The First Nations Regional Longitudinal Health Survey (RHS):
First Nations Can do Research Right!!!!

Jane Gray, RHS National Project Manager
Leah Bartlett, Sr. Analyst
Assembly of First Nations
First Nations Health Managers Meeting
Edmonton, Alberta
March 19, 2008
George Washington once said ‘an educated Indian is a dangerous Indian’…we don’t want to be dangerous, just more capable of making informed decisions.”

Audrey Leader

National Aboriginal Information and Research Conference
Presentation of the First Nations and Inuit Regional Health Survey (RHS) Project Preliminary Findings
March 29-31, 1998 Ottawa ON
RHS Introduction

- Generally known as the ‘RHS”
- Directed & implemented by First Nations, in keeping with the First Nation Principles of Ownership, Control, Access and Possession (OCAP)
- Recognized as the First Nations “Survey of Choice” in Canada
Objectives

- Offer scientifically and culturally validated information
- Enhance First Nations capacity and control over research
- Provide First Nations with key information for planning, policy & advocacy at community, regional and national levels.
- Assist First Nations in assessing their communities’ progress in health
- Serve as a model for Community Based Research
# 1 Misconception

◆ RHS – Regional **Health** Survey

◆ In reality…..RHS is the:

Regional **Holistic** Survey

◆ RHS addresses all determinants of health
More than “just another survey”

The only national research project under complete First Nations control

RHS is rooted in principles of self-determination, nationhood, self-governance and nation re-building

RHS is based on the values of trust and respect for First Nations peoples, communities and nations.
Evidence Based Decision Making within a Cultural Framework
Political Support

- **Nationally** - 5 resolutions have been passed in support of RHS and OCAP - last at the AFN AGA in PEI (No. 32/2004)

- **Regionally** - 10 regions have passed regional support resolutions for RHS and OCAP
Mandate/Coordination

Governance

National Steering Committee → First Nations Information Governance Committee

Regional Committees

Coordination

Chiefs of Ontario → AFN → FNC at NAHO
## Partnership & Coordination

<table>
<thead>
<tr>
<th>National</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of First Nations</td>
<td>Union of Nova Scotia Indians</td>
</tr>
<tr>
<td></td>
<td>Union of New Brunswick Indians</td>
</tr>
<tr>
<td></td>
<td>First Nation of Quebec and Labrador Health and Social Services Commission</td>
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<td></td>
<td>Chiefs of Ontario</td>
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<td></td>
<td>Assembly of Manitoba Chiefs</td>
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<td></td>
<td>Federation of Saskatchewan Indian Nations</td>
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<tr>
<td></td>
<td>First Nations Adult and Higher Education Consortium</td>
</tr>
<tr>
<td></td>
<td>First Nations Chiefs’ Health Committee (B.C.)</td>
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<td></td>
<td>Dene National Office</td>
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<tr>
<td></td>
<td>Council of Yukon First Nations</td>
</tr>
</tbody>
</table>
Regional Coordinators
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>First Nations on-reserve excluded from 3 major Canadian longitudinal surveys*</td>
</tr>
<tr>
<td>1995</td>
<td>RHS pilot funded Health Canada. INAC, HRDC decline.</td>
</tr>
<tr>
<td>1996</td>
<td>Mandate from Assembly of First Nations</td>
</tr>
<tr>
<td>1996</td>
<td>Direct Regional First Nations and Inuit control</td>
</tr>
<tr>
<td>1997</td>
<td>Code of Research Ethics Adopted</td>
</tr>
<tr>
<td>1997</td>
<td>First round data collection (14,008 surveys)</td>
</tr>
<tr>
<td>1998</td>
<td>“OCA” principles articulated</td>
</tr>
<tr>
<td>1999</td>
<td>RHS pilot report released</td>
</tr>
</tbody>
</table>

