.4%), three (7.9%) and four (4.2%). Alberta First Nations Adults reported number of musculo-skeletal conditions (29.0%), respiratory, vision and/or hearing conditions (10.7%), cardiovascular conditions (10.4%), neurological conditions (5.9%) and infectious diseases (3.4%).

Alberta First Nations Adults reported number of conditions where treatment was sought as one (17.6%), two (8.6%) and three to four (5.9%). Alberta First Nations Adults reported number of reported conditions where treatment was not sought as one (8.3%).

Alberta First Nations Adults diagnosed with diabetes reported as Type I (17.2%), Type II (70.3%), pre-diabetes (12.5%) and gestational diabetes (3.1%). Of the 69 Alberta First Nations Adults with diagnosed with diabetes, treatment used to control diabetes reported as pills (72.5%), diet
(44.9%), exercise (33.3%), traditional medicines (17.4%), insulin (15.9%) and traditional ceremonies, healer (11.6%).

Of the 64 Alberta First Nations adults diagnosed with diabetes reported as prompted to adopt a healthier lifestyle (82.8%), affected vision (49.2%), affected kidney function (28.6%), affected the feeling in hands or feet (47.0%), affected lower limbs (34.3%), affected heart (21.9%), resulted in infections (18.8%) and resulted in amputation (1.4%). Of the 70 Alberta First Nations adults that reported having diabetes (55.7%) currently attend a diabetes clinic or seeing someone for diabetes education.

Alberta First Nations Adults reported on the frequency of blood sugar level checks:

Of the Alberta First Nations adults diagnosed with diabetes reported the reason not attending clinic or diabetes education as do not require diabetes education (54.5%), chose not to attend (27.3%),
insufficient information about where to go (15.2%), diabetes clinic is not available in my area (12.1%), diabetes specialist is not available in area and due to transportation costs (9.1%). Alberta First Nations adults had the following number of adverse consequences related to diabetes none (33.3%), one (20.8%), two (6.9%) and three (16.7%).

Alberta First Nations adults have been diagnosed with diabetes (10.2%) while one in five RHS Adults were diagnosed with diabetes. About half of the diabetics (55.7%) currently attend a diabetes clinic or seeing someone for diabetes education. Those not attending clinic or diabetes education did for a variety of reasons. Most did not, due to not requiring diabetes education, chose not to attend, unavailability of specialist and transportation costs.

**Physical Injuries**

The most common type of injury for Alberta First Nations adults was major cuts, scrapes and bruises; second most prevalent were sprains and strains, followed by fractured bones. The majority of injuries were caused by a fall or trip. Second were sports injuries not related to alcohol or drugs. Third most common cause of injury was physical assault, followed by motor vehicle accidents, dislocations and self-reported suicide attempts or self-inflicted injury.

**Dental Care**

About two thirds of the adults received dental care in the last year. Dental services were not accessed due to the service not being covered by NIHB or that approval was denied by NIHB. Cavity fillings, maintenance and dental prosthesis were the dental needs of the Alberta First Nations Adults.
Health conditions most reported were arthritis, chronic back pain and allergies. The age range at which these health conditions were diagnosed was in the early twenties to mid-thirties.

**Relationships**

This section of Alberta First Nations Adults relationships are reported by perceived health status, personal wellness, available support, culture, language, residential schools and community wellness.

**Perceived Health Status**

In general, health of Alberta First Nations Adults was said to be excellent (12.5%), very good (25.1%), good (38.2%), fair (17.5%) and poor (6.6%). Of the adults who reported excellent to good health, the things that made them so healthy were good diet (54.7%), reduced stress (30.5%), good social support (55.5%), good sleep (50.0%), happy and content (61.3%), regular or active in sports (57.8%) and in balance physically, emotionally, mentally and spiritually (51.2%).

![Figure A-2 Self-rated General Health by Gender](image-url)
Personal Wellness

Alberta First Nations Adults reported the importance of cultural events in their lives as very important (53.4%), somewhat important (32.2%), not very important (9.3%) and not important (5.2%). Adults reported the importance of traditional spirituality in life as very important (55.2%), somewhat important (29.8%), not very important (9.2%) and not important (5.9%). Adults reported on the importance of religion in life as very important (52.5%), somewhat important (28.0%), not very important (9.5%) and not important (10.0%).

Adults reported to be in physical balance most of the time (44.3%), all of the time (26.4%), some of the time (24.8%), almost none of the time (4.5%). Adults reported to be in emotional balance all of the time (23.0%), most of the time (46.9%), some of the time (25.9%) and none of the time (4.2%). Adults reported to be mental balance all of the time (31.7%), most of the time (44.7%), some of the time (18.9%) and none of the time (4.7%). Spiritual balance all of the time (32.8%), most of the time (40.2%), some of the time (21.9%), none of the time (5.1%). The physical, emotional, mental and spiritual aspects (50%) reported which was less than the 68-78% reported by the National RHS Adult results. In summary, adults reported a high level of balance (34.7%), moderate level of balance (60.4%) and a low level of balance (4.9%).

Adults (48.3%) experienced racism in the last 12 months. Of the adults that experienced racism, self-esteem was affected strongly and very strongly (7.3%), some effect (24.0%), little effect (26.6%), no effect (34.7%) and very strong effect (7.2%).
Alberta FN Adults reported on their problem solving skills. They reported that they could solve any problems by agreeing strongly (43.3%), agreed (42.8%), neither agreeing nor disagreeing (9.0%) and disagreeing or strongly disagreeing 4.8%. Adults reported that no one pushed them around in life by strongly agreeing (38.7%), agreed (41.0%), neither agreeing nor disagreeing (13.0%) and disagreeing or strongly disagreeing (7.0%). Adults reported having control over things that happen to them by strongly agreeing (38.7%), agreeing (48.2%), disagreeing (12.0%) and strongly disagreeing (5.5%). Adults reported having the ability to doing just about anything they set their minds to doing by strongly agreeing (47.5%), agreeing (43.1%), disagreeing (5.9%) and strongly disagreeing (3.5%).

Adults reported feelings of helplessness in dealing with the problems of life by strongly agreeing (6.2%), agreeing (18.3%), neither agreeing or disagreeing (18.0%), disagreeing (45.3%) and strongly disagreeing (12.2%). Adults reported that what happens to them in future depends on them by strongly agreeing (46.1%), agreeing (46.1%), neither agreeing or disagreeing (5.7%) and disagreeing or strongly disagreeing (3.2%). Adults reported being able to do little to change many of the important things in life by strongly agreeing (10.0%), agreeing (15.4%), neither agreeing or disagreeing (13.4%), disagreeing (46.6%) and strongly disagreeing (14.6%).

Alberta First Nations Adults self-determination rating ranged from very low (18.9%), neutral (7.4%), moderate (25.4%), high (30.6%) and very high (16.5%). Almost three fourths of Alberta First Nations Adults had moderate to very high self-determination rating.

Alberta First Nations Adults reported on their mental status. Adults reported feelings of being sad, blue or depressed (39.7%) for two weeks in a row and thoughts of suicide in their lifetime (33.7%).
Adults reported the time in their life when they had thoughts of suicide as a child under 12 years of age (1.5%), as an adolescent (16.2%), as an adult over 18 years old (16.4%) in the past year. Alberta Adults (14.0%) had a friend or family member commit suicide in the last 12 months. Alberta First Nations reported experiencing feelings of sadness (50%), compared to National RHS adults (31.1%).

Adults having thoughts of suicide reported attempting suicide (16.4%) in their lifetime. The rates were the same for attempts made during adolescence and adulthood. 14.0% had a friend or family member commit suicide in the last 12 months.

**Available Support**

Alberta First Nations Adults reported having someone they can count on to listen to them when they need to talk all of the time (45.7%), most of the time (32.4%), some of the time (16.5%) and almost none of the time (5.2%). Adults reported having someone to count on to listen to them when they need help all of the time (46.2%), most of the time (31.4%), some of the time (16.3%) and almost none of the time (6.1%). Adults had someone to take you to the doctor if needed all of the time (51.3%), most of the time (31.8%), some of the time (11.2%) and almost none of the time (5.7%). Adults had someone who shows them love and affection all of the time (59.6%), most of the time (25.7%), some of the time (11.8%) and almost none of the time (2.8%). Adults had someone to give a break from daily routine all of the time (30.6%), most of the time (29.9%), some of the time (25.6%) and almost none of the time (13.8%). Adults had someone to have a good time with all of the time (44.9%), most of the time (32.1%), some of the time (17.9%) and almost none of the time (5.2%). Adults had someone to confide in or talk about self or problems all of the time (46.0%), most of the time (28.8%), some of the time (18.6%) and almost none of the time (6.7%).
Adults had someone to do something enjoyable with all of the time (50.9%), most of the time (28.7%), some of the time (16.9%) and almost none of the time (3.5%).

Alberta First Nations Adults received emotional or mental support from an immediate family member (65.9%), from a friend (61.2%), from other family members (49.5%), from a family doctor (31.1%), from a traditional healer (21.2%), from a counsellor (14.0%), from a social worker (10.6%), from a CHR (10.2%), from a nurse (7.7%), from a psychologist (7.5%) and from a psychiatrist (6.1%).

Alberta First Nations Adults reported having the following number of support agents available to them for support as no family members for support (25.0%), one family member for support (16.9%) and two family members for support (22.0%). Adults reported general health professional for support as none (58.8%), one (24.2%), two (11.6%) and three (5.7%). Adults reported support from a mental/social professional as none (16.5%), one (13.4%) and two (6.1%).

In summary, adults reported support agents as none (20.1%), one support agent (11.9%), two support agents (15.2%), three support agents (19.3%), four support agents (14.5%), five support agents (9.2%) and six to twelve support agents (12.0%).

**Residential Schools**

A quarter of the Alberta First Nations Adults attended residential school, almost half of those who attended residential schools did so by six or seven years of age. The average age was 7.6 years for adults that attended residential school. The youngest to attend residential school was three years old. The oldest was sixteen years of age to begin attending residential school. One third of those
adults who attended residential school left at sixteen years of age. The average age of leaving residential school was 14 years. The National RHS Adults Survey (20.3%) attended residential school, usually starting school at nine years and finishing at fourteen years old.

Of the 570 Alberta First Nations Adults (56.8%) believe that overall health was negatively affected by attendance at residential school. About half of the National RHS Adults Survey (47.3%) reported to be negatively affected by attendance at residential school.

Of the adults reporting the parents and grandparents attendance at residential school: as mother (66.9%); father (65.2%) and one or more parents (75.6%). Grandparent’s residential school attendance as follows: mother’s mother (63.2%); mother’s father (60.4%); father’s mother (60.7%); father’s father (57.1%) and one or more grandparents (69.0%).

Adult’s reported the belief that parent(s) residential school attendance negatively affected parenting they received as yes (49.2%) and not sure (20.2%). Adult’s reported the belief that grandparent(s) residential school attendance negatively affected parenting of parent(s) as yes (69.5%) and not sure (30.5%). The National RHS Adults (43.0%) that had parents that attended residential school reported the belief that parents’ attendance at residential school negatively affected the parenting they received.

Alberta First Nations Adults reported the following had a negative impact on health and well being because of attendance at residential school. However, the Alberta First Nations Adults (69.5%) reported grandparents attendance at residential negatively affected how their parents were nurtured, less were affected than the National RHS Adults (73.4%).

