

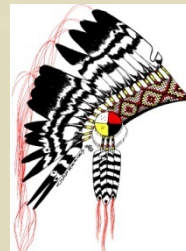


# Our Sacred Gifts:

## What we have learned from the 2008-2012 Manitoba First Nations Regional Health Survey

**Maternal child**  
**Health Program**

*First Nations Communities, On-Reserve*



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# The Distant Past

Prior to European contact, children were the centre of family and community life

Children were considered sacred “Gifts” from the creator

Before contact, early childhood development was holistic and began the moment the child was born

- ❖ Children were completely immersed in their language, culture and ways of understanding their world.
- ❖ Children were included in community life, and included in all parts of sustenance activities

Raising children was a shared responsibility of parents, extended family and the entire community



# The Recent Past

First Nations have experienced many changes: society, social networks, families, economies and culture.

Many of these changes came as a result of policies to integrate, assimilate or change First Nations

The world changed most dramatically for the First Nation child

The result of this changes are seen in the stories, statistics and media: # children in care, educational attainment, ECD.



# What we know today

- Much information is collected and interpreted by someone other than First Nations
- This is no longer the case: First Nations have been collecting information since 2001: three rounds of data collection has taken place
- Some of the key findings will be presented here today from the 2008-2010 Data collection period



# 2002/03 RHS Harvard University Evaluation



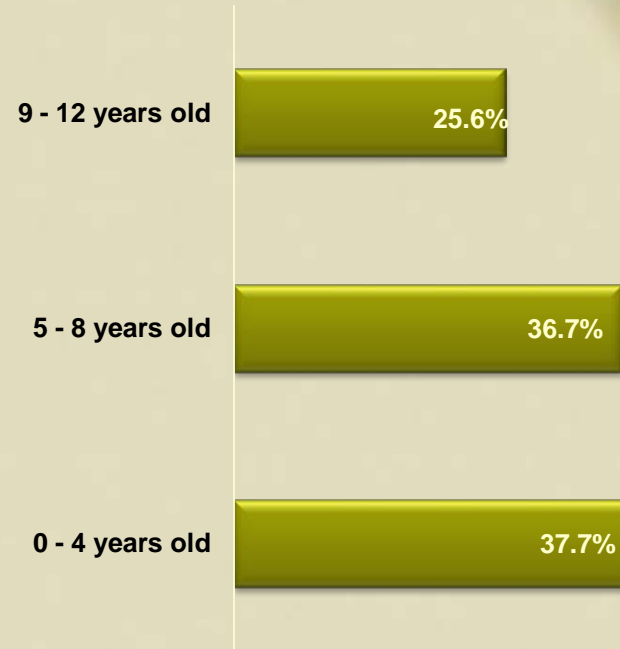
Independent evaluation of RHS 2002-03 by Harvard found:

- Compared to other national surveys of Indigenous people around the world, the 2002/2003 RHS was “unique in the world”, due to:
  - First Nations ownership of the research process from design to reporting.
  - Explicit incorporation of First Nations values and OCAP into the research design.
  - Intensive collaborative engagement of First Nations people and their representatives at each stage of the research process.
  
- Noted and for Sampling Design, Data Collection, and Data Analysis and Dissemination.

# RHS Children's Component

- Third round of data obtained in 2008-2010 {1997/98 (pilot) , 2002/03 (baseline)}
- Children's component n=894 surveys.
- With 34 First Nations in Manitoba participating.
- Survey included children up to 11 years of age