*NPHS, NLSCY, SLID
<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>Fail to reach M.O.U. with Stats Can to join survey with Aboriginal Peoples Survey due to the issues of Possession- OCA get its “P” AFN Proposal to HC for $30 M for RHS Phase 1</td>
</tr>
<tr>
<td>2000-2</td>
<td>Instruments/methods developed for RHS Phase 1</td>
</tr>
<tr>
<td>2002</td>
<td>Transferred to First Nations Centre (NAHO)</td>
</tr>
<tr>
<td>2002</td>
<td>Total of $3.5 M received for data collection. ($3M from HC - $500K from SC)</td>
</tr>
<tr>
<td>2002-3</td>
<td>Data collection (22,602 surveys)</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>2003-4</td>
<td>Data Processing</td>
</tr>
<tr>
<td>2004</td>
<td>“License to Use Data” final agreement signed between FNIGC and Health Canada</td>
</tr>
<tr>
<td>2004</td>
<td>Preliminary Results released</td>
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<tr>
<td>2005</td>
<td>Major Reports released at National Conference</td>
</tr>
<tr>
<td>2006</td>
<td>Harvard Independent Review released</td>
</tr>
<tr>
<td>2006</td>
<td>RHS Transferred to AFN July 2006 – formal call to host RHS launched. No proposals received.</td>
</tr>
<tr>
<td>March 2007</td>
<td>Major technology/equipment purchased – GIS, CAPI 2, Web-Based Analysis system and Computers.</td>
</tr>
<tr>
<td>2007</td>
<td>Planning for the next wave</td>
</tr>
<tr>
<td>2008</td>
<td>Data Collection of Phase 2</td>
</tr>
</tbody>
</table>
"THE CRY OF THE DATA WARRIOR!"

"We have been researched to death"
“We have been researched to death”
...The information gathered may or may not have been relevant to the questions, priorities and concerns of Aboriginal peoples. Because data gathering has frequently been imposed by outside authorities, it has met with resistance in many quarters.”
Ownership:
- Relationship of FN community to its cultural knowledge/data/information

Control:
- FN aspirations & rights to maintain, regain control in all areas of their lives includes research, data

Access:
- FN’s must have access to information about themselves and their communities, wherever it is held
- FN’s have a right to determine who accesses their info.

Possession:
- Possession (stewardship) is mechanism to assert, protect ownership.
Some complaints about research

Research funding is largely controlled by a few external agents and is generally not accessible to community groups & First Nations organizations.

Researchers have treated First Nations as merely a source of data.
OCAP emerges... Data Warriors

- History of poor research relations
- Self-determination (core value)
- ↑ FN Research capacity & interest

OCAP
Community reality check

♦ Lack of research capacity but there is Indigenous Knowledge!
  – Lack of trained community members in the area of research
    ◆ Those who are trained often leave the community.
    ◆ But community research isn’t rocket science.
    ◆ Communities members can be fully involved!
  – How many communities have researchers on staff?
    ◆ Time and dedicated, sustained resources are critical
    ◆ When research is done by universities, it is usually the universities whose capacity is developed but this is slowly changing.
Community reality check

◆ Research and data are not priorities in the community
  – There are lots of pressing issues (e.g. housing, unemployment, health care, education)
  – People would rather take action than study.
  – Communities are often in reactive or crisis mode.
  – Research takes time should be done during a calm period. But in reality, there are no calm periods – need to make time now for research!
Some of the Solutions

- Updated Codes of Research Ethics
  - Ongoing explanations of all aspects of research
  - Community involvement & (sometimes) consent
  - Negotiated research relationship.
  - Local & traditional knowledge incorporated.
  - Meaningful capacity development incorporated into project.
  - Reports returned in appropriate language and format
  - Community access to data, not just reports.
  - Respect community protocols
  - Support community interests maximize benefits, do no harm.

- Strengthened Research Ethics review
- Meaningful Partnerships
- OCAP-compliant (First Nations control, processes)
Some Benefits of OCAP

- Rebuild community trust in research
- Improves participation when information is perceived as valuable.
- More democratic (participatory) methods.
- More holistic (FN) approach.
- FN analyses & perspectives—less biases from other cultural frameworks.
- More relevant & useful results lead to change.
- Meaningful capacity development.
RHS Research Framework

Control

More useful information and sense of ownership

More informed decisions

Better results

Culture
RHS 2002-03 - Phase 1

- Questionnaire – national
  - Adult (~45 mins)
  - Youth, self-admin. (~35 mins)
  - Children’s, by proxy (~25 mins)
- Regional modules (7/10 regions)
<table>
<thead>
<tr>
<th>Household/family composition</th>
<th>Language—comprehension, use, interest</th>
<th>Health service access—NIHB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental education</td>
<td>Food and nutrition</td>
<td>Dental, Baby Bottle T. Decay</td>
</tr>
<tr>
<td>Education—level, performance, Head Start</td>
<td>Activities—physical, social, after school</td>
<td>Traditional culture—importance, learning</td>
</tr>
<tr>
<td>Height, weight—birth, current</td>
<td>19 Health conditions—duration, treatment, effects</td>
<td>Emotional &amp; social well-being</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>Injuries</td>
<td>Childcare (babysitting)</td>
</tr>
<tr>
<td>Smoking, second hand smoke—fetal, home</td>
<td>Disabilities, limitations</td>
<td>Residential school (parents, grandparents)</td>
</tr>
</tbody>
</table>
## Youth Survey