- Items having an impact on health and well-being:
<table>
<thead>
<tr>
<th>Item</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harsh discipline</td>
<td>84.6%</td>
</tr>
<tr>
<td>Verbal or emotional abuse</td>
<td>83.5%</td>
</tr>
<tr>
<td>Witnessing abuse</td>
<td>83.5%</td>
</tr>
<tr>
<td>Loss of cultural identity</td>
<td>81.3%</td>
</tr>
<tr>
<td>Isolation from family</td>
<td>78.0%</td>
</tr>
<tr>
<td>Loss of traditional religion or spirituality</td>
<td>76.9%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>75.8%</td>
</tr>
<tr>
<td>Loss of language</td>
<td>67.0%</td>
</tr>
<tr>
<td>Separation from First Nation community</td>
<td>67.0%</td>
</tr>
<tr>
<td>Bullying from other children</td>
<td>64.8%</td>
</tr>
<tr>
<td>Poor education</td>
<td>59.3%</td>
</tr>
<tr>
<td>Harsh living conditions</td>
<td>49.5%</td>
</tr>
<tr>
<td>Lack of food</td>
<td>47.3%</td>
</tr>
<tr>
<td>Lack of proper clothing</td>
<td>45.1%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Note: More than one item chosen

The number of items reported by Alberta Nations Adults having an impact on health and well-being reported as no items (1.1%), one to four items reported (9.8%), five to eight items reported (23.9%), nine to twelve items reported (34.8%) and thirteen to sixteen items (30.4%).

Alberta First Nations adults witnessed more abuse (83.5%) than National RHS Adults (71.5%), more verbal/emotional abuse (83.5%) than National RHS Adults (79.3%), more loss of religion or spirituality (76.9%) than National RHS Adults (67.4%), harsher living conditions (49.5%) than National RHS adults (43.7%) and harsher discipline (84.6%) than the National RHS Adults (78.0%), more bullying from other children (64.8%) than National RHS adults (61.5%), more lack of proper clothing (45.1%) than National RHS adults (40.5%). Alberta First Nations Adults reported more lack of food (47.3%) than National RHS Adults (43.7%), more loss of cultural identity (81.3%) than National RHS Adults (76.7%) and more poor education (59.3%) reported.
than the National RHS Adults (45.4%). Alberta First Nations Adults reported experiencing slightly less physical abuse (75.8%) than National RHS Adults (79.2%). Alberta First Nations adults reported less loss of language (67.0%) than National RHS adults (69.2%), less isolation from family (78.9%) than National RHS adults (81.3%), less separation from First Nation community (67.0%) than National RHS adults (71.1%). Alberta First Nations Adults experience less sexual abuse (18.7%) than National RHS Adults (32.6%).

**Culture**

Alberta First Nations Adults reported the importance of cultural events in life as very important (53.4%), somewhat important (32.2%), not very important (9.3%), and not important (5.2%). Alberta First Nations Adults reported the importance of traditional spirituality in life as very important (55.2%), somewhat important (29.8%), not very important (9.2%) and not important (5.9%). Alberta First Nations Adults reported the importance of religion in life as very important (52.5%), somewhat important (28.0%), not very important (9.5%) and not important (10.0%).

**Community Wellness**

Alberta First Nations Adults reported traditional approaches to healing in the community as having good progress (17.7%), some progress (46.5%) and no progress (35.9%). The renewal of First Nation or Inuit spirituality in the community reported as having good progress (14.4%), some progress (48.0%) and no progress (37.6%). Traditional ceremonial activity in the community reported as having good progress (21.2%), some progress (48.4%) and no progress (30.4%). Renewed relationship with the land reported as having good progress (10.0%), some progress (43.7%) and no progress (47.3%). Use of First Nation or Inuit language in the community reported as having good progress (12.8%), some progress (39.2%) and no progress (48.0%). Reduction in alcohol and drug abuse in the community reported as having good progress (6.4%), some progress
Availability of First Nation or Inuit health professionals in the community reported as having good progress (15.9%), some progress (47.2%) and no progress (36.9%). Cultural awareness in schools in the community reported as having good progress (26.2%), some progress (52.6%) and no progress (21.2%). Education and training opportunities in the community reported as having good progress (27.6%), some progress (51.2%) and no progress (21.2%). Housing quality in the community reported as having good progress (10.6%), some progress (34.6%) and no progress (54.8%). Water and sewage facilities in the community reported as having good progress (16.7%), some progress (44.7%) and no progress (38.6%). First Nation or Inuit control over health services reported as having good progress (17.0%), some progress (46.0%) and no progress (37.0%). Recreation and leisure facilities in the community reported as having good progress (13.5%), some progress (33.5%) and no progress (53.0%). Police services in the community reported as having good progress (17.7%), some progress (46.5%) and no progress (35.9%). The number of reported community development items reported, a lower score is better, as no items (5.8%), one to ten (6.1%), eleven to twenty (20.0%), twenty-one to thirty (47.0%), thirty-one to forty (25.6%) and forty-one to forty-two (5.7%).

The National RHS Adults for traditional approaches to healing, renewal of First Nations spirituality and renewed relationship with the land were comparable with the Alberta First Nations Adults results. On comparison with National RHS Adults, few efforts were made for improving First Nations language. There was a slight difference with reduction in alcohol and drug use in the community, Alberta First Nations reported less progress. Alberta First Nations Adults reported less progress with housing quality, water and sewage facilities and recreation and leisure facilities in the community.
Languages

Figure A-3 Language Used Most Often Daily (n=729):

The number of Alberta First Nations Adults understanding English was reported as fluently (92.1%), relatively well (4.1%) and no understanding (3.1%). The number of Alberta First Nations adults understanding French reported a few words (8.2%); the number of adults understanding sign language reported a few words (5.1%).

Algonquian, Siouan and Athapaskan are the First Nations languages prevalent in Alberta. Two of these language stocks are represented in the survey sample. First Nations languages reported by Alberta First Nations Adults as the Blackfoot language understood fluently (23.5%), relatively well (9.0%) and a few words (16.8%); the Cree language understood fluently (7.9%), relatively well (6.3%) and a few words (19.4%); the Stoney language understood fluently (3.8%), relatively well (1.4%) and a few words (0.4%).
Alberta First Nations Adults reported speaking English as fluently (92.3%), relatively well (4.5%), a few words (0.1%) and no understanding (3.0%).

Alberta First Nations Adults reported First Nations languages as the Blackfoot language spoken fluently (20.5%), relatively well (7.2%), few words (17.8%) and no understanding (54.5%); the Cree language spoken fluently (7.4%), relatively well (3.3%), a few words (21.0%) and no understanding (68.3%); and the Stoney language spoken fluently (4.0%), relatively well (1.1%), few words (0.5%) and no understanding (94.4%).

Summary
In general, about 38% of Alberta First Nations Adults reported to be in excellent to very good health, another 38% reported good health and about a quarter reported fair to poor health. Of the adults who reported excellent to good health, the things that made them so healthy were good diet (54.7%), reduced stress (30.5%), good social support (55.5%), good sleep (50.0%), happy and content (61.3%), regular or active in sports (57.8%) and in balance physically, emotionally, mentally and spiritually (51.2%).

Alberta First Nations Adults reported a high level of balance (34.7%), moderate level of balance (60.4%) and a low level of balance (4.9%). Adults reported support agents as none (20.1%), one support agent (11.9%), two support agents (15.2%), three support agents (19.3%), four support agents (14.5%), five support agents (9.2%) and six to twelve support agents (12.0%). Alberta First Nations Adults self-determination rating ranged from very low (18.9%), neutral (7.4%), moderate (25.4%), high (30.6%) and very high (16.5%). Almost three fourths of Alberta First Nations Adults had moderate to very high self-determination rating.
The number of items reported by Alberta Nations Adults having an impact on health and well-being reported as no items (1.1%), one to four items reported (9.8%), five to eight items reported (23.9%), nine to twelve items reported (34.8%) and thirteen to sixteen items (30.4%).

Alberta First Nations Adults reported the importance of cultural events in life as very important (53.4%), somewhat important (32.2%), not very important (9.3%), and not important (5.2%). Alberta First Nations Adults reported the importance of traditional spirituality in life as very important (55.2%), somewhat important (29.8%), not very important (9.2%) and not important (5.9%). Alberta First Nations Adults reported the importance of religion in life as very important (52.5%), somewhat important (28.0%), not very important (9.5%) and not important (10.0%).

English was the most used daily by Alberta First Nations Adults. Blackfoot, Cree and Stoney were the First Nations languages represented in the survey data. Alberta First Nations participants understood and spoke Blackfoot fluently and relatively well.

The National RHS Adults for traditional approaches to healing, renewal of First Nations spirituality and renewed relationship with the land were comparable with the Alberta First Nations Adults results. On comparison with National RHS Adults, few efforts were made for improving First Nations language. There was a slight difference with reduction in alcohol and drug use in the community, Alberta First Nations reported less progress. Alberta First Nations Adults reported less progress with housing quality, water and sewage facilities and recreation and leisure facilities in the community.
Reason

This section of Alberta First Nations Adults reason is reported by personal background information including: survey participants, marital status, household members, employment, income, education, housing, health care access and preventive health care.

Personal Background Information

The Alberta Adult respondents to the First Nations 2002-03 Regional Longitudinal Health Survey (RHS) consisted of 310 men (42.3%) and 422 women (57.7%) of the total 732 (100%) sample of the First Nations on reserve. Of the women 17 (4.0%) were pregnant.

Figure A-1. The marital status of the respondents was as follows:

![Pie chart showing marital status distribution](chart.png)

(n=725)
**Other Persons in the Household**

Alberta First Nations Adults reported children less than 6 years of age living in household as none (56.4%), one (26.4%), two (13.6%) three to seven (3.6%) and range was from 0-7 children. The number of children 6 to 11 years of age living in household reported as none (59.2%), one (22.3%), two (12.4%), three (4.5%), four to eight (1.5%) and range was from 0-8 children. The number of youth 12 to 17 years living in household reported as none (63.0%), one (23.9%), two (8.9%), three to six (4.2%) and range was from 0-6 youth. The number of children in household was reported as none (24.0%), one (20.9%), two (19.7%), three (16.8%), four (9.2%), five to eleven (6.5%) and the range is from 0-11 children.

Adults 18-64 years living in household reported as none (1.3%), one (14.6%), two (42.7%), three (19.7%), four (12.0%), five (6.1%), six to nine (2.6%) and the range is from 0-9 adults. The number of adults over 65 years of age living in household is reported as one (8.0%). The number of adults living in household reported as one (13.8%), two (41.8%), three (19.8%), four (13.8%), five (6.6%), six to nine (4.2%) and the range is from 1-9 adults.

**Employment**

Alberta First Nations Adults reported employed as full time (40.5%), part time (3.2%) and not working (56.2%). Hours worked per week in paying jobs were reported between 30 and 45 hours per week (31.7%) and over 60 hours per week (6.7%).
**Income**

Alberta First Nations Adults reported number of employment income sources as none (47.8%), one (45.5%) and two (6.7%). The number of government income sources reported as none (23.5%), one (44.9%), two (24.5%), three (6.1%). The range from government income sources reported as 0 to 5.

