

11 QUEBEC FIRST NATIONS: GENERAL HEALTH

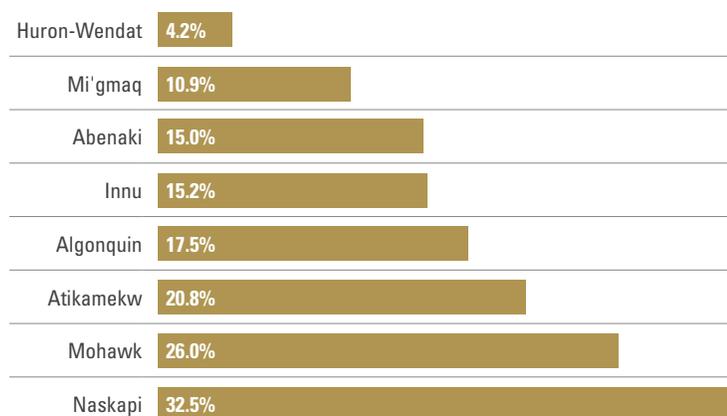
Chapter 11 of the Quebec First Nations Regional Health Survey (RHS, 2008) presents data about the general health of First Nations in Quebec, including perceived health; weight, health, and body mass index (BMI); and health conditions and strategies for staying healthy. This is a summary of the information included in Chapter 11. Therefore, it does not include all the knowledge covered by the survey, and may be open to different interpretations. To have a complete understanding of the results, the reader is invited to consult the entire chapter.

Perceived health

Perceived health expresses the individual's experience of well-being, often in considering their lifelong trajectory. The majority of youth (94.3%) and adults (83.4%) assessed their health to be "good," "very good" or "excellent." With age, the percentage of participants expressing excellent or very good health declined (55.3% for 18-34 years old to 26.3% for those over 65 years). Most adults (55.4%) reported that their health was "about the same" as the previous year.

Perception of health also varied by geographic zone. Adults living in urban communities (Zone 1)¹ are less likely to identify poor or fair health than those in Zone 4 (14.6% vs 22.3%). In regards to youth, those in Zone 2 communities were most likely to report that they perceived their health as fair or poor (11.4%), a spike which was also expressed in terms of how parents perceived the health of their child. For adults, perceived health varied depending on nation as well (see Figure 1).

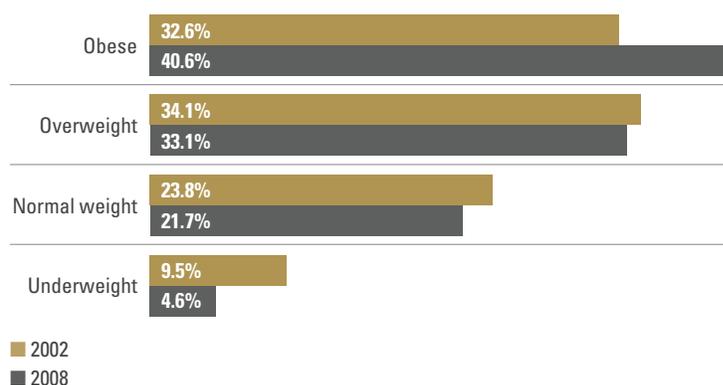
Figure 1: Fair or poor perceived health among First Nations adults, by nation (N = 19,048)



Weight, health and BMI

Carrying excess weight is a growing concern as it is associated with a variety of other health complications and is increasingly prevalent. The survey used self-reported weight and height to estimate individuals' BMI, a common indicator for underweight to obese weight classifications. The data collected during this survey revealed that the majority (73.7%) of adults are overweight or obese, and that the obesity rate has risen by 8% since the previous survey in 2002 (40.6% vs. 32.6%) (Figure 2). For children, obesity presents a significant concern (30.8% obese, 21.4% overweight), but only a minority of youths was found to be obese (12.4%) or overweight (26.4%).

Figure 2: Breakdown of First Nations adults by BMI category, 2002 (N = 16,408) and 2008 (N = 18,321)



Adults living in urban communities (Zone 1) have a significantly lower BMI (28.1) than their counterparts in Zones 2, 3 and 4 (30.4-30.7). The data would seem to indicate that there are disparities between geographic zones as regards youths. Those living in Zone 4 communities presented an average BMI of 26.1, whereas the BMI of youths living in Zones 1, 2 and 3 fell within the "healthy" range. Nation was also found to be a significant predictor of adult BMI category.