<table>
<thead>
<tr>
<th>Household/family composition</th>
<th>Diabetes—type, treatment</th>
<th>Preventative health practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education— level, performance, personal goals</td>
<td>19 Health conds— duration, Tx, effects</td>
<td>Personal wellness, supports, mental health</td>
</tr>
<tr>
<td>Language— comprehension, use</td>
<td>Injuries</td>
<td>Suicidal ideation, attempts</td>
</tr>
<tr>
<td>Food and nutrition</td>
<td>Dental care</td>
<td>After school activities</td>
</tr>
<tr>
<td>Activities— physical, social</td>
<td>Smoking, alcohol, drugs</td>
<td>Traditional culture— importance, learning</td>
</tr>
<tr>
<td>Height, weight, satisfaction</td>
<td>Sexuality</td>
<td>Residential school (parents, grandparents)</td>
</tr>
</tbody>
</table>
# Adult Survey

<table>
<thead>
<tr>
<th>Demographics</th>
<th>28 Health conds—duration, treatment, effects</th>
<th>Smoking, alcohol, drugs—use, cessation, Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Langs— Comprehension, use</td>
<td>Diabetes— type, Tx, effects</td>
<td>HIV/AIDS, STD’s, sexuality</td>
</tr>
<tr>
<td>Education</td>
<td>Physical injuries</td>
<td>Pregnancy, fertility</td>
</tr>
<tr>
<td>Employment</td>
<td>Dental care</td>
<td>Preventative practices</td>
</tr>
<tr>
<td>Income and sources</td>
<td>Disability, limitation</td>
<td>Wellness, supports &amp; mental health</td>
</tr>
<tr>
<td>Household— composition, income</td>
<td>Physical activity</td>
<td>Suicidal ideation, attempts</td>
</tr>
<tr>
<td>Housing— condition, crowding, mold</td>
<td>Food and Nutrition</td>
<td>Residential schools— impacts</td>
</tr>
<tr>
<td>Water quality</td>
<td>Home care—use, need</td>
<td>Community wellness</td>
</tr>
<tr>
<td>Services (phone, water, smoke detector, internet etc.)</td>
<td>Health services— use, access, NIHB</td>
<td>Culture, spirituality, religion</td>
</tr>
<tr>
<td>Height, weight</td>
<td>Trad. medicines, healers</td>
<td>Comm. development</td>
</tr>
</tbody>
</table>
“Survey of Community Factors Influencing First Nations Health”

aka the Ecological Survey

Questions about the community as a whole completed by local authorities

Provides a profile of First Nations communities in terms of policies, programs, infrastructure, etc.

In combination with RHS 02-03, allows analysis of how community factors influence individual health
RHS Community Survey (Phase 1)

- Physical environment (e.g. contaminants, water quality)
- Housing, infrastructure (e.g. quality, waiting lists, construction)
- Food costs and availability, nutrition programs, traditional foods
- Employment & economic development (e.g. human resources, jobs, businesses)

- Education services
- Police, fire, emergency services
- Health services; social services
- Identity issues (language support, cultural activities, membership)
- Governance issues (self-government, health transfer, community processes, women in leadership)
1997: Pilot round of data collection in 9 regions
2002-03: 1st full cycle of RHS
2008: 2nd cycle of RHS
2012: 3rd cycle of RHS
2016: 4th cycle of RHS
RHS Phase 1

Who was involved:

- All First Nation areas except James Bay Cree (N. Quebec) and Labrador Innu
- 238 First Nations communities
- 22,602 surveys
  - 10,962 adults
  - 4,983 adolescents
  - 6,657 children
Sample

Community Selection

- All communities with population > 1,500 invited
- Random sampling of small (<300) and medium size (300-1,499) communities
- Randomize replacement for communities that declined to participate
Sample

Individual selection

Locally updated community membership lists used as frame

Random selection with 8 age/sex group quotas and randomized replacement
2002-03 Sample