Age of Child

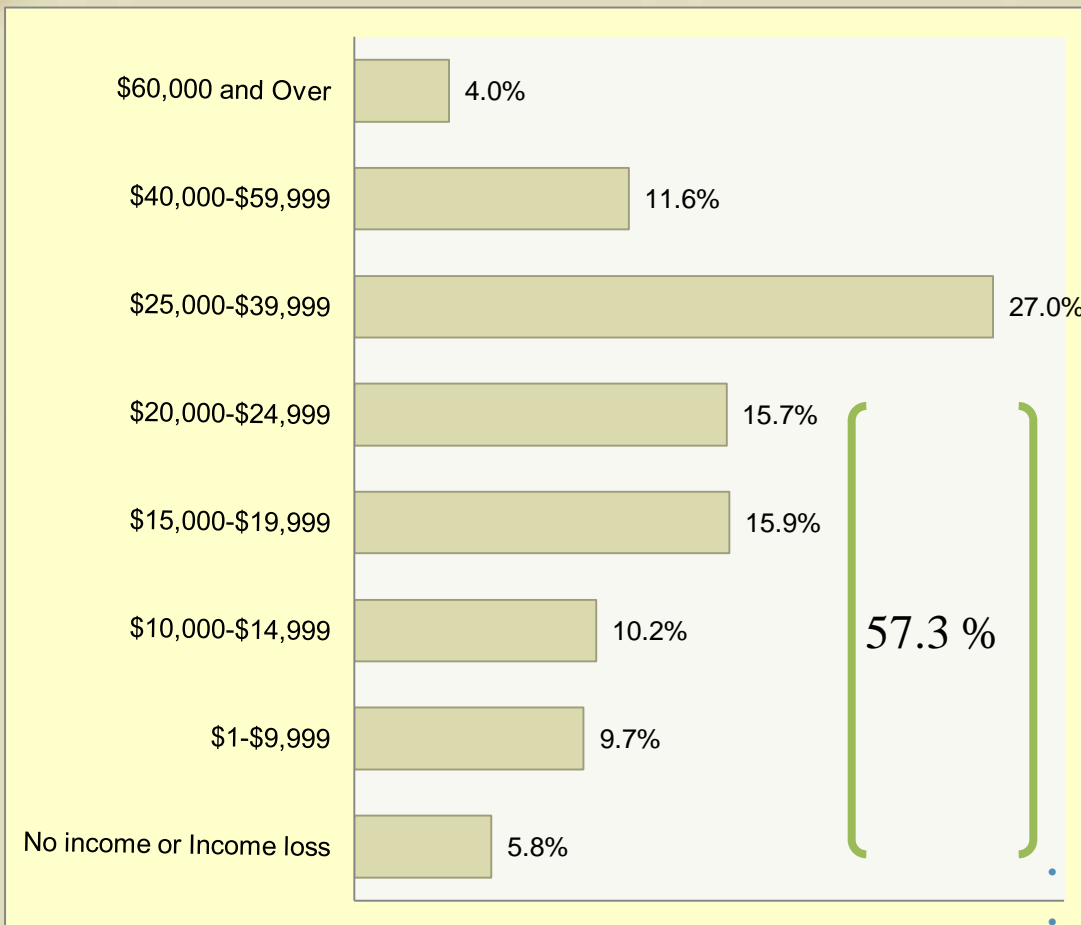


# The Children's Survey

- Health Conditions and Health Status
- Physical Activity and Nutrition
- Language and Culture
- Mental and Social Wellbeing
- We know that the social determinants of health have a huge impact on lifelong learning and health.
- Social Determinants include:
  - income (nutrition/diet, physical activity)  
housing, education



# Income



The **median** household income for households with at least one child <12 years old is **\$20,000 – \$24,999**.

By contrast, the median income of Canadians (without restricting to families with children <12 years) is nationally, **\$69,860**, and **\$66,530** for Manitoba .

Stats Canada (2006).



# Housing

## Manitoba First Nations

- The majority of children (53%) were living in 4-5 room homes (includes kitchen, bedrooms, living rooms and finished basements)
- **31.6 %** children were living in homes with 6-7 rooms.
- **6.28** individuals/per household.
- Housing conditions are reported in the adult survey summary.

## First Nations (Canada)

- **35 %** children living in a household with 5-6 people
- **30 %** living in a house with 7 or more people.