¹ Geographic zone

Degree of geographic isolation is based on a zone system developed by Indigenous and Northern Affairs Canada (INAC).

Zone 1: The community is located less than 50 km from a service centre with year-round road access.

Zone 2: The community is located between 50 km and 350 km from a service centre with year-round road access.

Zone 3: The community is located over 350 km from a service centre with year-round road access.

Zone 4: The community has no year-round road access to a service centre.

Service centre: The nearest location where the community members must go in order to access service providers, banks and governmental services.

Health conditions: child, youth, adult

The Regional Health Survey addressed 27 health conditions with a binary yes/no response. Over half (58%) of adult participants reported at least one health condition, with high blood pressure (22.9%), diabetes (17.5%), allergies (13.6%), and chronic back pain (12.4%) the most common. Overall, men were more likely to be experiencing at least one health condition and those who were normal weight fared better than those who were obese. As Table 1 shows, diagnosed health conditions increased with age.

Table 1: Proportion of adults affected by various health conditions, by age group (N=18,605)

Health condition	Age group			
	18-34	35-54	55-64	65 +
High blood pressure	4.1%	26.0%	45.2%	49.7%
Arthritis	1.9%	9.4%	26.4%	40.4%
Cataracts	0.8%	2.3%	8.2%	28.6%
Diabetes	5.4%	18.7%	31.9%	37.7%
Heart disease	0.5%	2.3%	11.7%	21.3%
Chronic back pain	7.9%	13.1%	15.3%	22.1%
Intestinal and stomach problem	6.4%	13.3%	14.3%	15.7%
Asthma	7.6%	5.8%	13.7%	12.7%
Allergies	11.6%	14.3%	15.9%	14.5%
Thyroid problem	5.5%	7.2%	10.6%	11.3%

Geographic zone was not found to be a significant predictor of the likelihood of having at least one health condition (Zone 1=61.7%, Zone 2=58.8%, Zone 3=67.2% and Zone 4=54.6%). However there are differences in health conditions across nations.

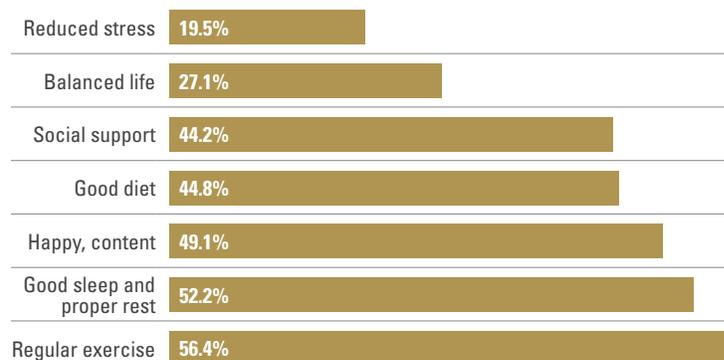
For children and youth, asthma and allergies are the most common health conditions reported. For children, the rates of asthma differed greatly by gender (boys=20.6% vs. girls=9.1%), but for youth, the difference was minimal (14.7% vs. 15.5%). Allergies are more common among youths (20.2%) than children (13.7%). As with adults, the survey revealed notable disparities in health conditions among the nations.

Strategies for health

Given the range of health concerns impacting First Nations, understanding the strategies employed by individuals to improve their health is important for promoting well-being. Most adults identified at least one strategy for staying healthy, with sleep and diet proving the most popular.

The majority (50.2%) of youth identified using 3 or more strategies for staying healthy, with exercise proving the most likely strategy (Figure 3). Continuing support of individual health strategies will be important to address the health concerns raised throughout this chapter.

Figure 3: Main strategies adopted by youths for staying healthy (N=2,184)



Finally, this summary provides an overview of Chapter 11 of the Quebec First Nations Regional Health Survey. For more details on the survey results, the full chapter is available at the following link: <http://www.cssspnql.com/docs/centre-de-documentation/chapitre-11-%C3%A9tat-de-sant%C3%A9-eng.pdf?sfvrsn=2>



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