- **National**
  - 52 sub-regions
  - 238 Communities sampled

- **YK**
  - 4 sub-regions
  - 9 Comms

- **NT**
  - 5 sub-regions
  - 16 Comms

- **BC**
  - 4 sub-regions
  - 39 Comms

- **SK**
  - 11 Tribal Councils
  - 66 Comms

- **MB**
  - 7 Tribal Councils
  - 27 Comms

- **ON**
  - 5 Territories
  - 29 Comms

- **QC**
  - 9 Nations
  - 23 Comms

- **AB**
  - 3 Treaty Areas
  - 9 Comms

- **NS**
  - 1 Region
  - 13 Comms

- **NF**
  - 1 Region
  - 1 Comm

- **NB/PEI**
  - 1 Region
  - 6 Comms

- **Total**
  - National
  - 52 sub-regions
  - 238 Communities sampled
Local First Nations interviewers hired, trained and overseen by regional First Nations coordinators (who were trained to train)

First major First Nations survey using Computer Assisted Personal Interviewing (CAPI)
National technical report
34 chapters
First Nations cultural framework
Peoples’Report
Process & Methods Report
RHS Quick Facts
Specialty Reports
Fact Sheets
10 regional reports and other products
Website www.rhs-ers.ca
Harvard University - Project on American Indian Economic Development - John F. Kennedy School of Government

Measuring:
- Methods
- Self-determination in research

Results released in June 2006
“Compared to ... surveys of Indigenous people from around the world, ... RHS was unique in First Nations ownership of the research process, its explicit incorporation of First Nations values into the research design and in the intensive collaborative engagement of First Nations people ... at each stage of the research process.”

Selected RHS Survey Results
Children
(0-11 years)
Household Income of First Nation Children

Distribution of Household Income of First Nation Children

- Less than $10,000: 17.9%
- $10,000 to $14,999: 13.9%
- $15,000 to $19,999: 12.2%
- $20,000 to $29,999: 18.9%
- $30,000 to $49,999: 12.8%
- $50,000 to $79,999: 10.7%
- $80,000 and over: 2.3%

44% of children live in households with less than $20,000!
1 in 6 Canadian Children are Living Below the Poverty Line

1 in 4 First Nations Children Living in a First Nation Community are Living Below the Poverty Line
Parents’ Highest Level of Completed Education of FN Children

- **University degree**
  - Father: 3.5%
  - Mother: 5.8%

- **Dipl. or cert. vocational school, College, CEGEP, or Univ.**
  - Father: 20.4%
  - Mother: 28.4%

- **High school graduation diploma**
  - Father: 19.5%
  - Mother: 24.4%

- **Less than high school completed**
  - Father: 54.2%
  - Mother: 41.2%

N.A.: 2.4% fathers, 0.2% mothers
Children’s Obesity Rates

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Obese</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5</td>
<td>61.8%</td>
<td>13.1%</td>
</tr>
<tr>
<td>6-8</td>
<td>60.7%</td>
<td>19.5%</td>
</tr>
<tr>
<td>9-11</td>
<td>55.2%</td>
<td>28.8%</td>
</tr>
</tbody>
</table>
Top 5 Medical Conditions Among FN’s Children

- **Asthma**: 14.6%
- **Allergies**: 12.2%
- **Chronic ear infections/problems**: 9.2%
- **Chronic bronchities**: 3.6%
- **Learning disability**: 2.9%

Note: Reported (usually by parent) as diagnosed by health care practitioner.
Youth
(12-17 years)
Who Helps Youth Understand Their Culture?

- Parents: 54.3%
- Grandparents: 53.5%
- Aunts/Uncles: 32.5%
- School Teachers: 30.8%
- Community Elders: 29.5%
- Other Relatives: 25.2%
- Other Comm. Members: 18.1%
- No one: 5.0%
Smoking rates among Youth

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>9.4%</td>
<td>18.2%</td>
</tr>
<tr>
<td>14</td>
<td>21.4%</td>
<td>39.1%</td>
</tr>
<tr>
<td>15</td>
<td>45.9%</td>
<td>45.9%</td>
</tr>
<tr>
<td>16</td>
<td>66.6%</td>
<td>55.9%</td>
</tr>
<tr>
<td>17</td>
<td>66.6%</td>
<td>66.6%</td>
</tr>
</tbody>
</table>
Adults
(18 years+)
Did not graduate high school