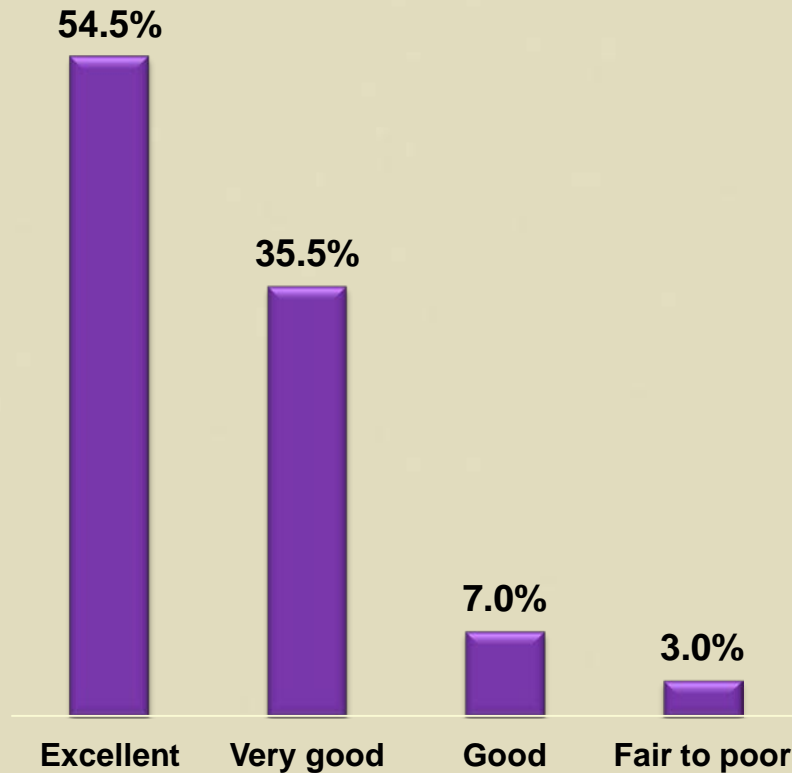
## All other Canadians

Average 2.5/per household

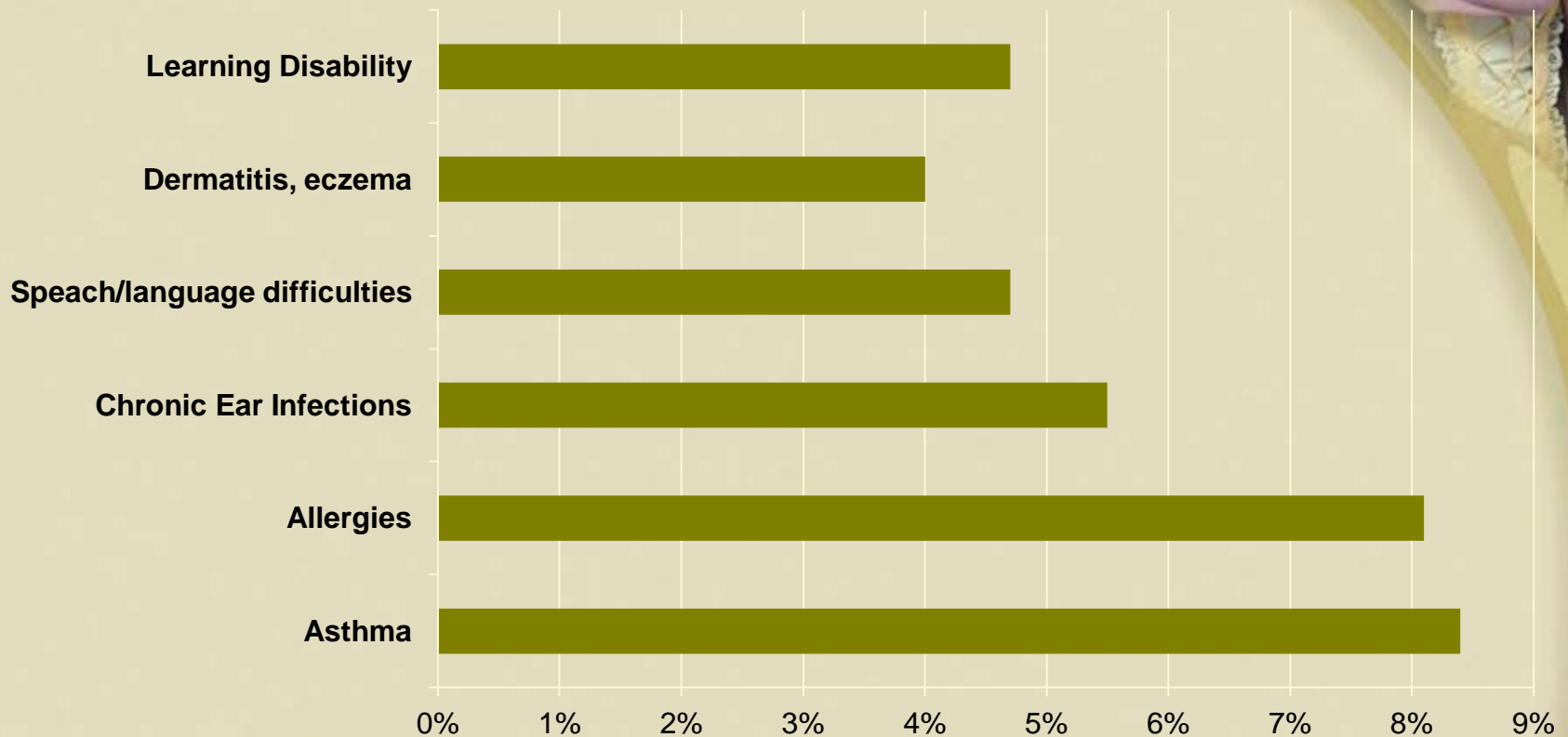
# General Health



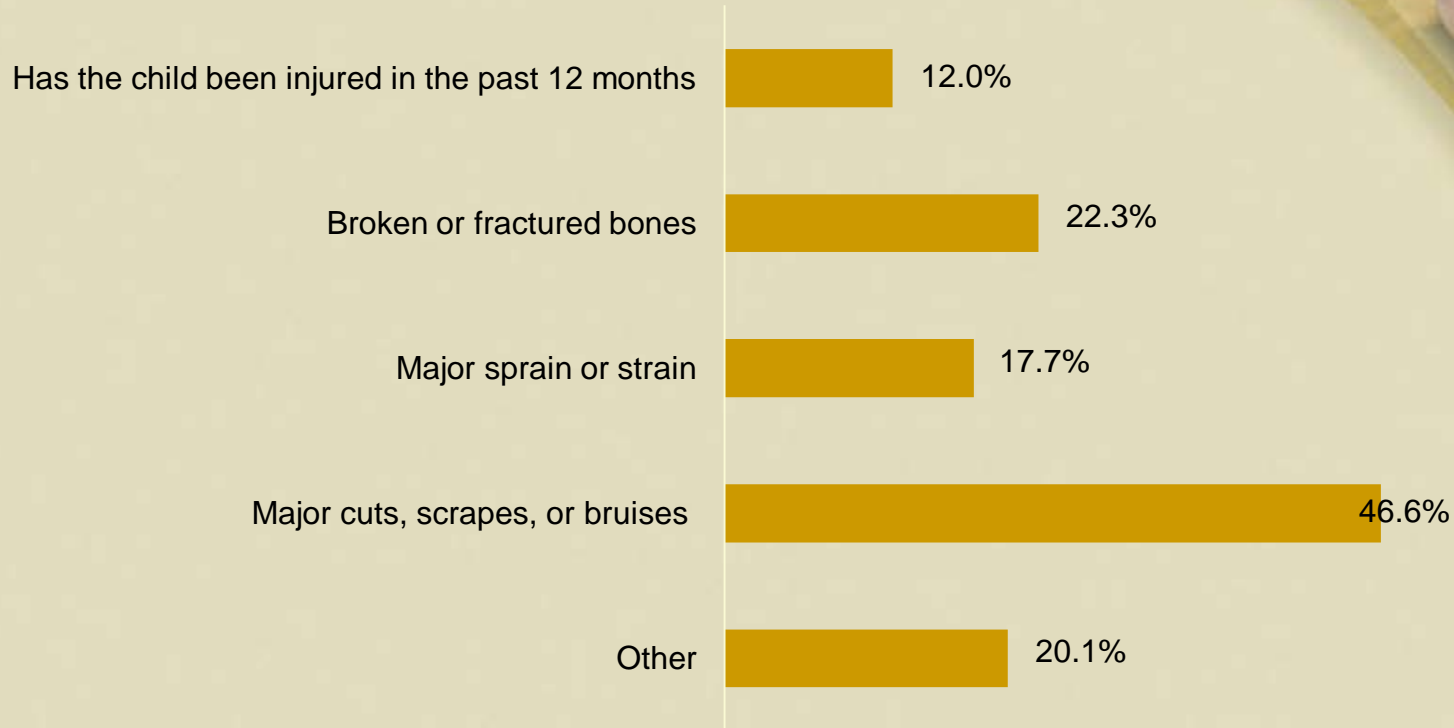
In general, would you say the child 's health is:



# Top 6 reported health concerns



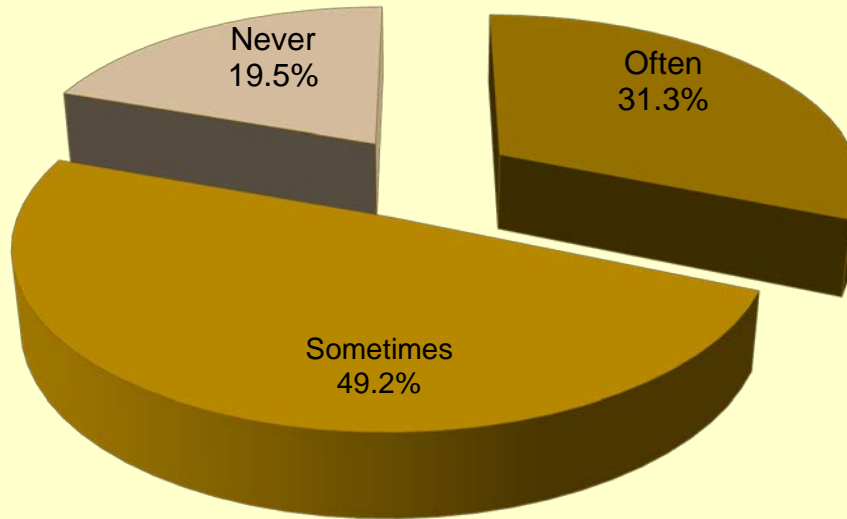
# Injuries occurring in past 12 months



# Nutrition



In the past 12 months, how often did someone share traditional food with the child's household



**On average, how often does the child eat or drink:**

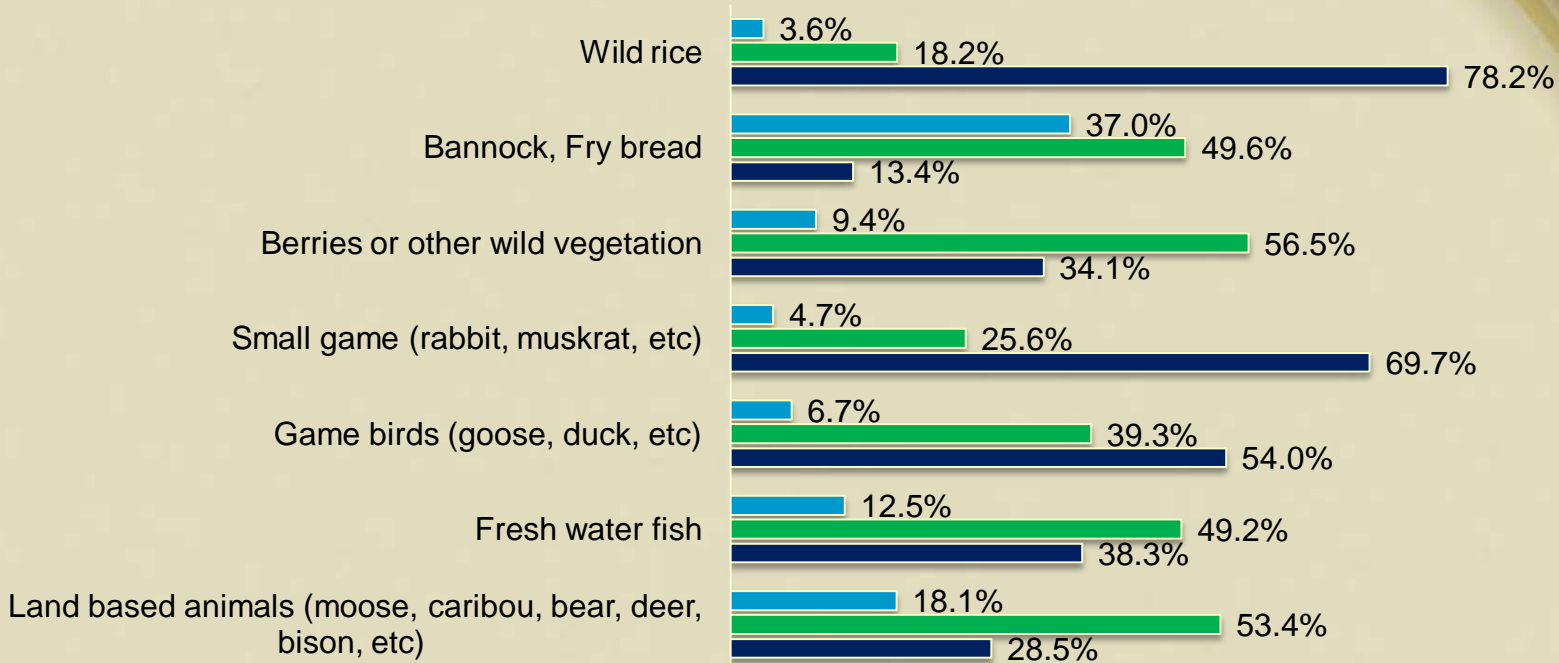
	Milk and milk products (e.g. yogurt, cheese)	Protein (beef, chicken, pork, fish, eggs, beans, tofu)	Vegetables	Fruit	Bread	Water	Juice	Soft drinks/pop	Fast food	Sweets (e.g. candy, cookies, cake)
Several times a day	55.90%	27.20%	22.10%	37.60%	44.00%	69.30%	57.80%	8.90%	6.60%	6.90%
Once a day	23.60%	43.00%	31.00%	28.50%	30.80%	19.90%	21.60%	13.90%	7.20%	10.00%
Few times a week	15.20%	21.00%	30.90%	27.80%	19.00%	7.60%	14.70%	33.20%	31.40%	38.40%
Once a week	2.80%	4.90%	7.10%	3.70%	2.90%	0.80%	1.50%	14.20%	30.10%	22.20%
Never/hardly ever	2.50%	3.90%	9.00%	2.40%	3.30%	2.30%	4.40%	29.80%	24.70%	22.40%

# Traditional Foods



How often have you eaten the following traditional foods...