Alberta First Nations Adults reported non-government, non-employment income sources as none (71.9%), one (26.4%) and two (1.6%). The total number of income sources reported as none (4.4%), one (28.8%), two (38.4%), three (18.0%) and four (5.5%) and the range were from none to nine.

**Comparison of the total household income for Alberta First Nations Adults and the National RHS Adults**

<table>
<thead>
<tr>
<th>Total Household Income</th>
<th>Alberta %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>16.8%</td>
<td>11.7%</td>
</tr>
<tr>
<td>$10,000-20,000</td>
<td>19.4%</td>
<td>19.0%</td>
</tr>
<tr>
<td>$20,000 – 30,000</td>
<td>20.0%</td>
<td>19.5%</td>
</tr>
<tr>
<td>$30,000 – 50,000</td>
<td>23.4%</td>
<td>25.6%</td>
</tr>
<tr>
<td>More than $50,000</td>
<td>20.4%</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

**Reported Income during year ending Dec 31, 2001**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Tax Benefit</td>
<td>41.5%</td>
</tr>
<tr>
<td>Child Tax Benefit</td>
<td>48.0%</td>
</tr>
<tr>
<td>Employment Insurance</td>
<td>7.5%</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>3.1%</td>
</tr>
<tr>
<td>Social Assistance</td>
<td>40.6%</td>
</tr>
<tr>
<td>Education/Training Allowance</td>
<td>17.9%</td>
</tr>
<tr>
<td>Basic Old Age Security</td>
<td>69.8%</td>
</tr>
<tr>
<td>Self-employment</td>
<td>13.0%</td>
</tr>
<tr>
<td>Canada Pension Plan</td>
<td>4.2%</td>
</tr>
<tr>
<td>Guaranteed Income Supplement/ Spouse’s Allowance</td>
<td>3.7%</td>
</tr>
<tr>
<td>Workers’ Compensation, Veterans, Royalties, Land Claims, Settlements</td>
<td>23.5%</td>
</tr>
</tbody>
</table>
More Alberta First Nations adults reported that they made less than $10,000 than the National First Nations adults. There was little or no difference for household income of $20-$30,000, $30,000-$50,000 and over $50,000 for both populations.

**Education**

A person’s level of education influences their opportunities for employment and adequate income allowing more choices about lifestyle. Alberta First Nations Adults completed high school (36.5%), while the National RHS adults (50%) reported completing high school.

Alberta First Nations Adults reported acquiring some trade, technical or vocational education (25.6%), some community college (26.4%), some university (14.3%). Adults acquired a diploma from trade/technical/vocational schools (15.3 %), diploma from community college (12.8%), a university degree (4.3%), a Master’s degree (0.6%) and an earned Doctorate (0.1%).

Figure 5. Highest Grade Completed by Gender (n=732):
Alberta First Nations adults completed high school (36.5%), while the National RHS results indicated almost half of the Nations First Nations adults surveyed graduated from high school. Alberta First Nations Adults (28.1%) earned a diploma from a trade/technical/vocational/community college while National RHS adults (22.9%) have a diploma from a trade, technical or vocational school or a community college or CEGEP. There were no differences in the results for individuals earning a Bachelor’s, Master’s or Doctorate degree for the National RHS adults and Alberta First Nations adults. The respondents that completed Grade 13 can only have completed high school in a different province or are now resident on a First Nations reserve.

**Housing**

Housing is one of the Determinants of Health for a population. Alberta First Nations Adults reported home ownership status as rented (28.0%), owned (63.2%) and other (8.7%). Adults live in band-owned housing (78.0%). The average number of rooms in homes was five to seven; the range for number of rooms was one to eighteen. The household crowding for Alberta First Nations Adults reported as families with one or more children (29.0%) and for all households, including singles, couples (23.4%).

Alberta First Nations Adults house services and amenities reported as having a smoke detector (80.3%), a carbon monoxide detector (8.0%), a fire extinguisher (33.6%), a telephone with service (79.1%), a computer (35.6%), a connection to the Internet (22.5%), a refrigerator (99.0%), a stove (99.6%), electricity (99.7%), cold running water (98.9%), hot running water (98.5%), a flush toilet (98.5%), septic tank/sewage service (88.7%) and garbage collection service (68.4%).
House Services and Amenities for Alberta First Nations adults had deficits for safety equipment, carbon monoxide and fire extinguishers were lacking in most homes. About 20% of the homes did not have smoke detectors or telephone with service. Only one third of the homes had computers and only 22% had Internet connection. Most of the homes were equipped with household appliances.

Alberta First Nations Adults (48.0%) reported, in the last 12 months, mould or mildew in the home. National RHS Adults (48.5%) reported a similar rate for household mould.

The number of household amenities for general safety in Alberta First Nations reported as none (17.2%), one (50.8%), two (28.1%) and three (3.8%). The number of household amenities for communication and technology reported as none (18.2%), one (47.3%), two (14.6%) and three (19.8%). The number of household amenities for food security and safety reported as none (1.1%), one (0.5%) and two (96.4%). The number of household amenities for incoming water and electricity reported as: none (0.7%); one (0.7%); two (1.4%) and three (97.3%). The number of household amenities for outgoing plumbing and sanitation reported as: none (1.8%); one (8.3%) and two (27.2%); three (67.7%). The number of household amenities for all listed except computer reported as: none to seven (5.0%); eight (10.5%); nine (22.5%); ten (24.2%); eleven (18.7%); twelve (11.3%) and thirteen (7.1%).

Alberta First Nations Adults reported home repairs needed as major repairs (47.0%), minor repairs (31.4%), regular maintenance (15.0%) and no repairs needed (6.6%).
The main water supply safety for household reported as local or community supply (50.4%), individual or shared well (26.8%), trucked (20.4%) and water collected from plant, river, lake, etc. (2.3%).

Alberta First Nations Adults consider main water supply safe for drinking (65.7%) and other sources of drinking water (32.8%). The other sources of drinking water used reported as bottled water (58.8%); from another house (6.3%); boiled tap water (9.7%); and from a river, lake, or stream (1.1%). A third of National RHS Adults and Alberta First Nations Adults considered their drinking water unsafe to drink. Alberta First Nations used bottled water (58.8%) compared to National RHS Adults (61.7%) use of bottled water.

**Health Care Access**

Alberta First Nations Adults reported use of traditional medicines (42.6%). Of those adults using traditional medicines difficulties reported accessing traditional medicines as do not know where to get them (14.8%), can’t afford traditional medicines (5.0%), too far to travel (7.9%), concerned about effects (3.9%), do not know enough about them (20.3%), not available through health centre (10.8%) and not covered by NIHB (7.9%).

Alberta First Nations Adults rating of access to health services compared to Canadians as same level of access (41.8%), better access (28.3%) and less access (29.9%).

Barriers to health care access reported as doctor/nurse not available in my area (13.9%), health facility not available (11.3%), waiting list too long (34.1%), unable to arrange transportation
(14.6%), difficulty accessing traditional care (12.0%), not covered by NIHB (27.8%), denied services under NIHB (24.5%), could not afford direct cost of service (19.3%), could not afford transportation (15.5%), could not afford child care costs (9.0%), felt health care provided inadequate (18.3%), felt service not culturally appropriate (14.0%), chose not to see a health professional (10.8%), and service not available in my area (10.5).

Alberta First Nations Adults reported difficulties accessing NIHB services for medication (22.1%), vision care (26.8%), hearing aid (2.8%), other medical supplies (8.3%), escort travel (4.4%) and transportation services or costs (8.3%).

Alberta First Nations Adults reported number of fulfilled required home services as none (95.5%), one to five (4.4%) and the range from 0-5 required home services.

Alberta First Nations Adults reported number of unfulfilled required home services as none (81.8%), one (13.0%) and the range was from 0-4 unfulfilled required home services. The total number of required home services reported as none (79.1%), one (13.8%), two (4.2%) and the range from 0-5 required home services.

The proportion of home services among those believing they need one or more home services (21.6%), light housekeeping (9.2%), care from a nurse (2.8%), home maintenance (17.8%) and modifications to home (9.9%).
Adults currently receive the service reported as light housekeeping (19.7%), care from a nurse (50.0%) and home maintenance (16.8%). Adults currently receive help from family member reported as often (7.2%) and sometimes (8.3%).

**Preventive Health Care**

Alberta First Nations Adults last consulted a traditional healer reported as within the past 12 months (60.0%), 1 to 2 years ago (16.6%) and over 2 years ago (23.4%). Alberta First Nations Adults reported tests or examinations as cholesterol (29.7%), vision or eye (59.4%), blood pressure (61.3%), blood sugar (45.7%), complete physical (42.3%) and rectal (9.5%).

Alberta First Nations women reported breast self-examination done as never performed one (42.4%), about once per month (35.5%), about every 2-3 months (11.6%) and less often than every 2-3 months (10.5%). Alberta First Nations women reported time of last mammogram as never had one (71.7%), less than six months ago (6.9%), six months to less than one year ago (5.7%), one year to less than three years ago (10.0%), three years to less than five years ago (2.1%) and five or more years ago (6.1%). Alberta First Nations women reported Last PAP smear test as never had one (18.9%), less than six months ago (22.8%), six months to less than one year ago (22.8%) and one year to less than three years ago (24.6%).

**Summary**

Almost equal numbers of men and women were represented in the survey sample from participating Alberta First Nations reserve communities. Almost 4 in 10 individuals reported as single, a little over a quarter reported as common-law, one fifth reported as married, almost ten percent as divorced or separated and four percent as widowed.
One quarter of Alberta First Nations Adults’ households had no children, one in five had one or two children, one third of the households had between three and six children. The number of adults living in households reported as one (13.8%), two (41.8%), three (19.8%), four (13.8%), five (6.6%), six to nine (4.2%) and the range is from 1-9 adults.

About a third of Alberta First Nations adults completed high school while the National RHS results indicated almost half of the Nations First Nations adults surveyed graduated from high school. One quarter of Alberta First Nations Adults earned a diploma from a trade/technical/vocational/community college while almost a quarter of National RHS adults have a diploma from a trade, technical or vocational school or a community college or CEGEP. There were no differences in the results for individuals earning a Bachelor’s, Master’s or Doctorate degree for the National RHS adults and Alberta First Nations adults.

Over half of the Alberta First Nations adults reported as unemployed, while the rest worked for pay between 30 and 45 hours a week.

More Alberta First Nations adults reported that they made less than $10,000 than the National First Nations adults. There was little or no difference for household income of $20-$30,000, $30,000-$50,000 and over $50,000 for both populations.

House Services and Amenities for Alberta First Nations adults had deficits for safety equipment, carbon monoxide and fire extinguishers were lacking in most homes. About 20% of the homes did not have smoke detectors or telephone with service. Only one third of the homes had computers
and only 22% had Internet connection. Most of the homes were equipped with household appliances.

Almost half of the adults still sought traditional medicines. Alberta First Nations Adults rated the level of health services to be the same by 4 in 10 individuals and a third each for better or less access to health services. Barriers to health care were reported to be waiting list too long, services unavailable in area or not covered or denied by Non-insured Health Benefits by about a third.

The most common types of preventive health care accessed by Alberta First Nations Adults included blood pressure and vision tests by two thirds, almost half received a blood sugar test or complete physical examination. One third received a cholesterol test and almost ten percent received a rectal exam. One third of the women performed a breast self exam every month, seven in ten have never performed a breast self exam. About twelve percent had a mammogram in the last year. About 50% had a Pap smear in the last year and almost twenty percent never had a Pap smear.

