Healthy Children, Healthy Families, Healthy Communities

Summary Findings from the BC Provincial Report 2008-10 First Nations Regional Health Survey
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“When we look back in our history, our quality of life was very good – culturally, traditionally, spiritually, and physically. A better quality of life should be the goal in this new opportunity with our First Nations Health Authority. If we set the good things we remember from that time as a foundation and build on them with the new ways of healthy living, our quality of life will become excellent again. This Regional Health Survey gives us the tools needed to move forward with that goal.”

Leonard George, Elder Advisor – First Nations Health Authority
TRADITIONAL WAYS, KNOWLEDGE AND WELLNESS

63% OF CHILDREN

45% OF YOUTH

Reported that traditional CULTURAL EVENTS are very important to them

Parents and grandparents are most often reported as being the TEACHERS OF CULTURE to their children

68% OF CHILDREN

38% OF YOUTH

Believe that it is very important to learn a FIRST NATIONS LANGUAGE
The majority of youth and adults reported feeling **IN BALANCE** all or most of the time in their lives physically, emotionally, mentally and spiritually.

61% of BC First Nations of all ages reported often eating one or more types of **TRADITIONAL FOODS** in the year prior to the 2008-10 RHS.

This is a significant decrease from the 2002-03 RHS, when 74% of First Nations reported often eating one or more types of traditional foods in the past year.

Not knowing where to get **TRADITIONAL MEDICINES** and not knowing enough about them were the most commonly reported barriers to accessing traditional medicines.

There has been a decrease in the percentage of children and adults participating in **FISHING, HUNTING AND TRAPPING**.
Between the 2002-03 and 2008-10 RHS the percentage of adults reporting that they have **COMPUTER ACCESS** in their homes has increased from 42% to 59%.

The percentage of adults reporting **INTERNET ACCESS** has increased from 29% to 53%.

56% of youth reported that they would like to get a **TRADE OR COLLEGE, UNIVERSITY OR PROFESSIONAL DEGREE** as their highest level of education.
63% of adults reported struggling to meet **basic food, transportation, utilities, clothing, shelter or childcare needs** a few times a year or more.

There was no change in the distribution of reported **personal income levels** between the 2002-03 and 2008-10 RHS.

Less youth in the 2008-10 RHS are reporting that they **play sports** once a week or more than in the 2002-03 RHS.

There has been no significant change since the 2002-03 RHS in the percentage of children or adults categorized as living in **crowded homes**.
LIFESTYLE FACTORS

The percentage of non-smoking First Nations of all ages reporting that they live in **SMOKE-FREE HOMES** has risen from 75% to 86% between the 2002-03 and 2008-10 RHS.

The percentage of youth age 15-17 who reported **SMOKING DAILY** has decreased since the 2002-03 RHS (from 28% to 11%).

The percentage of youth age 15-17 who reported **SMOKING OCCASIONALLY** has increased since the 2002-03 RHS (from 13% to 25%).
80% of kids, 84% of youth and 62% of adults are categorized as being moderately **physically active**

In 2008-10, 72% of children were reported to have been **breastfed** for 6 months or longer. This is significantly higher than the 50% of children who were reported to have been breastfed for 6 months or longer in the 2002-03 RHS.

11% of kids, 43% of youth and 33% of adults reported **drinking pop** once a day or more.
The majority of adults reported not experiencing **VERBAL** (53%) or **PHYSICAL** (73%) **AGGRESSION** in the year prior to the 2008-10 RHS.

Among adults who attended **RESIDENTIAL SCHOOL** and reported a negative impact on their health and well-being, the factors that were most commonly reported as being responsible for this negative impact were: loss of language (83%), isolation from family (80%) and loss of cultural identity (80%).

Fewer adults reported experiencing **RACISM** since the 2002-03 RHS (a decrease from 49% to 33%).
Over 94% of adults and 95% of youth reported that they have NEVER used COCAINE, SEDATIVES, HALLUCINOGENS, OPIOIDS, AMPHETAMINES OR INHALANTS in the 12 months prior to the 2008-10 RHS.

67% of youth and 63% of adults reported that they had not used a NON-PRESCRIPTION DRUG in the year prior to the 2008-10 RHS. The most common drug reported was CANNABIS.

A smaller percentage of BC First Nations adults reported DRINKING ALCOHOL in the year prior to the 2008-10 RHS than the general population reported drinking in the year prior to the 2009-10 Canadian Community Health Survey.

7% of youth and 10% of adults reported BINGE DRINKING once a week or more in the year prior to the 2008-10 RHS.
11% of youth reported ever **THINKING ABOUT COMMITTING SUICIDE** in the 2008-10 RHS compared to 19% in the 2002-03 RHS

5% of youth reported ever **ATTEMPTING SUICIDE** in the 2008-10 RHS compared to 8% in the 2002-03 RHS

22% of adults reported ever **THINKING ABOUT COMMITTING SUICIDE** in the 2008-10 RHS compared to 32% in the 2002-03 RHS

15% of adults reported ever **ATTEMPTING SUICIDE** in the 2008-10 RHS compared to 17% in the 2002-03 RHS
Youth reported that they would turn to their friends, parents, and other family members for **EMOTIONAL** or **MENTAL HEALTH SUPPORT**

92% of youth reported that they would rate their **MENTAL HEALTH** as being excellent, very good or good

8% of adults are categorized as being at high risk for **DEPRESSION**
The percentage of caregivers reporting that their child had **EXCELLENT OR VERY GOOD HEALTH** rose between the 2002-03 and 2008-10 RHS (from 69% to 87%).

9% of adults reported that they have **DIABETES**

34% of children, 12% of youth and 36% of adults were categorized as **OBESE**
21% of kids were reported to be affected by **BABY BOTTLE TOOTH DECAY**

10% of children, 35% of youth and 20% of adults reported being **INJURED** in the year prior to the 2008-10 RHS

The biggest barriers to **HEALTH CARE ACCESS** reported among adults were: the waiting list being too long (33%), the services not covered by NIHB (23%), not being able to afford the direct cost of care (23%) and feeling that the health care provided was inadequate (22%)