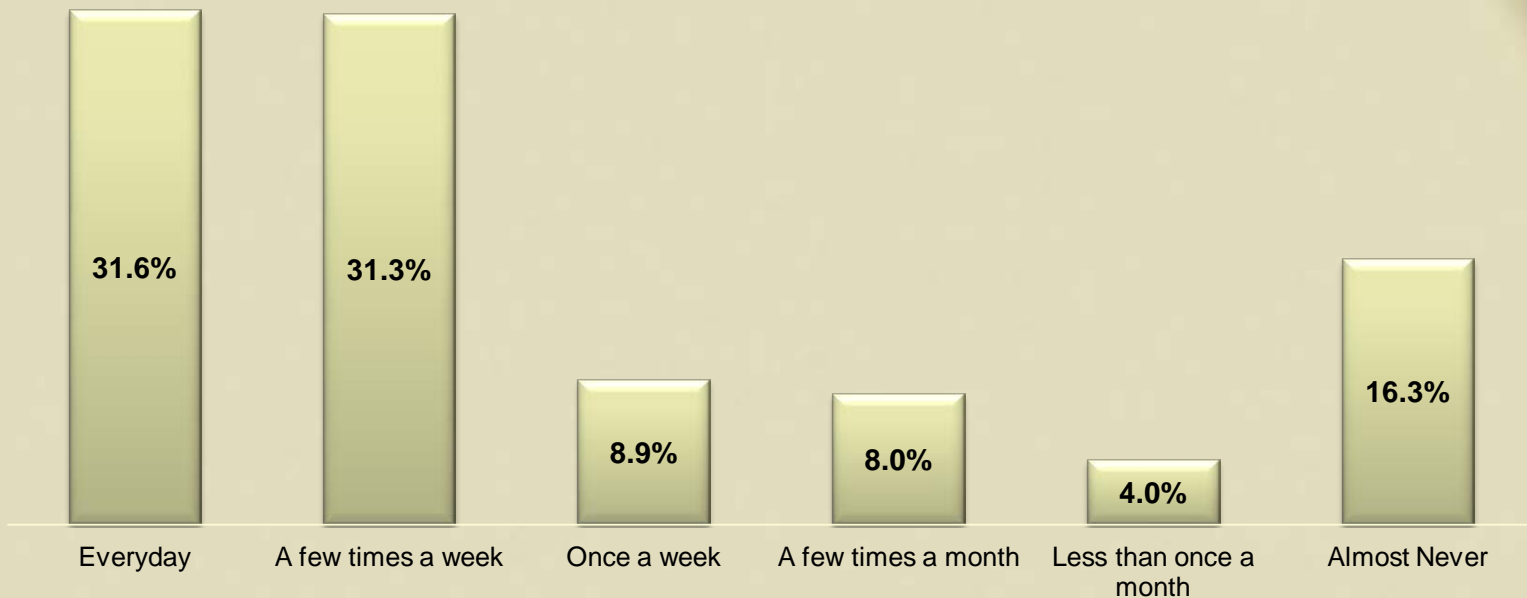
■ Often ■ A few times ■ Not at all



# Language & Reading



How often does the child read for fun (not just for school) or is read to



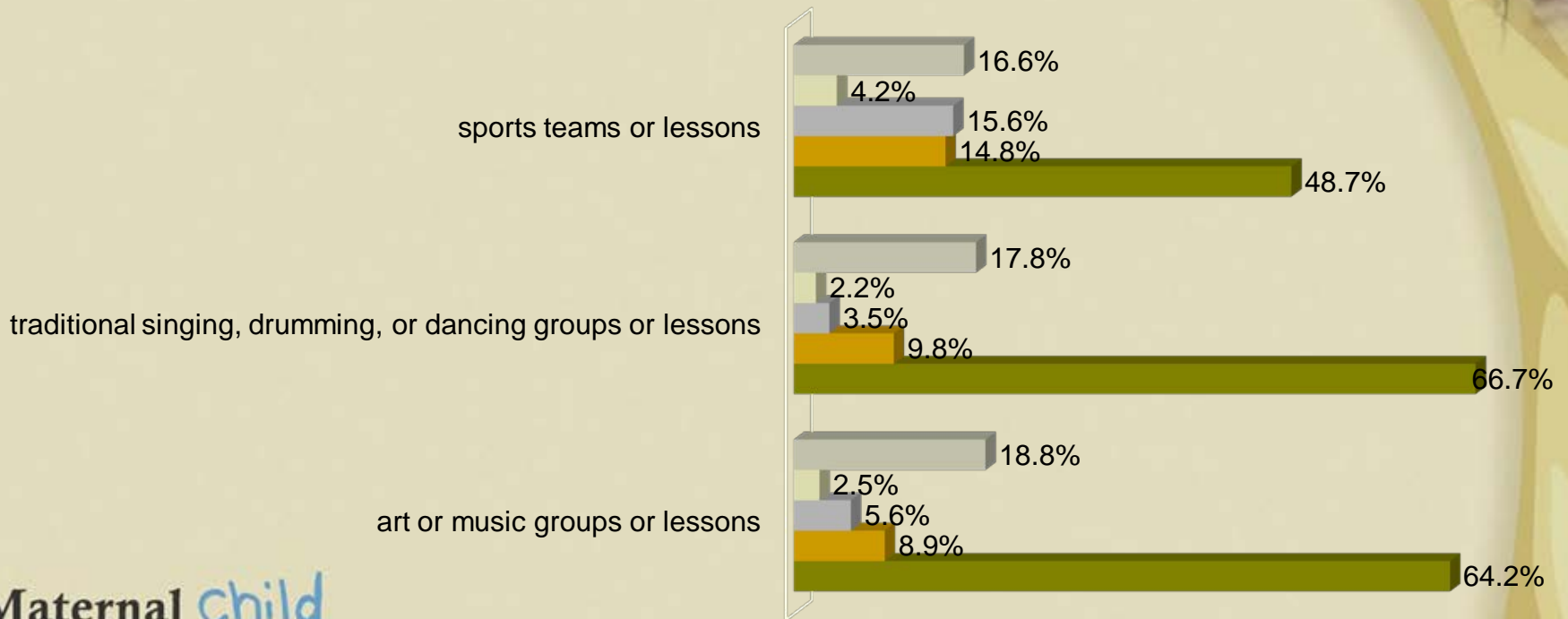


# Extra curricular Activities



Outside of school hours, how often does the child: Take part in