**Action**

This section of Alberta First Nations Adults action is reported by food and nutrition, physical activity and lifestyle.

**Food and Nutrition**

Alberta First Nations Adults reported eating a nutritious balanced diet always or almost always (30.8%), sometimes (56.3%) and rarely (10.4%).
Alberta First Nations Adults reported the frequency of eating a number of foods. Alberta First Nations Adults reported having coffee or tea never or hardly ever (18.4%), about once a week (5.6%), a few times a week (13.3%), once a day (18.6%), several times a day (44.0%). Adults reported drinking pop never or hardly ever (15.7%), about once a week (13.7%), a few times a week (32.7%), once a day (18.2%) and several times a day (19.7%). Adults reported eating fast food never or hardly ever (25.3%), about once a week (33.8%), a few times a week (32.0%) and once to several times a day (8.9%). Adults reported eating cake, pies, cookies, candy or chocolate never or hardly ever (35.4%), about once a week (23.3%), a few times a week (32.0%) and once to several times a day (9.3%). Adults reported eating French fries, potato chips, pretzels and fry bread as never or hardly ever (18.3%), about once a week (29.0%), a few times a week (38.7%), once a day (8.8%) and several times a day (5.2%). Adults reported added salt as never or hardly ever (18.3%), about once a week (7.1%), a few times a week (16.7%), once a day (13.8%) and several times a day (44.0%). Adults reported added sugar as never or hardly ever (21.8%), about once a week (10.0%), a few times a week (17.8%), once a day (12.7%) and several times a day (37.8%).

Alberta First Nations Adults reported eating traditional foods. Land based animals eaten reported as not at all (37.7%), a few times (42.3%) and often (19.9%). Fresh water fish eaten reported as not at all (65.5%), a few times (27.1%) and often (7.4%). Saltwater fish eaten reported as not at all (82.8%) and a few times (7.8%). Other water-based foods eaten reported as not at all (91.1%) and a few times (7.8%). Sea-based animals eaten reported eaten as not at all (98.5%). Game birds eaten reported as not at all (79.9%) and a few times (17.8%). Small game eaten reported as not at all (88.5%) and a few times (9.6%). Berries or other wild vegetation eaten reported as not at all
(37.9%), a few times (46.9%) and often (15.3%). Bannock, fry bread eaten reported as not at all (5.0%), a few times (51.5%) and often (43.5%). Corn Soup eaten reported as a few times (11.1%).

Traditional food shared with household reported as often (22.2%) and sometimes (61.0%) and never (16.8%).

In summary, the traditional food consumption indicator range was from one to nine. One to three traditional foods reported consumed (37.7%); four to five traditional foods reported consumed (39.0%) and seven to nine (15.8%).

Physical Activity

Physical activity by Alberta First Nations Adults reported as walking (91.2%), swimming (34.0%), bicycle riding and weights (31.4%), exercise equipment (30.5%), running, berry picking or food gathering (29.5%) and dancing (29.1%). One quarter of the adults participated in competitive or group sports (25.0%). About one-fifth of the adults participated in fishing (22.7%), golf (21.4%), hunting or trapping (20.7%) and hiking (19.7%). Other activities included skating (15.3%), bowling (14.5%), aerobics or fitness class (9.5%), canoeing (6.5%), rollerblading (5.9%) and skiing (5.0%).

The number of reported activity types ranged from zero to nine. Adults participated in no activity (5.9%), one activity (16.9%), two activities (14.9%), three activities (12.4%), four activities (10.8%), five activities (8.9%), six activities (7.1%), seven activities (7.4%) and nine activities (4.5%). Adults participated in average 4.3 activities.
Adults reported weekly participation in activities increasing heart rate and breathing as one activity (10.6%), two (15.5%), three (21.3%), four (11.5%), five (15.1%) and seven (12.9%). The number reported was from zero to sixty activities.

Adults reported hours per week participation in physical activities increasing heart rate and breathing as none (7.1%), one to two hours (36.7%), three to four hours (20.9%), five to six hours (14.8%), seven to ten hours (10.6%) and eleven or more hours (10.0%).

**Body Mass Index**

Body Mass Index, excluding pregnant females, reported as underweight (0.8%), acceptable (28.4%), overweight (40.8%), obese (26.7%) and morbidly obese (3.2%).

Figure A-2. **Body Mass Index** (n=591):
Lifestyle

Sexual Health Practices

Of the 541 Alberta First Nations Adults that reported being sexually active (78.2%), about eight of ten adults reported having intercourse in the last 12 months. Most of the adults (88.8%) had one or two partners. The number of partners reported range from one to eleven.

The sexually active adults reported the birth control method used as condoms (54.2%), birth control pills (21.9%) and none (31.4%). Adult reported methods used as birth control (24.5%), protection from sexually transmitted diseases (12.0%), birth control and protection from STDs (19.4%) or not using protection (28.2%) and other reasons (15.7%). Sexually active adults reported condoms not used because they were with steady partner (67.2%). More that one third (37.7%) of the adults reported having an HIV test.

Number of children given birth or number of children fathered (n=709):

Figure A-8. Number of children
Non-Traditional Use of Tobacco

Alberta First Nations Adults reported as daily tobacco smokers (47.8%) and were occasional smokers (15.9%).

On comparison with the National RHS Adults (46%) were smokers, which was essentially the same rate. There was a slight difference in the occasional smokers for Alberta First Nations Adults (15.9%) compared to National RHS adults (12.8%).

Alberta First Nations Adults reported on average currently smoked number of cigarettes each day as one (6.5%), two (7.8%), three (6.5%), five (6.9%), ten (9.3%) twelve (8.3%) fifteen (8.7%) and twenty five (9.5%). The average number is 10 cigarettes smoked each day. The range for number of cigarettes smoked each day was one to fifty.
Alberta First Nations Adults reported age began smoking cigarettes as seven to eleven years (7.5%), twelve years (9.2%), thirteen years (12.8%), fourteen years (14.0%), fifteen years (13.5%) and sixteen years (20.0%). The youngest to begin smoking was seven years old and the oldest was fifty-six years old. Alberta First Nations Adults reported, in the last 12 months, trying to quit smoking as no attempts (43.3%), 1 to 2 attempts (38.8%), 3 to 4 attempts (9.5%) and 5 or more attempts (8.5%).

Alberta First Nations Adults reported as ever smoking cigarettes as daily (10.0%), occasionally (10.7%), not at all (15.6%) and current smoker (63.8%). Of the daily and occasional smokers reported smoking cigarettes at thirteen and fourteen years old (26.3%), fifteen years (8.8%) and sixteen years (23.4%). The youngest to begin smoking reported at age 5 years old and the oldest at 56 years old. Alberta First Nations Adults quit smoking cigarettes reported from age 8 years to age 87 years. The average age of quitting smoking reported as 29.6 years old.

Of the Alberta First Nations Adults who were once smokers, reported quitting smoking to choose a healthier lifestyle (63.7%), due to a health condition (25.2%), out of respect for loved ones (26.7%) and greater awareness of the effects on health of smoking (23.7%). Alberta First Nations Adults reported method used to quit smoking as cold turkey (86.8%). Alberta First Nations Adults reported smoke-free homes (41.7%).
According to the 1994/95 Alberta Health Trends Survey, Albertans (30.0%) report smoking cigarettes on a daily or occasional basis. In the 1996 General Social Survey, adults (28.0%) report smoking on a daily basis. Canadian adults who reported smoke every day report smoking, on average, 18 cigarettes per day. Alberta First Nations Adults (42%) had smoke-free homes. In comparison, the National First Nations Adults (52.4%) had smoke-free homes.

**Alcohol and Drugs**

Alberta First Nations Adults drank beer, wine or liquor in the last 12 months (62.3%).

Alberta First Nations Adults reported frequency of drinking alcoholic beverages as 2 to 3 times per year (32.8%), about once a month (19.6%), about 2 to 3 times a month (29.2%), about 2 to 3 times per week (16.6%) and about once a day (1.7%). Alberta First Nations Adults reported how often drank 5 or more per one occasion as never (20.0%), once per month (24.0%), once per week (7.6%), less than once per month (24.7%) and more than once per week (8.1%).
Alberta First Nations reported use of chewing tobacco as never (89.2%), about 2 to 3 time per year (2.9%), about once a month to 3 times a week (4.1%) and about once a day (3.7%).

Alberta First Nations Adults reported marijuana use as never (69.9%), about 2 to 3 times per year (5.6%), about once to 3 times a month (7.6%), about 2 to 3 times a week (6.2%) and about once a day (10.7%). Alberta First Nations Adults (30.1%) reported using marijuana while a slightly lesser number of National First Nations adults (26.7%) reported using marijuana.

Alberta First Nations Adults reported use of the following drugs as never for PCP or angel dust (99.6%), acid, LSD, amphetamines (98.3%), ecstasy (99.3%), inhalants (glue, gas paint) (99.6%) and heroin (99.4%). Alberta First Nations Adults reported use of sedatives or downers (Valium) as never (95.6%) and from twice a year to about once a day (4.1%); cocaine, crack, freebase as never (94.2%) and from about 2 times a year to about once a day (5.9%); codeine, morphine, or opiates (Percodan, Tylenol 3, etc) as never (86.9%), about 2 to 3 times per year (5.0%), about from once a month to 3 times a month (4.3%) and from about 2 times a week to about once a day (4.7%).

Alberta First Nations Adults reported treatment for alcohol abuse (16.7%), while an almost identical number of National First Nations Adults reported seeking treatment for alcohol abuse (6.5%). Fewer Alberta First Nations Adults reported treatment for drug abuse compared to the slightly higher number reported for National First Nations Adults (7.1%).

**Summary**

One third of Alberta First Nations Adults almost or always ate a nutritious, balanced diet. About half ate a nutritious, balanced diet. Two thirds of the adults drank coffee once or several times a
day. Almost four in ten individuals drank soft drinks or pop once to several times a day. About two thirds ate fast food once to several times a week including cake, candy, pies, cookies or chocolate and French fries, potato chips, pretzels and fry bread. Almost two thirds of the adults used added salt once to several times a day. About half of the Adults used sugar once to several times a day. Land based animals, game birds and berries or other wild vegetation were eaten by about fifteen percent of the adults.

Almost all of the Adults reported walking was the most popular physical activity followed by swimming, bicycle riding, weights and exercise equipment. Almost half of the adults reported participating in one to three activities per week lasting from one to four hours. Almost seven in ten individuals reported being overweight to morbidly obese.

Almost half were daily cigarette smokers averaging ten cigarettes. Most began smoking at age fourteen, the youngest was seven years old and the oldest was fifty-six years old. Of the smokers two thirds of them quit to choose a healthier lifestyle. Most quit smoking cold turkey. Four in ten homes were smoke free.
YOUTH

Introduction

Health Conditions

Alberta First Nations Youth reported health conditions. Alberta First Nations Youth health conditions most frequently health conditions diagnosed reported as asthma (15.9%) and allergies (11.5 %). The youth were treated for asthma most frequently. 12 individuals had limitations in activity due to asthma. The asthma rates for the RHS 2002/03 Youth Survey were similar to the Alberta results. Of note, one of the Alberta First Nations youth was diagnosed with Type I diabetes. The treatment used to control the diabetes was through diet, exercise and insulin.