Bachelor's or graduate degree

Diploma from uni, college, technical or vocational school

High school graduate

Male

Female

0% 10% 20% 30% 40% 50% 60%

54.2% 50.4% 19.6% 19.4% 22.5% 23.6% 3.7% 6.7%
Highest Level of Completed Education Compared

- Bachelor's or graduate degree
  - Canada 2001 (15+): 15.4%
  - RHS 02-03 (18+): 5.1%
- Diploma from univ, college, tech or vocational school
  - Canada 2001 (15+): 28.4%
  - RHS 02-03 (18+): 22.9%
- High school graduate
  - Canada 2001 (15+): 23.0%
  - RHS 02-03 (18+): 19.6%
- Did not graduate high school
  - Canada 2001 (15+): 33.2%
  - RHS 02-03 (18+): 52.4%

If age groups were identical, the gap would be somewhat smaller.
Working For Pay

- Full Time Work: 41.3%
- Part-Time Work: 7.5%
- Not working: 51.2%

Women:
- 9.4%

Men:
- 5.7%
Proportion Working For Pay by Highest Level of Education Completed

- University Degree: 83.0%
- Diploma/Certificate: 65.6%
- High school grad: 59.2%
- Didn't grad. HS: 34.3%

* Diplomas or certificates from university, community college, vocational or technical school.
Median Personal Income by Highest Level of Education Completed

- University Degree: $36,725
- Diploma/Certificate: $21,807
- High school grad: $17,656
- Didn't grad. HS: $11,718

*Diploma or certificate from university, community college, vocational or technical school
Language and Culture (adults)
Proportion who understand a First Nations language ‘relatively well’ or ‘fluently’ by age

- 6-11: 25.5%
- 12-17: 32.6%
- 18-34: 39.0%
- 35-54: 54.2%
- 55+: 70.5%
Importance of Traditional Cultural Events
In Respondent’s Lives

- Very important: 45%
- Somewhat important: 36%
- Not very important: 10%
- Not important: 9%
Selected Housing Results
Housing Repairs Needed

Minor repairs include: missing or loose floor tiles, bricks, shingles, defective step, railing, siding, etc.

Major repairs include: defective plumbing or electrical wiring, structural repairs to walls, floors, ceilings, etc.

- Minor: 31.7%
- Only Regular Maintenance: 24.0%
- Major: 33%
- None: 10.7%
“Major Repairs”* Required, Compared

RHS 2002-03: 33.6%
Canada 2002**: 8.2%

*e.g. defective plumbing or electrical wiring, structural repairs to walls, floors, ceilings

Average Occupant Density (Persons per Household), Compared Over Time

- **Canada (Census)**
- **First Nations**

<table>
<thead>
<tr>
<th>Year</th>
<th>Canada (Census)</th>
<th>First Nations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>1984</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>1987</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>4.8</td>
<td></td>
</tr>
</tbody>
</table>
Proportion of Households Lacking Household Amenities, Compared

<table>
<thead>
<tr>
<th>Proportion without:</th>
<th>RHS (02/03)</th>
<th>Canada (97 or 02)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet connection</td>
<td>70.7%</td>
<td>45.7%</td>
</tr>
<tr>
<td>A computer</td>
<td>59.2%</td>
<td>36.1%</td>
</tr>
<tr>
<td>A telephone with service</td>
<td>18.3%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Hot running water</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>A flush toilet</td>
<td>3.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Cold running water</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>A refrigerator</td>
<td>1.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>A stove for cooking</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>0.5%</td>
<td></td>
</tr>
</tbody>
</table>
“Digital Divide”: Proportion Lacking Technology/Services Compared

- No Telephone with service: 18% (RHS 02-03) vs. 3% (Canada 02)
- No Computer: 59% (RHS 02-03) vs. 36% (Canada 02)
- No Internet connection: 71% (RHS 02-03) vs. 46% (Canada 02)
Body Mass Index (adults)
Percent “overweight”, “obese” or “morbidly obese”, by sex

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>73.6%</td>
<td>75.2%</td>
</tr>
</tbody>
</table>
Body Mass Index Groups, by sex

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>1.1%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>25.3%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Overweight</td>
<td>41.8%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Obese</td>
<td>28.6%</td>
<td>34.3%</td>
</tr>
<tr>
<td>Morbidly obese</td>
<td>3.2%</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
Diabetes
Men's Diabetes Rates By Age, First Nations vs. Canada