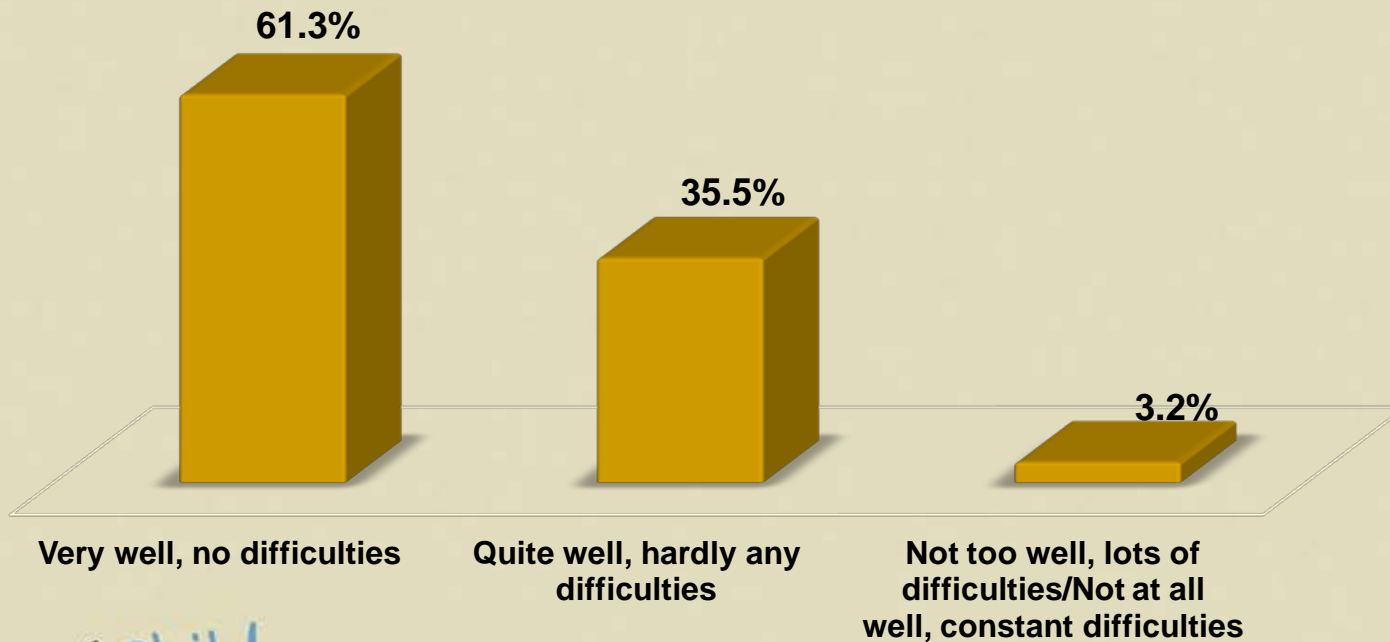
- Self-reported not applicable
- 4 times or more per week
- 1-3 times per week
- Less than once per week
- Never



# Social & Emotional Development



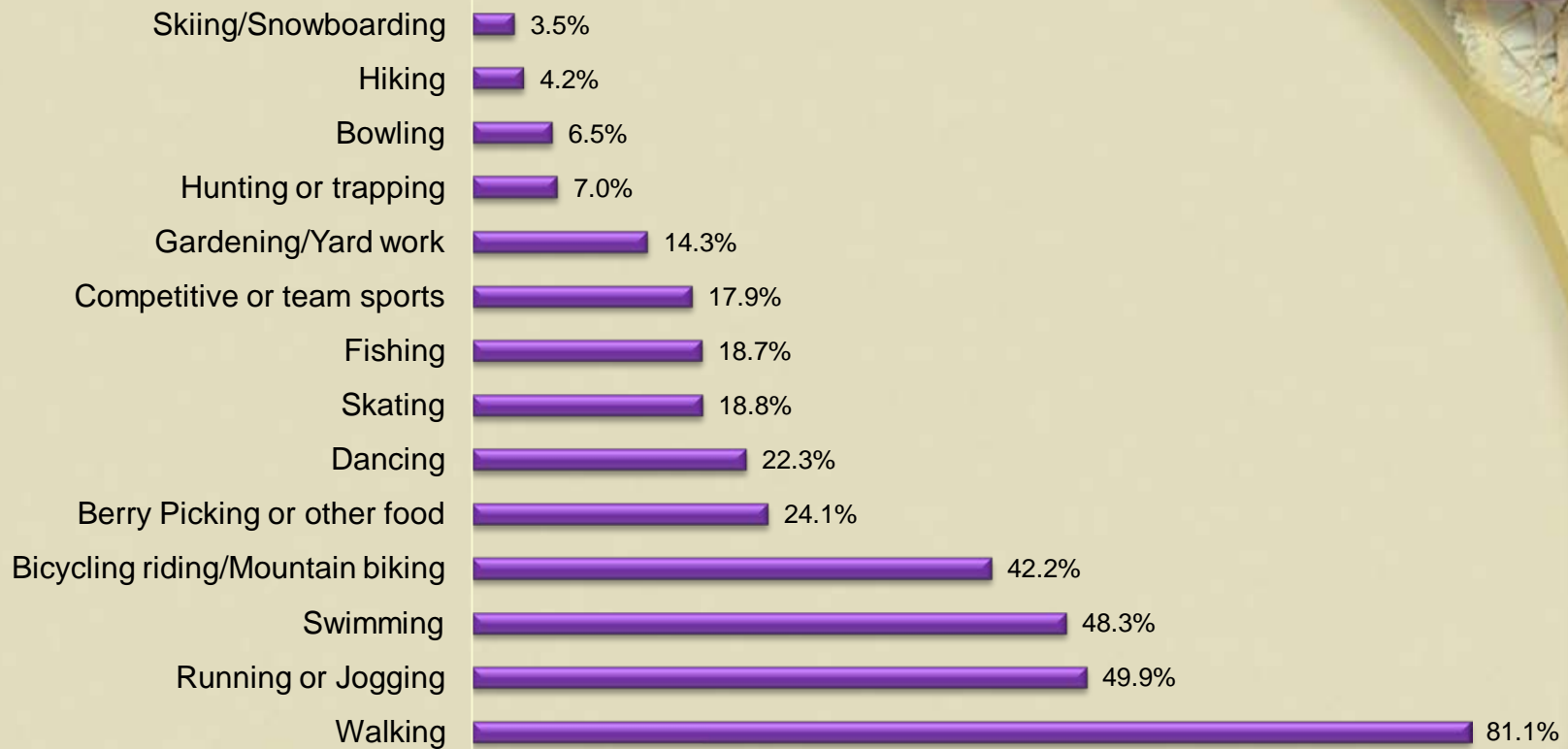
During the past six months, how well has the child gotten along with the rest of the family?