Physical injuries

Alberta First Nations Youth reported physical injuries as cuts, scrapes and bruises (40.3%), sprains and strains (23.6%), fractures (15.9%) and burns or scalds (15.1%). The rates were similar to the RHS 2002/03 Youth Survey results. The most frequent cause of injury reported as falls or trips (22.4%), sports injuries (20.2%), attempted suicide/self-inflicted injury (2.2%) one attempt was alcohol or drug related. The RHS 2002/03 Youth Survey reported suicide attempts at 9.6%.

Dental Care

Dental care is important in maintaining health and personal appearance, which is of importance to youth. Alberta First Nations Youth reported having dental care last time as less than 6 month ago (45.5%), between 6 months and one year (30.6%), between one and 5 years ago (18.2%). The
typed of dental care required reported as cavities or other restorative work (30.6%) and maintenance (42.1%). Youth reported experiencing dental pain (22.7%) in the past month. The rates were similar for dental care for less than 6 months for Alberta First Nations Youth and their national counterparts, however, more of the Alberta First Nations youth appear to be more consistent in seeking dental care. Youth requiring dental care for maintenance, restorative work and dental problems were similar as well for both groups.

**Relationships**

This section of Alberta First Nations Youth relationships are reported by perceived health status, self esteem, personal wellness, available support, culture, language, residential schools and community wellness.

**Perceived Health Status**

In general, Alberta First Nations Youth reported health as excellent (21.%), very good (31.5%), good (36.9%) and fair to poor (10.4%). Of the youth who reported excellent to good health, the things that made them so healthy were good diet (38.4), reduced stress (14.3%), good social support (44.6%), good sleep (50.0%), happy and content (49.1%), regular or active in sports (69.6%) and in balance physically, emotionally, mentally and spiritually (36.6%).

**Self Esteem**

Alberta First Nations Youth reported liking the way I am as strongly agree (28.5%), agree (42.1%), neither agree or disagree (6.3%) and disagree and strongly disagree (3.5%). Youth reported when I do something I do it well as strongly agree (34.2%), agree (50.7%), neither agree or disagree
(10.2%) and disagree and strongly disagree (4.9%). Youth reported solving problems in life as strongly agree (17.9%), agree (59.6%), neither agree or disagree (15.6%) and disagree and strongly disagree (6.9%). Youth reported no one pushes them around in life reported as strongly agree (31.8%), agree (46.3%), neither agree or disagree (10.3%) and disagree and strongly disagree (12.5%). Youth reported I have control over the things that happen to me reported as strongly agree (23.5%), agree (55.8%), neither agree or disagree (14.7%) and disagree and strongly disagree (6.0%). Youth reported I can do just about anything I really set my mind to do as strongly agree (38.3%), agree (46.8%), neither agree or disagree (10.8%) and disagree and strongly disagree (4.1%). Youth reported I often feel helpless in dealing with the problems of life as agree (31.4%), neither agree or disagree (17.4%) and disagree (37.7%). Youth reported what happens to me in the future mostly depends on me as strongly agree (37.7%) and agree (51.2%). Youth reported there is little I can do to change many of the important things in my life as agree (29.6%), neither agree or disagree (16.5%) and disagree and strongly disagree (40.3%).

Personal Wellness
The Alberta Youth reported on their feelings of balance according to the four quadrants of the First Nations Cultural Framework. Youth reported to be in physical balance as most of the time (41.8%), all of the time (32.0%), some of the time (21.2%) and almost none of the time (4.8%). Youth reported to be in emotional balance as all of the time (23.5%), most of the time (37.5%), some of the time (28.5%) and almost none of the time (10.5%). Youth reported to be mental balance as all of the time (35.6%), most of the time (36.7%), some of the time (16.5%) and almost none of the time (11.2%). Spiritual balance reported as all of the time (28.5%), most of the time (32.6%), some of the time (22.8%) and almost none of the time (16.1%). About three quarters of the 228 respondents stated they felt in balance all or most of the time physically, mentally, emotionally and
spiritually. Few differences were noted with the RHS 2002/03 Youth Survey. It should be noted that Alberta First Nations Youth reported about 4 to 16% were in balance almost none of the time.

The Alberta First Nations Youth (34.3%) reported feelings of sadness, being blue or depressed for more than 2 weeks in a row compared to the RHS 2002/03 Youth Survey (27.2%).

Of the 204 Alberta youth who have thoughts of suicide reported as when they were less than 12 years of age (7.4%), 12 to 17 years of age (10.8%), during the past year (5.9%). The rates of suicide ideation were similar to the rates reported by the RHS 2002/03 Youth Survey.

Of the 211 Youth having suicide ideation reported suicide attempts as less than 12 years of age (2.4%), 12 to 17 years of age (5.7%) and during the past year (2.8%). Alberta youth (17.2%) had a close friend or family member commit suicide in the past 12 months, which places the youth at increased risk for suicide.

Available Support

Alberta First Nations Youth reported having someone they can count on to listen to them when they need to talk all of the time (37.8%), most of the time (32.4%), some of the time (24.8%) and almost none of the time (5.0%). Youth reported having someone to count on to listen to them when they need help all of the time (43.0%), most of the time (32.7%), some of the time (19.7%) and almost none of the time (4.5%). Youth had someone to take you to the doctor if needed all of the time (57.8%), most of the time (23.9%), some of the time (12.8%) and almost none of the time (5.5%). Youth had someone who shows them love and affection all of the time (60.1%), most of the time (24.3%), some of the time (11.5%) and almost none of the time (4.1%). Youth had
someone to give a break from daily routine all of the time (32.9%), most of the time (26.9%), some of the time (27.3%) and almost none of the time (13.0%). Youth had someone to have a good time with all of the time (51.6%), most of the time (30.3%), some of the time (16.3%) and almost none of the time (1.8%). Youth had someone to confide in or talk about self or problems all of the time (38.7%), most of the time (31.3%), some of the time (18.4%) and almost none of the time (11.5%). Youth had someone to do something enjoyable with all of the time (55.4%), most of the time (26.1%), some of the time (14.1 %) and almost none of the time (3.6%).

About 8 out of 10 youth replied that they had personal support and could count on someone to listen to them, when they needed help, to take them to the doctor, someone to have a good time with, someone to confide in, someone to do enjoyable things with and the youth had someone to show them love and affection. About 5% did not have anyone almost none of the time for any of the preceding activities.

Alberta youth reported they were able to talk about emotional state to a friend (56.8%), to immediate family member (50.2%) and other family members (42.9%).

Alberta First Nations Youth reported they would go first for help if they had family problems to a parent or guardian (44.7%), other family members (18.7%) and friends my age (22.4%). Youth reported they would go to first for help if they had financial problems to a parent or guardian (68.4%) and no one (16.0%). Youth reported they would go first for help if they had drug or alcohol problems to a parent or guardian (45.4%), friends my age (17.9%) and no one (14.5%). Youth reported they would go first for help if they had anger or feeling out of control to a parent or guardian (47.7%) and friends my age (19.2%). Youth reported they would go first for help if they
had a problem with depression to a parent or guardian (50.5%), friends my age (15.9%) and no one (18.2%). Youth reported they would go first for help if they had a problem with friends to a parent or guardian (47.5%), other family members (17.8%) and friends my age (19.2%). Youth reported they would go first for help if they had a problem with sexual or physical assault to a parent or guardian (62.0%) and friends my age and other family members (20.2%). Youth reported they would go first for help if they had a problem with STDs to a parent or guardian (57.1%) and doctor, nurse, or health aide (15.9%). Youth reported they would go first for help if they had a problem with birth control to a parent or guardian (51.2%) and doctor, nurse, or health aide (14.8%). Youth reported they would go first for help if they had a problem with pregnancy to a parent or guardian (51.8%) and friends my age and other family members (21.2%).

Alberta Youth reported feelings of loneliness as not at all (35.9%), a little (42.4%), moderate to quite a bit (15.7%), and a lot (6.0%).

More than half of the Alberta Youth reported that they would seek assistance with various problems such as: relationships, finances, drugs and alcohol, anger, depression, problems with friends, sexual or physical assault, birth control or pregnancy. The responses of the RHS 2002/03 Youth Survey were similar. Self –rated health reported by the youth as excellent/very good (52.7%), good (36.9%) and fair/poor health (10.4%). The rates for self-rated health of Alberta First Nations Youth were comparable to the RHS 2002/03 Youth Survey reported as excellent/good (57.2%); good (32.9%) and fair/poor (9.9%).
Culture

Alberta First Nations Youth considered traditional cultural events in their life as very important (53.9%) and not very important (34.7%). Alberta Youth participants considered traditional cultural events as very important (53.9%) compared to the RHS 2002/03 Youth Survey (45%).

Figure 5-Y. Importance of Traditional Cultural Events

Alberta First Nations Youth reported who helps them in understanding culture as grandparents (58.9%), parents (53.6%), teachers (28.6%), aunts and uncles (26.8%), other relatives (25.0%), community elders (17.9%) and other community members (14.7%) and friends or no one (18.3%). RHS 2002/03 Youth Survey listed parents (54.3%), grandparents (53.5%) and teachers (30.5%) as the teachers of culture for the national population.

Language

Alberta First Nations Youth reported daily use of a language as English (93.8%), Blackfoot (3.5%), Cree (0.4%) and Stoney (2.2%).
Alberta First Nations Youth reported importance of speaking a First Nations language as very important (47.7%), somewhat important (36.4%) and not very and not important (15.9%).

Alberta First Nations languages belong to the Athapaskan, Algonquian and Siouan language stocks. Two of these language stocks are represented in the languages of the participating Alberta First Nations in the RHS.

Alberta First Nations Youth reported on level of understanding English as fluently (92.5%), relatively well (6.1%) and a few words (0.9%); Blackfoot as fluently (3.1%), relatively well (5.3%) and a few words (35.5%); Cree as fluently (2.6%), relatively well (4.4%) and a few words (30.7%) and Stoney as fluently (2.2%), relatively well (1.8%) and a few words (1.3%).

Alberta First Nations Youth reported speaking English as fluently (92.5%) and relatively well (6.1%); Blackfoot as fluently (3.1%), relatively well (1.8%) and a few words (28.5%); Cree as...
fluently (3.1%), relatively well (1.3%) and a few words (28.9%); and Stoney as fluently (2.6%), relatively well (0.4%) and a few words (1.8%).

Blackfoot is understood well or relatively well (8.4 %); Cree is understood well or relatively well (7.0 %); and Stoney is understood well or relatively (4.0 %) by Alberta First Nations Youth.

English is spoken well or relatively well (98.6%) by the Alberta participants. The RHS 2002/03 Youth Survey rate for speaking a First Nations language is 9.3%. Alberta First Nations Youth and RHS 2002/03 Youth Survey reported the similar rates for the importance of First Nations languages.

Residential Schools

Alberta First Nations Youth reported family members that were a student of a residential school as mother (27.9%), father (30.9%), mother’s mother (76.4%), mother’s father (72.8%), father’s mother (73.8%) and father’s father (72.9%). Youth reported that one or more parent attended residential school as (43.5%) and one or more grandparent attended residential school as (89.2%).