<table>
<thead>
<tr>
<th>Age Group</th>
<th>CCHS 2000/01</th>
<th>RHS 2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34</td>
<td>0.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>35-44</td>
<td>2.0%</td>
<td>8.7%</td>
</tr>
<tr>
<td>45-54</td>
<td>4.6%</td>
<td>28.6%</td>
</tr>
<tr>
<td>55-64</td>
<td>10.0%</td>
<td>36.1%</td>
</tr>
<tr>
<td>65+</td>
<td>14.7%</td>
<td>30.4%</td>
</tr>
</tbody>
</table>
Women’s Diabetes Rates By Age, First Nations vs. Canada

<table>
<thead>
<tr>
<th>Age</th>
<th>CCHS 2000/01</th>
<th>RHS 2002/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34</td>
<td>1.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>35-44</td>
<td>1.9%</td>
<td>15.7%</td>
</tr>
<tr>
<td>45-54</td>
<td>4.0%</td>
<td>21.1%</td>
</tr>
<tr>
<td>55-64</td>
<td></td>
<td>36.7%</td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td>40.2%</td>
</tr>
</tbody>
</table>
Other Chronic Conditions
Selected Chronic Condition Rates, RHS* (02/03) vs. Canada (CCHS 03)

- Diabetes: 19.7% compared to 25.3%
- Arthritis/rheumatism: 20.4% compared to 2.8%
- Hypertension: 16.4% compared to 20.4%
- Chronic bronchitis: 3.7% compared to 2.8%
- Cancer: 1.9% compared to 2.4%
- Arthritis/rheumatism: 1.8x increase
- Hypertension: 1.2x increase
- Chronic bronchitis: 1.8x increase
- Diabetes: 3.8x increase
- CCHS: 0% - 30%
- RHS 02/03: 0% - 30%
Disabilities
Disability Rates by Age, First Nations vs. Canada

NPHS 1998-99
RHS 2002/03

<30: 8.8%, 13.1%
30 to 39: 11.7%, 16.0%
40 to 49: 14.9%, 22.7%
50 to 59: 21.1%, 38.2%
60+: 31.8%, 49.7%
RHS 2008 Phase 2:
Steps in Preparation

◆ Revised Questionnaires
  – Adult, Child, Youth
  – Assessed non-response, feedback from field workers, external input, Lessons Learned report, reviewed by RCs and FNIGC
  – New Themes
    ♦ Food Security, Gambling, Depression, Violence, Migration, Immunization, Care givers

◆ Revised Community Survey
  – Reformatted into key areas
  – Assessed non-response, Lessons Learned, etc
◆ RHS Academic Proposal – Nov./07
◆ RHS Academic Peer Review – Nov. 7/07
  – Call for Peer Reviews – 6 accepted
◆ First Nation Ethics Review – Nov. 20/07
RHS 2008 – Phase 2
Steps in Preparation

◆ New CAPI System
  – Entryware Mobile and Questionnaire Designer software and server
  – National team trained
  – RC introduction workshop
  – RHS questionnaire components formatted
  – 235+ laptops purchased
Sampling Framework

- New framework presented
  - Improved standard errors
  - Accounts for differences in populations
  - Adjusts expectations to current realities
- Presentations made in the regions
- Consensus and Approval by FNIGC
- Sample of Phase 2 started by consultants
RHS Phase 2 will be going back to communities that participated in RHS 2002-03 with a few ‘new’ communities added in.

- All communities will also receive the 2008 RHS Community Survey (aka Ecological Survey)

- RHS data collection activity to begin in April and end in the fall of 2008.

- PSA on APTN and in Windspeaker coming soon.
What can FN Health Managers do?

- Encourage community participation in the RHS process.
- Reference the RHS data as much as possible in proposals etc.
- Encourage leadership to use RHS stats
- Support *First Nation-controlled* research
- Continue to uphold the First Nation Principles of OCAP
Further promotion RHS Phase 1

◆ IAPH/CIHR – call for secondary analysis of RHS Phase 1
   – New July 2007!
   – SPSS Server installed
   – Letters of intent received and reviewed

◆ Analysis planned for RHS Community Survey and Adult RHS
• The concept of ‘Information Governance’ grew out of the RHS
• International recognition for the success of our processes
• RHS has created pride and trust… in First Nation research!
RHS Summary

RHS is the new RED standard for First Nation community-based research.
More info: Contact the RHS National Team

www.rhs-ers.ca

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Lyndsy Gracie, Admin Assistant - lgracie@afn.ca
Questions?
Welalin,  
Merci,  
Thank You!