



Press Release

First Nations Regional Longitudinal Health Survey



RHS report reveals both the progress and major concerns in First Nations youth health and living conditions

October 25, 2005

Ottawa, ON – First Nations youth living on-reserve face high rates of smoking, mental health issues and live in overcrowding conditions, according to the preliminary results of the First Nations Regional Longitudinal Health Survey (RHS) 2002-03: Youth Survey.

“The RHS findings show that First Nations youth in Canada are struggling with real hard life experiences—pregnancy, depression and suicide,” said Jane Gray, RHS National Coordinator. “Suicide is a mental health concern for many of our communities.”

The preliminary RHS Youth Survey results indicate that:

- Among 15 to 17 years olds, First Nations smoking rates were three times the Canadian rates for boys (47% vs. 13%) and four times higher for girls (61% vs. 15%).
- Although suicide mortality rates are highest among boys, 16- to 17-year-old girls were twice as likely to have thought about attempting suicide (38.6% for girls vs. 17.1% for boys).
- More than 4 in 10 (42.9%) of youth households were defined as overcrowded.
- Walking, running, bicycling, competitive sports and swimming are the most common physical activities among First Nations youth.
- Among those who had sexual intercourse in the year before the survey, 81.0% indicated that they used condoms, while 10.9% reported using no form of protection against sexually transmitted diseases or pregnancy.
- About four in ten (42.2%) youth were overweight (28.1%) or obese (14.1%).
- The vast majority (82.1%) of youth indicated that speaking a First Nations language was ‘very’ (45.0%) or ‘somewhat’ (37.1%) important.

“It is also important to note the progress being made. First Nations youth feel it is important to speak a First Nations language and they are engaged in numerous physical activities,” said Gray. “The RHS findings will assist communities to use the information for planning, advocacy for better resources, services and programs.”

At the last meeting of Canada’s health ministers, they reaffirmed their commitment to work with Aboriginal Leaders to close the gap in health status between Aboriginal peoples and other Canadians. Ministers discussed the Blueprint on Aboriginal Health, which will be presented at the November 2005 First Ministers’ Meeting on Aboriginal Issues. The final national RHS report will be released two weeks prior to the next Ministers’ meeting and will serve as source of critical health information on the First Nations on-reserve population.

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), youth (12 to 17 years), and children (0 to 11 years).

The RHS final national report and regional preliminary reports on First Nations children, youth and adults will be released on November 13-15, 2005 at the upcoming First Nations Research Conference, "Doing Research Our Way—Celebrating 10 Years of RHS."
(http://www.naho.ca/firstnations/english/regional_health.php)

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