Residential schools have been closed for a while, however, the effect that they had on the individuals that attended them are still observable. Residential school attendance by parents and grandparents is slightly higher for Alberta youth respondents. The rates of attendance for Alberta First Nations grandparents (89%) differed from RHS 2002/03 Youth Survey grandparents (65%).
Reason

This section of Alberta First Nations Youth reason is reported by personal background information including: survey participants, household members, education, employment, housing, healthcare utilization.

Demographics

All 228 Alberta First Nations Youth that participated in the First Nations Regional Longitudinal Health Survey reside on reserve, 49.6% are male and 50.4% are female between the ages of twelve and seventeen years.

Household

The Alberta First Nations Youth reported living in households with children under 6 years old as none (63.6%), one (28.0%) and two to four (8.4%). The number of children living in household 6 to 11 years old reported as none (49.3%), one (34.7%), two (12.0%) and three to four (4.0%). The number of children living in household 12 to 17 years old reported as one (13.3%), two (22.7%) and three (35.1%), four (16.9%) and five to eleven (11.9%).

The Alberta First Nations Youth reported living in households with adults as one (13.20%), two (53.1%), three (21.9%), four to nine (10.9%) and adults 66 years and older (4.0%).

Alberta First Nations Youth reported living with biological mother (77.6%), biological father (45.6%), stepfather (14.0%) and brother(s) or sister(s) (42.5%). Biological parents of the Alberta First Nations Youth reported as living together and married (32.0%), separated (37.8%), living together (15.8%), one or both parent deceased (11.7%) and divorced (2.7%).
Alberta First Nations Youth living with two parents including stepparents reported as (59.6%) as while the RHS 2002/03 Youth Survey reported living with 2 parents (54.4%).

Education
Alberta First Nations youth attending school (87.6%) reporting liking school very much (42.6%); liking school somewhat (43.7%); disliking school somewhat and very much (8.7%).
The rates for RHS 2002/03 Youth Survey disliking school (7.8%) were comparable. Alberta First Nations Youth reported advancing a grade (12.6%) in school and repeating a grade (45.1%) in school. The Alberta youth reported having problems learning at school (49.8%). The Alberta youth reported learning problems as too many distractions (41.1%), reading (32.1%), writing (17.0%), math (47.3%) and difficulty understanding the teacher (35.7%). Alberta Youth reported the highest level of school that they would like to complete as high school diploma (26.2%), college, trade/technical or vocational school (17.6%) and university, including a Master’s degree (50.0%).
While a good number were experiencing difficulties in school, a greater number aspired to completing university.

**Employment**

The Alberta youth reported having a job such as babysitting, working at a store or tutoring as never (52.5%), less than once per week (20.5%), 1 to three times a week (16.4%). worked 4 or more times a week (10.5%).

**Housing**

The Alberta youth resided in homes that ranged in size from 1 to 12 rooms. Usually 5 to 7 rooms with 2 (53%) adults. The mean size was 6.2 rooms for homes that Alberta First Nations youth lived in was similar to the RHS 2002/03 Youth Survey. Alberta First Nations youth resided in homes with other children ranging from 1 to 17.
Health Care Utilization

Alberta First Nations Youth reported on access to health care as last consulted a traditional healer within the last 12 months (23.7%) and counselling, psychological testing, or any other mental health services as within last 12 months to over 2 years ago (22.6%).

Alberta Youth reported having the following tests or examinations as vision (53.2%), blood sugar (16.4%) and complete physical (16.7%).

Body Mass Index for the Alberta youth was reported as underweight/acceptable (62.4%), overweight (23.5%) and obese to morbidly obese (13.4%). The rates for underweight/acceptable (42.5%) for RHS 2002/03 Youth Survey; the other rates for overweight, obese and morbidly obese were similar to the rates. The Alberta First Nations Youth reported satisfaction with acceptable weight as very satisfied (34.9%), somewhat satisfied (31.6%) neither satisfied nor dissatisfied (15.1%) somewhat and very dissatisfied (18.4%) with their weight.

Action

This section of Alberta First Nations Youth action is reported by food and nutrition, physical activity and lifestyle.

Nutrition

The Alberta youth reported eating a nutritious balance diet as always or almost always (16.1%), sometimes (65.2%) and rarely or never (18.7%). while of the RHS 2002/03 Youth Survey (56.8%) reported eating a nutritious diet. The Alberta youth reported on the types of food consumed as
Coffee or tea drinking reported as never or hardly ever (66.7%), about once a week to a few times a week (22.8%) and once to several times a day (10.5%); soft drinks reported as never or hardly ever (4.8%), about once a week (9.6%), a few times a week (39.9%), once a day (25.0%) and several times a day (20.6%); fast food eaten reported as never or hardly ever (8.3%), about once a week (32.5%), a few times a week (45.2%) and once to several times a day (14.1%). Cake, pies, cookies, candy or chocolate eaten reported as never or hardly ever (17.1%), about once a week (26.8%), a few times a week (35.1%) and once a day (13.6%); French fries, potato chips, pretzels eaten reported as about once a week (19.3%), a few times a week (45.2%) and once a day (18.0%); added sugar reported as never or hardly ever (23.7%), about once a week (14.0%), a few times a week (24.6%) and once a day (15.8%) and several times a day (21.9%);

Alberta First Nations Youth reported traditional food eaten most frequently. Land based animals eaten as not at all (40.3%), a few times (42.0%) and often (17.7%); fresh water fish eaten as a few times and often (16.40%); game birds eaten as a few times and often (15.1%); berries or other wild vegetation eaten as a few times (54.2%) and often (17.3%); bannock or fry bread eaten as a few times (41.2%) and often (53.1%); and corn soup eaten as a few times (10.1%).

The youth reported someone sharing traditional food with their household as often (18.7%) and sometimes (59.1%). Frequently consuming food that is processed, with added sugar, salt and fat is not a healthy choice for getting the nutrients that an individuals needs for the best health.
Physical activity

Physical activity can release stress, while keeping the body fit and healthy. Alberta First Nations Youth reported activity participation as 2-3 times a week (27.5%), 4-6 times a week (21.6%) and every day (35.6%).

![Figure 11-Y. Physical Activity](image)

Time spent weekly doing physical activity that increases heart rate or breathing reported as less than 1 hour (15.6%), from 1-5 hours (44.7%), from 6 to 10 hours (17.1%), from 11 to more that 20 hours (18.1%). Alberta First Nations Youth reported participating the last 12 months in hunting or trapping (19.8%), fishing (18.9%), bicycling (60.8%), walking (92.1%), dancing (38.3%), running (74.4%), hiking (21.6%), skating (41.9%), berry picking or other food gathering (29.5%), competitive or group sports (59.9%), weights or exercise equipment (41.4%), golf (20.3%), bowling (22.9%), skiing (22.0%), swimming (62.6%) and skateboarding (18.9%).

More male youth reported physical activity on a daily basis; however, more females reported physical activity from once a week to 4-6 times a week. Almost half of the youth spent time in
physical activity that increased heart rate or breathing from 1-5 hours per week. The type of physical activity with the most frequent participation was walking and running. Skiing, bicycle riding and competitive were the next most frequent activities. The only difference noted was that skiing was not listed on the RHS 2002/03 Youth Survey. Most likely due to a regional difference because of the close proximity of Alberta First Nations reserves to skiing in the Rockies.

Alberta First Nations were asked to respond to questions about other recreation outside of school. The Youth reported taking part in sports or team lessons as never (31.5%), less than once per week (19.2%), 1 to 3 times per week (34.7%) and more than 4 times per week (14.6%); music groups or lessons as never (73.3%), less than once per week (13.8%), once to more than 4 times per week (12.9%) and traditional singing, drumming or dancing groups or lessons as never (70.0%), less than once per week (18.9%), once to more than 4 times per week (11.0%).

The youth reported watching television as 1 to 2 hours (31.4%), 3 to 5 hours (40.8%), 6 or more hours (19.3%); playing video games as 1 to 2 hours (30.5%) and 3 to 5 hours (17.3%); using a computer reported as 1 to 2 hours (28.8%) and 3 to 5 hours (13.5%). spending time outdoors reported as 1 to 2 hours (31.7%), 3 to 5 hours (39.4%), 6 or more hours (21.3%); assisting with household chores reported as 1 to 2 hours (46.2%) and 3 to 5 hours (19.9%).

Half of the youth reported playing video games for less than one hour or not all. Half of the youth did not use a computer at all. Time spent outdoors was similar to the RHS 2002/03 Youth Survey.
Lifestyle

Alberta First Nations Youth reported chewing tobacco use as never (88.5 %). Alberta Youth reported marijuana use as never (68.5%) and youth reported marijuana use from about twice a year to about once a day (30.2%).

Alberta First Nations Youth reported, during the last 12 months having a drink of beer, wine, liquor or any other alcoholic beverage (43.4%). They also reported, during the past year, how often they had 5 or more drinks on one occasion as never (21.7%) and one to three times per month (44.6%).

Alberta First Nations Youth reported, at the present time, smoking cigarettes as daily (21.8%) and occasionally (9.3%). The average number of cigarettes smoked per day was six. The youngest female to begin smoking was eight years old. The youngest male to begin smoking was eleven years old. The 158 smokers reported the number of times they tried to quit smoking as never (28.1%) and 1-2 times (45.6%). Most began smoking at age twelve years. Most quit smoking at age twelve or fifteen years of age. The youth reported have a smoke-free home (25.7%).
The RHS 2002/03 Youth Survey reported the age that youth began smoking was 4 to 13 years. The youngest youth to quit smoking was ten years old and the oldest was 15 years old. The most common reason given for quitting smoking was to choose a healthier lifestyle. About a quarter of the youth stated they had a smoke-free home.

Alberta youth reported being sexually active (28.1%). About the same number had sexual intercourse in the past year (30.7%) with 1-2 partners (77.4%). The youth that were sexually active most common birth control method reported as condoms (73.2%) as well as for avoiding getting STDs (51.1%). The youth reported having been pregnant or fathered a child (8.5%), however, the RHS 2002/03 Youth Survey less reported being pregnant or fathering a child (4.5%). Of the Alberta First Nations, the youngest girl to become pregnant was 13 years of age and the youngest male to report fathering a child was 16 years of age.
Summary

Alberta First Nations Youth health conditions most frequently health conditions diagnosed reported as asthma and allergies. Of the 204 Alberta youth who have thoughts of suicide reported as when they were less than 12 years of age (7.4%), 12 to 17 years of age (10.8%), during the past year (5.9%). The rates of suicide ideation were similar to the rates reported by the RHS 2002/03 Youth Survey.

While a good number were experiencing difficulties in school, a greater number aspired to completing university. The mean size was 6.2 rooms for homes that Alberta First Nations youth lived in was similar to the RHS 2002/03 Youth Survey. Alberta First Nations youth resided in homes with other children ranging from 1 to 17.

The rates for underweight/ acceptable (42.5%) for RHS 2002/03 Youth Survey; the other rates for overweight, obese and morbidly obese were similar to the rates. The Alberta First Nations Youth
reported satisfaction with acceptable weight as very satisfied (34.9%), somewhat satisfied (31.6%) neither satisfied nor dissatisfied (15.1%) somewhat and very dissatisfied (18.4%) with their weight

The youth reported someone sharing traditional food with their household as often (18.7%) and sometimes (59.1%). Frequently consuming food that is processed, with added sugar, salt and fat is not a healthy choice for getting the nutrients that an individuals needs for the best health.