# Activity and Recreation



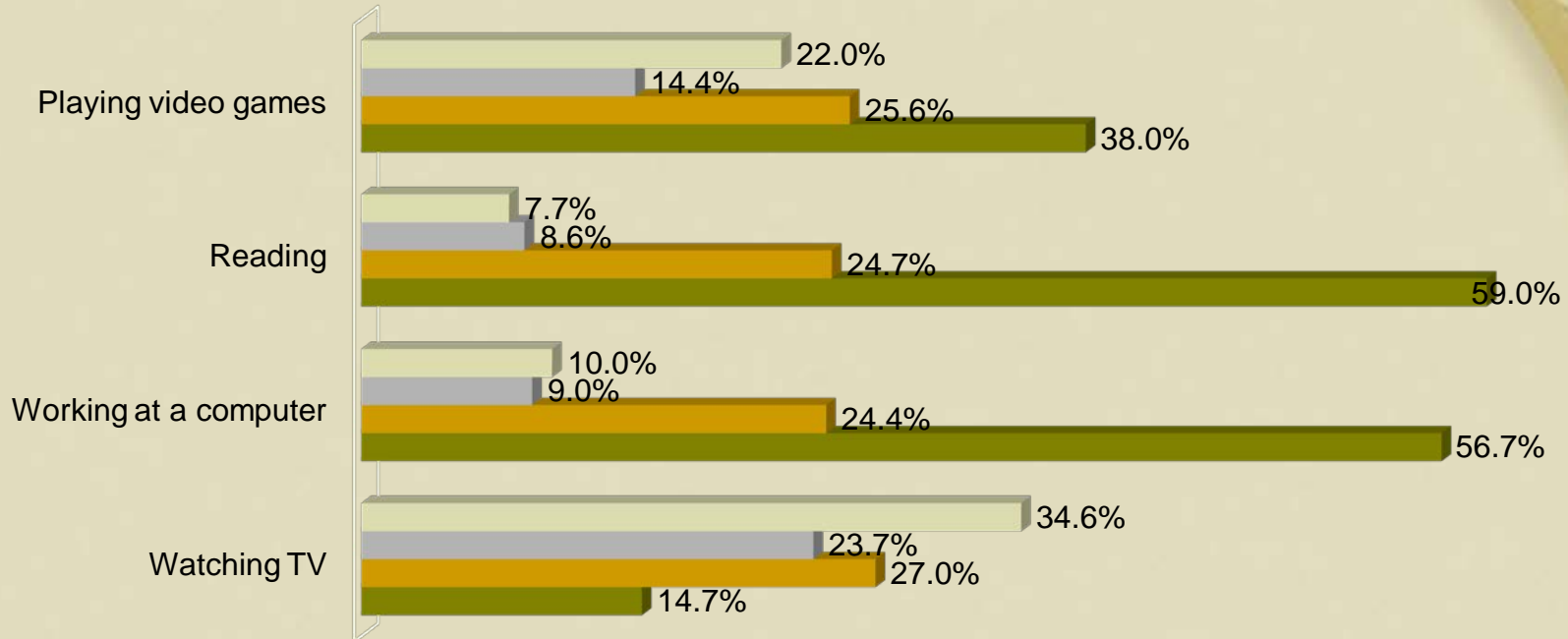
**Have you participated in past 12 months?**



# Sedentary Time

Time spent on sedentary activities in an average day during the past week

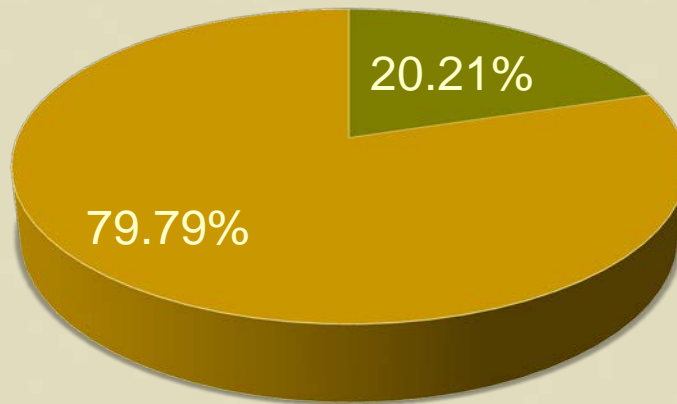
more than 1 1/2 hours    1 hour to 1 1/2 hours    30 minutes to 1 hour    less than 30 minutes



