



Press Release

First Nations Regional Longitudinal Health Survey



First Nations children face grim health conditions Over one half of First Nations children on-reserve are overweight or obese, according to the First Nations Regional Longitudinal Health Survey (RHS)

July 7, 2005

Ottawa, ON - A clearer picture of the health and well-being of First Nations children (on-reserve) has been revealed in the preliminary results of the RHS Children's Survey, released nationally today.

“The RHS will fill the information gap on the determinants of health that affect the health and well-being of our children. RHS is the most comprehensive study done on the health and living conditions of our First Nations children,” said Jane Gray, RHS National Coordinator. “It’s the only national research project under complete First Nations control.”

The preliminary RHS Children Survey results indicate that:

- Over half (55.2%) of First Nations children on-reserve are either overweight (22.3%) or obese (36.2%). First Nations children between the ages of 3 to 5 are more likely to be obese at 48.7%.
- First Nations children were 70% more likely than Canadian children to report one or more injuries in the previous year (17.2% vs. 10.2%). The most common causes were falls/trips (7.6%), bicycle and bicycle/motor-vehicle accidents (3.9%), and sports injuries (2.1%).
- Chronic bronchitis, learning disabilities, attention deficit disorder or attention deficit hyperactivity disorder (ADD/ADHD) and fetal alcohol syndrome/fetal alcohol effects (FAS/FAE) are all more common among First Nations boys.
- Nearly one in three (31.2%) of 9 to 11 year olds understood one or more First Nations languages “fluently” or “relatively well”. 83.2% of First Nations children considered traditional cultural events to be “somewhat important” or “very important”.
- Over two-thirds of First Nations children are reported in ‘very good’ or ‘excellent’ health. The following factors are associated with those better ratings: living with parent(s), always or almost always eating a nutritious and balanced diet, having a mother with a university degree, and living in a non-crowded home.

“The results from the Survey will support First Nations communities in their planning and addressing health care needs, and the creation of preventative programs for First Nations children. We need to use this data to plan for a better future for our children,” added Gray.

The Survey was conducted in 238 First Nations on-reserve and other communities between August 2002 and November 2003, with more than 22,000 participants across the country. The RHS includes three questionnaires designed for adults (18 years and over), adolescents (12 to 17 years), and children (0 to 11 years). The RHS preliminary report on the First Nations youth will be released in the Fall.

The RHS final national and regional reports on First Nations children, youth and adults will be released at the upcoming First Nations research conference, “Doing Research Our Way – Celebrating 10 Years of RHS” will be held on November 13, 14 & 15, 2005 in Ottawa.

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