Half of the youth reported playing video games for less than one hour or not all. Half of the youth did not use a computer at all. Time spent outdoors was similar to the RHS 2002/03 Youth Survey. Youth reported activity participation as 2-3 times a week (27.5%), 4-6 times a week (21.6%) and every day (35.6%).

About one third of the Alberta youth used marijuana from 2-3 times a year to about a one in ten youth using marijuana on a daily basis. The rates for marijuana use were higher in Alberta First Nations youth. The Alberta youth (2.0%) used PCP, acid, LSD or amphetamines that was twice the rate of use by RHS 2002/03 Youth Survey. Alberta youth used ecstasy compared to the RHS 2002/03 Youth Survey. Alcohol use was identical for both populations. Three quarters of Alberta First Nations youth reported drinking 5 or more drinks on one occasion compared to two thirds of the RHS 2002/03 Youth Survey. More frequent occasions to drink alcohol were reported for the RHS 2002/03 Youth Survey (12.6%) while the Alberta youth (5.0%) reported drinking more than once per week.
CHILD

No comparisons were made between communities as directed by the participant community focus groups. Neither were comparisons to be made between north and south communities. Since, this is the first Alberta First Nations Regional Longitudinal Health Survey (RHS) Report submitted; comparison to previous data was not possible making it necessary that the report remain mainly descriptive in form.

Vision

Alberta First Nations Children present health status is reported by health conditions, physical injuries and dental care.

Health conditions

Alberta First Nations children health conditions reported as asthma (13.4%) and allergies (10.9%). One quarter of the children reported with allergies were being treated (28.2%), however, three quarters of the children reported with asthma were being treated (75.0%) for their condition. Tuberculosis was reported as inactive in one child. Diabetes was reported in none of the Alberta children. Of the Alberta children survey sample, 23 children had blood sugar tests taken to screen for diabetes in the past 12 months.

Physical injuries

Children come in harms way in any number of ways sustaining injuries from minor to severe. Often the consequences are tragic or life altering for Canadian children. The injuries Alberta First Nations children most often experienced were cuts, scrapes and bruises (11.9%); sprains and
strains, fractures, scalds and burns (7.5%). Alberta First Nations Children reported physical injuries (11.9%), which was similar to the RHS 2002/03 Child (9.8%) Survey. The causes of injuries reported as falls or sports

Dental care

Alberta First Nations children’s reported dental care as less than 6 months (48.9%) and between 6 months and a year (28.1%) similar to the RHS 202/03 Child Survey reported as less than 6 months (44.2%) and between 6 months and a year (24.9%). Alberta First Nations Children that never had dental work (12.4%) compared to the RHS 202/03 Child Survey (19.1%). Alberta First Nations children reported restorative work currently needed (26.0%), maintenance (46.6%) and fluoride treatment (11.9%). Alberta First Nations Children teeth have been affected by Baby Bottle Tooth Decay reported as yes (17.6%) and those children affected treated (74.2%).

Summary

Alberta First Nations Children reported health conditions most common as asthma and allergies. Diabetes was reported in none of the Alberta First Nations children surveyed.

Alberta First Nations children experienced injuries in the form of cuts, scrapes and bruises followed by strains, sprains, fractures and burns. Three quarters of Alberta First Nations children reported receiving dental care up to a year.
Relationships

This section of Alberta First Nations Children relationships are reported by general health, emotional and social well-being, culture, language, residential schools and community wellness.

General health was reported from good to excellent in 9 of 10 Alberta First Nations children. About 9 of 10 children got along with families very well to having hardly any difficulties. About one quarter of First Nations children received childcare. Culture was rated as very important to important for about 9 of 10 First Nations Children. Parents and grandparents were reported as the primary teachers of culture for about two thirds of the First Nations children. Learning a First Nations language was rated as important for two thirds of First Nations Children. However, 1 in 10 children reported understanding a First Nations language and about 5% reported speaking a First Nations language. One must remember that age of the child factored into the results since some of the children were not talking yet because of age. Residential School attendance by parents was reported at 16.5%; grandparents’ attendance was 81.3%.

General Health

Alberta First Nations children reported general health as excellent (45.9%), very good health (29.6%), good health (18%), fair health (5.5%) and poor health (1.1%).

Emotional and Social Well-Being

Alberta First Nations children got along with families very well (53.0%) and with hardly any difficulties (38.5%), compared to the RHS 2002/03 Child Survey for fairly well (51.9%) and hardly any difficulties (41.9%). Alberta First Nations Children with emotional or behaviour problems
(14.7%) compared to National RHS Children (15.4%) slightly higher for emotional and behaviours problems.

Childcare

Alberta First Nations children received childcare (27.9%), spending an average of 19.75 hours a week, a slightly lower rate than the RHS 2002/03 Child Survey (34.7%). The rates were similar for type of childcare arrangements, usually by a relative (21.0%).

Culture

The Alberta respondents rated culture as very important or important (87.7%), somewhat important (38.7%), not very important and not important (16.7%); the National RHS rates were reported at slightly higher for very important and important (92.9%). Parents (66.9%) ranked highest as teachers of culture, then grandparents (66.4%) and teachers (29.3%) similar for the national rates for parents (66.9%) and grandparents (62.0%). Teachers (36.2%) were ranked slightly higher for the National RHS Survey.

Language

Alberta First Nations children reported learning an Aboriginal language as important (66.3%) similar for the RHS 202/03 Child Survey (64.3%). The difference was in the rates for somewhat important to learn an Aboriginal language, Alberta First Nations Children (28.7%) compared to the National RHS Children (67%) results.
Alberta First Nations Children reported understanding (9.1%) one or more of Blackfoot, Cree or Stoney First Nations languages fluently or relatively well. National RHS Children (25.2%) rates for understanding a First Nations language differed from Alberta First Nations Children results.

Alberta First Nations children reported speaking First Nations languages as fluently or relatively well (5.2%). The National RHS rates for children 3-11 years of age were reported at 25.2%. Alberta rates do not reflect the isolated or remote communities where First Nations languages may be understood or spoken at a different rate.

![Table 10. Child's Knowledge of First Nations Language](image)

National RHS Child reported level of satisfaction of knowledge of First Nations language by parents (58.9%) and by grandparents (28.6%).
Residential Schools

Alberta First Nations children are raised and nurtured by parents and are influenced by their grandparents who attended residential schools. The rates for parents’ attendance at residential school were similar to the RHS 2002/03 Child Survey (16.5%). However, grandparents (81.3%) attendance at residential schools was higher than the RHS 2002/03 Child Survey rates (58.6%).

Reason

This section of Alberta First Nations Adults reason is reported by personal background information including: survey participants, household members, income, education, housing, health care access and preventive health care.

Demographics

Personal Background Information

The Alberta First Nations Child participants of the First Nations 2002-03 Regional Longitudinal Health Survey (RHS) consisted of 176 males (48.6%) and 186 females (51.4%) of the total n=362 (100%) sample surveyed on reserve. Parents or guardians completed the RHS survey questionnaire.
Other People Living in Household, under 6 years old living in the household, including the child were reported as none (28.8%), one (37.4%), two (23.8%), three (7.8 %), four or more children (2.2%) and the range for number of children was zero to ten.

The number of children, 6-11 years old living in the household, including the child were reported as none (17.7%), one (40.2%), two (27.4%), three (12.2 %), four (2.5%) and the range for number of children was zero to four.

The number of children, 12-17 years old living in the household, including the child were reported as none (58.7%), one (24.7%), two (14.4%), three or more (2.2%) and the range for number of children was zero to four.
The number of children, under 18 years old living in the household, including the child were reported as one (9.1%), two (24.9%), three (26.9%), four (23.5%), five (9.4%), six to twelve (6.2%) and the range for number of children was 1 to 12.

The number of adults 18-64 years old living in the household was reported as none (0.3%), one (15.5%), two (57.9%), three (15.5%), four to seven (10.9%) and the range was from zero to seven. The number of adults over 65 years old living in the household was reported as none (94.7%), one (4.7%) and two (0.6%).

The number of adults, over 18 years old, living in the household were reported as one (15.2%), two (56.0%), three (16.1%), four to seven (12.8%) and the range for number of adults was 1 to 7. The number of adults, two or more, were similar for Alberta First Nations Children (84.7%) and the National RHS Children (83.2%) results.

Children reported as living most of the time with biological mother (91.7%), biological father (51.5%), brothers or sisters(29.1%), grandparent (10.8%), adoptive parents (3.9%), stepfather/stepmother/step siblings (8.3%), foster parents (0.8%) and aunts, uncles, or cousins (6.6%).
Income

Family income determines the environment the opportunities that a child can expect.

<table>
<thead>
<tr>
<th>Total Household Income</th>
<th>Alberta %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000-$19,999</td>
<td>58.0%</td>
</tr>
<tr>
<td>$20,000-$29,999</td>
<td>15.5%</td>
</tr>
<tr>
<td>$30,000 – $49,999</td>
<td>22.7%</td>
</tr>
<tr>
<td>+ $50,000</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

Education

Alberta First Nations children reported mothers’ education as some high school (39.6%), a high school diploma (21.1%), a community college diploma or certificate (16.5%), trade/vocational school diploma/certificate (12.0%) and a university degree, (including a masters degree) (5.4%). The National RHS Children survey results for mother’s education as less than high school (46.0%), high school graduates (24.4%), post secondary diploma (24.5 %), bachelors degree (5.0%) and master’s/doctorate (0%).

Alberta First Nations children reported father’s education some high school (47.8%), high school diploma (15.1%), trade/vocational school certificate/diploma (16.3%), community college certificate/diploma (9.0%) and a university degree (1.9%). The National RHS Children survey results for father’s education as less than high school (27.6%), high school graduates (20.3%), post Secondary diploma (20.4%), bachelors degree (2.6%) and Master’s/Doctorate (0).

Children reported as currently attending school (75.8%) including Aboriginal Head Start (35.6%). Children reported as having attended Aboriginal Head Start (75.8%).
Child’s performance in his grade compared to other children reported as above average (24.2%), slightly above average (17.7%), average (42.0%), slightly below average (10.8%) and below average (5.2%). The National RHS Children reported assessment of school as above average (21.4%), slightly above average (18.5%), average (48.8%), slightly below average (9.5%) and below average (4.8%).
Child skipped or advanced a grade (4.0%) as a result of academic performance. Child repeated a grade (15.3%). The National RHS Children surveyed skipped a grade (3.7%) and repeated a grade (18.0%).

**Housing**

Alberta First Nation children live in homes that are on average five to seven rooms. The range is from two rooms to twelve rooms. The National RHS Children live in house size ranging from 1-13 rooms. The median number of rooms is 6. First Nations households with children reported as crowding (32.1%).

**Health Care Access**

Alberta First Nations Children barriers to health care access reported as waiting list too long (91.4%) and not covered by NIHB (10.6%).
Summary

About 4 of 10 households had one child under 6 years of age, approximately the same for a child 6-11 years of age. Almost 6 of 10 households had 2 adults, about 9 of 10 children reported living with biological mother. About 1 of 3 children reported living in crowded conditions. Slightly over half of the households that had children reported incomes less that $19,999. About three quarters of the households reported less than $29,999. About 4 of 10 mothers reported having some high school. 2 of 10 reported having high school diplomas.