# Some good news

**Does the child live in a smoke free home?**

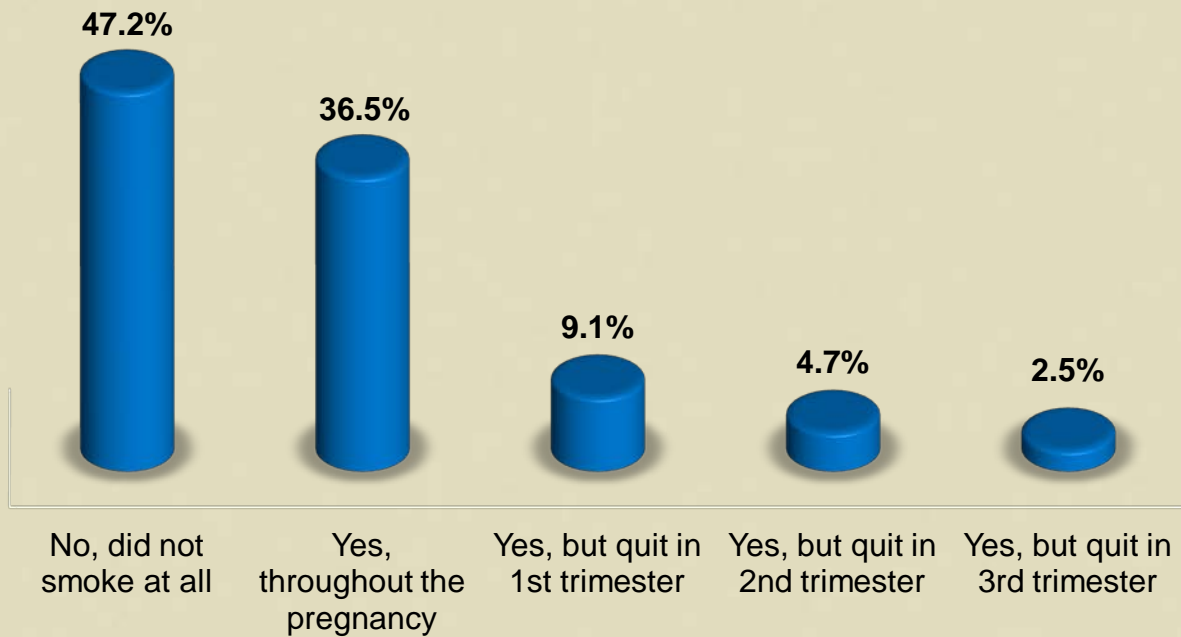
■ No ■ Yes



# Early Influences: smoking in pregnancy



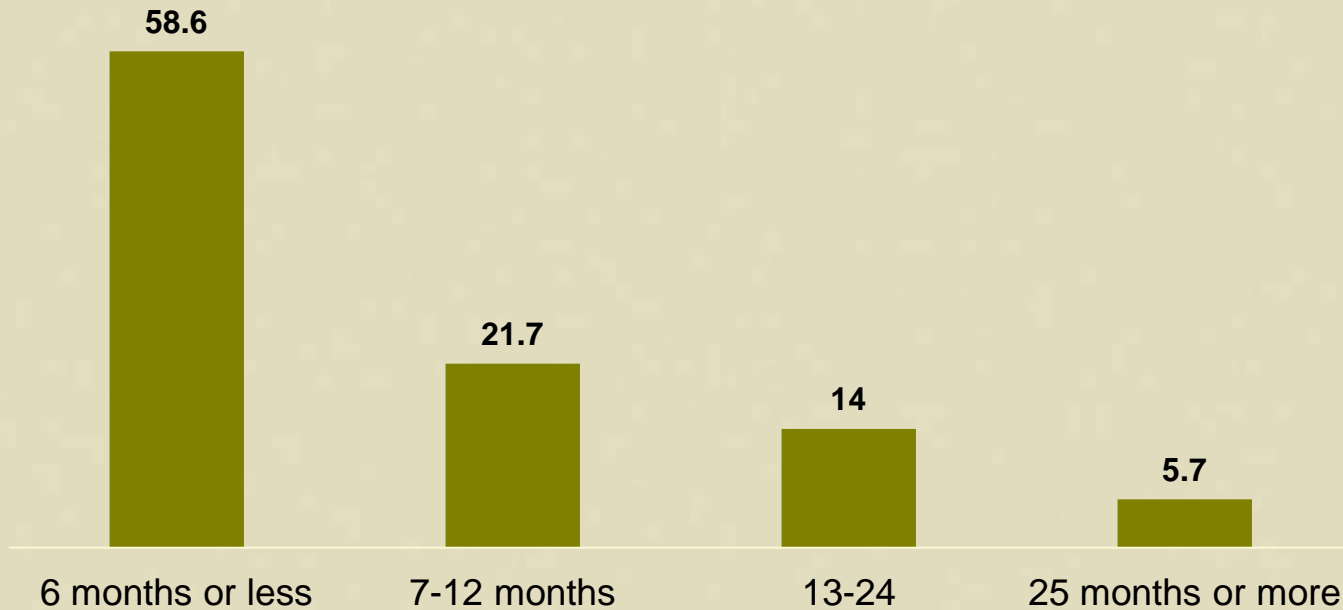
Did the mother smoke during the pregnancy



# Breastfeeding



Number of Months Child was Breastfed (%)



# Conclusion



- MCHP - found differences in educational outcomes were not as great as those seen in areas of health but inequities tend to increase as children progress through school, suggesting that the early and middle years of childhood may present opportunities for programs and interventions that enables successful learning and reduce gaps.
- This is also true for health and social conditions - the challenge is to address those factors that put FN children at a disadvantage and to continue to support and find those opportunities for interventions and programs that bring about true change.



# Miigwetch



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