About 3 of 10 mothers had post-secondary education. About 5 of 10 fathers had some high school. Children’s performance in school was reported at about 8 of 10 being average to above average. Health care access barriers reported by 9 of 10 First Nations children as waiting list too long and 1 of 10 reported not covered by NIHB.

Action

This section of Alberta First Nations Children action is reported by food and nutrition, physical activity and lifestyle.

Food and Nutrition

Eating a nutritious diet abundant in all the nutrients is necessary for healthy growth and development. A nutritious diet is particularly important during childhood. Alberta First Nations Children reported eating a nutritious diet always or almost always (53.6%) and sometimes (40.8%). Do the children have enough food or are the only choices the non-nutritious ones?
Average consumption of soft drink or pop by Alberta First Nations children reported as never or hardly ever (19.4%), about once a week (22.2%), a few times a week (41.8%) and once a day (10.5%). Average consumption of fast food by Alberta First Nations children reported as never or hardly ever (24.4%), about once a week (28.5%), a few times a week (39.9%) and once a day (16.6%). Average consumption of cakes, cookies, candy, or chocolate by Alberta First Nations children reported as never or hardly ever (13.6%), about once a week (28.5%), a few times a week (39.9%) and once a day (16.6%). Average consumption of French fries, potato chips, pretzels, Fried bread by Alberta First Nations children reported as never or hardly ever (9.1%), about once a week (33.0%), a few times a week (46.8%) and once a day (10.0%). Average consumption of added salt by Alberta First Nations children reported as never or hardly ever (45.4%), about once a week (9.1%), a few times a week (16.3%) and once a day (14.4%). Average consumption of added sugar by Alberta First Nations children reported as never or hardly ever (34.6%), about once a week (14.7%), a few times a week (24.9%) and once a day (16.6%) and several times a day (9.1%). The nutrition rates were similar for the RHS 2002/03 Child Survey (55.5%). Alberta First Nations children reported traditional food as land-based animals eaten often (13.4%) and a few times (37.0%); fresh water fish eaten a few times (19.2%); salt water fish eaten a few times (10.9%); games birds eaten a few times (12.3%); small game eaten a few times (8.6%); berries or other wild vegetation eaten a few times (48.2%) and often (15.9%); bannock or Fry bread eaten as a few times (49.6%) and often (42.1%). Alberta First Nations children reported sharing traditional food with someone often (19.2%) and sometimes (59.0%).
Physical Activity

Alberta First Nations children reported participating in physical activities as 2-3 times a week (21.0%), 4-6 times a week (13.3%) and everyday (54.8%). Types of activities children participated reported as hunting or trapping (9.9%), fishing (21.2%), bicycle riding (70.0%), walking (88.7%), dancing (37.7%), running (73.4%), hiking (13.9%), skating (37.4%), inline skating or roller-skating (18.1%), berry picking or other food gathering (34.6%), competitive or group sports (22.9%), golf (11.3%), bowling (18.4%), swimming (70.5%) and skateboarding (14.4%).

Non –school activity participation rates for sports teams or lessons reported as less than once per week (10.6%) and 1-3 times per week (25.3%). Participation in Art or music groups or lesson reported as less than once per week (10.1%). Participation in traditional singing, drumming or dancing groups or lessons reported as less than once per week (15.9%) comparable to the National RHS Children Survey results.
Figure 5-C. Birth Weight

Alberta First Nations Children Body Mass Index reported as underweight, normal (41.5%), overweight (22.3%) and obese (36.2%).

Alberta First Nation children watched 10 hours of television per week (10.6%). Similar amounts of time spent outdoors reported as 10 hours (15.5%).
The Alberta First Nations children reported half the time that the RHS 2002/03 Child Survey reported for time spent using a computer. The Alberta children spent 1 hour a week assisting with household chores (23.9%) and 2 hours (14.9%), while the RHS 2002/03 Child Survey reported 3.6 hours for the same question.

Lifestyle

Alberta First Nations children live in an environment where tobacco use is common. Mothers reported smoking cigarettes during pregnancy (33.5%) and reported quitting smoking in the 1\textsuperscript{st} to 3\textsuperscript{rd} trimester of pregnancy (13.4%). Of the mothers that smoked throughout pregnancy (75.5%) were daily cigarette smokers averaging 10-12 cigarettes (32.4%) per day. The parents or guardians of the Alberta First Nations Children reported children did not smoke (99.7%). The homes reported as not smoke-free (55.8%). The rates for the National RHS Children Survey were similar for rate of smoking of mother (36.6%).
The majority of the mother (64.8%) that breastfed did so for a number of months. The range of months that a child was breastfed was from one month to 48 months.

**Figure 6-C. Length of Time Child Breast-fed**

![Length of Time Child Breast-fed](image)

**Summary**

About half of Alberta First Nations children reported eating a nutritious diet. About 9 of 10 First Nations children reported participating in physical activities at least 2-3 times a week to everyday. One third of mothers smoked during pregnancy. Slightly over half of homes where First Nations children reside were not smoke-free. Almost two-thirds of First Nations children were reported as breast fed for a number of months.

Alberta First Nations Children had asthma and allergies reported most by about one in ten children. Alberta First Nations Children reported physical injuries (11.9%), which was similar to the RHS 2002/03 Child (9.8%) Survey. Alberta First Nations children’s reported dental care as less than 6 months (48.9%) and between 6 months and a year (28.1%) similar to the RHS 202/03 Child Survey reported as less than 6 months (44.2%) and between 6 months and a year (24.9%).
About three quarters of the children were reported to be excellent health to very good health.

Most of the children got along well with little or no difficulty with their families and other children. About one quarter of the children had between two and four children under 18 years old living in the household, including the child. The range for number of children was 1 to 12.

Two adults, over 18 years old, living in the household, were reported by over half. The range for number of adults was 1 to 7. The number of adults, two or more, reported by eighty five percent of the Alberta First Nations Children same as the National RHS Children results. Most of Alberta First Nations Children lived with biological mother and about half lived with the father as well. About one in ten lived with grandparents.

Family income determines the choices that the family has about living standard, three quarters of Alberta First Nations Children live in homes that have incomes below $29,999. The Low Income Cut-Offs (LICOs) for a family of four with two parents in Alberta is $28,869. Household Income for First Nations Children is below the Alberta LICOs of $28,869 for a family of four with two parents (63.0%). Two in ten mothers had a high school diploma, about a third had community college/trade/vocational school diploma/certificate and one in twenty mothers had a university degree, (including a masters degree). The National RHS Children survey results for mother’s education as a quarter with high school, a quarter had a post-secondary diploma, and one in twenty had a bachelor’s degree. Alberta First Nations children reported fifteen percent of the father had a high school diploma and a trade/vocational school certificate/diploma. One in ten had a community college certificate/diploma two percent had a university degree. The National RHS Children survey
results for father’s education as less than high school (27.6%), high school graduates (20.3%), post secondary diploma (20.4%), bachelors degree (2.6%) and Master’s/Doctorate (0). About eight of ten children were average to excellent students.

About a quarter of Alberta First Nations children received childcare, spending an average of 19.75 hours a week, slightly lower than the third for the RHS 2002/03 Child Survey.

About one in ten Alberta First Nations Children reported understanding one or more of Blackfoot, Cree or Stoney First Nations languages fluently or relatively well. National RHS Children (25.2%) rates for understanding a First Nations language differed from Alberta First Nations Children results.

One in twenty Alberta First Nations children reported speaking First Nations languages fluently or relatively well. A quarter of the National RHS children 3-11 years of age were reported to speak a First Nations language. Alberta rates do not reflect the isolated or remote communities where First Nations languages may be understood or spoken at a different rate.

Non –school activity participation rates for sports teams or lessons and art or music lessons by one in ten children. Participation in traditional singing, drumming or dancing groups or lessons reported as less than once per week (15.9%) comparable to the National RHS Children Survey results.

Mothers smoke before and during pregnancy. Other issues in the community that affected the well being of the children included drugs and alcohol.
Discussion

Income remains as a deficit for the Alberta First Nations population. Approximately half of the population is under the Low Income Cut-offs (LICOs) for Alberta. Housing appears to be close to the Canadian National average, but housing safety standards and need for repairs places the residents at risk. The First Nations participant communities were close to main roads and urban centres where services were readily available.

A source of income for adult participants was school funding. First Nations languages were not understood nor spoken by the majority of First Nations individuals. Self-rated health was from one quarter of the respondents had problems accessing NIHB services for medication, dental care and vision care. About half of the affected respondents had no problems in accessing services for hearing aids, other medical supplies, escort travel or transportation services were rated as good to excellent by the majority of respondents. Two thirds of the respondents had support all or most of the time.

Most of the participants did not eat traditional foods. Health conditions that were common were respiratory, vision and muscles/bone and endocrine disorders. The traditional healer was still sought out by the Alberta First Nations adult participants.

The results for the Alberta First Nations Regional Longitudinal Health Survey 2002/2003 must be taken in the context that the remote and isolated First Nations Communities are not represented in the survey sample. Perhaps some of the variables would have different results. For example, language and education may have different results.
The Alberta First Nations Regional Longitudinal Health Survey Report 2002/2003 will be the basis for the comparison of the results of the next round for the Alberta RHS.
RECOMMENDATIONS

- To increase employment for First Nations in Alberta thereby lessening the socio-economic gap.

- To develop strategies to increase the number of First Nations individuals that complete high school and postsecondary education through a supportive network of parents, families, communities and education.

- To reduce the health disparities of First Nations through further research and initiation of programs with the goal of achieving and maintaining health.

- To support parents in nurturing children to maintain optimal health and resiliency to increase First Nations children life’s chances.
FIGURES

Adult:
- Figure A-1. Marital Status
- Figure A-2. Body Mass Index
- Figure A-3. Language Most Used Daily
- Figure A-4. Highest Grade Completed
- Figure A-5. Highest Grade Completed by Gender
- Figure A-6. Number of Children in Household
- Figure A-7. Number of Adults in Household
- Figure A-8. Household Services and Amenities
- Figure A-9. Main Water Supply for Household
- Figure A-10. Self-rated General Health
- Figure A-11. Blood Sugar Checks
- Figure A-12. Cigarette Smokers
- Figure A-13. Cigarettes Smoked Daily
- Figure A-14. Marital Status of Cigarette Smokers
- Figure A-15. Number of Children

Youth:
- Figure Y-1. Number of Children
- Figure Y-2. Number of Adults
- Figure Y-3. Marital Status of Birth Parents
- Figure Y-4. Importance of First Nations Languages
- Figure Y-5. Traditional Cultural Events
- Figure Y-6. Current Grade in School
- Figure Y-7. Aspirations for Highest Level of Education
- Figure Y-8. Height
- Figure Y-9. Weight
- Figure Y-10. Eating a Nutritious Diet
- Figure Y-11. Physical Activity
- Figure Y-12. Number of Cigarettes Smoked Daily
- Figure Y-13. Age at First Pregnancy or Fatherhood

Child
- Figure 5-C. Birth Weight
- Figure 2-C. Child’s Knowledge of First Nations Language
- Figure 10-C. Time Spent Playing Video Games
- Figure 1-C. Children Living in Household
- Other People Living in Household
- Amount of Household Income
- Figure 3-C. Child’s School Grade
- Figure 4-C. Child’s Performance in School
- Figure 7-C. Length of Time Child Breastfed
REFERENCES


