

First Nations Regional Health Survey: *Phase 3 (2015-2017)*

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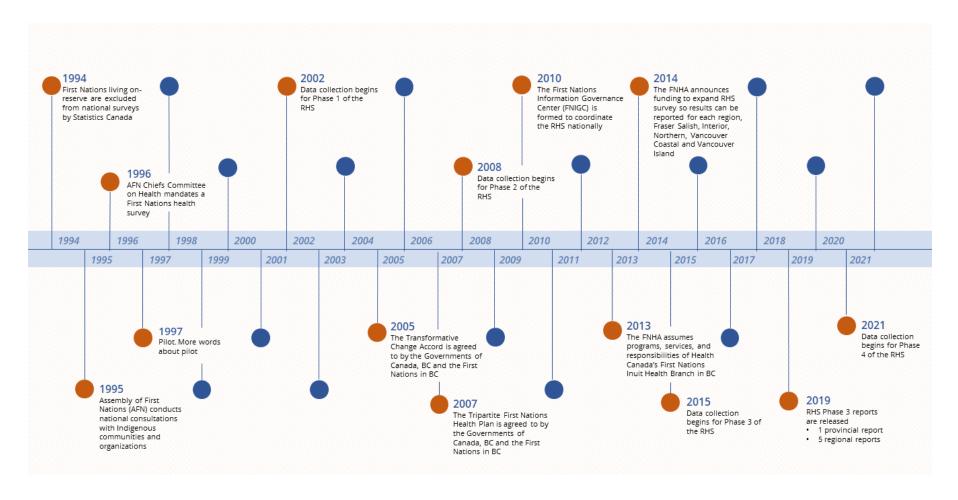
September 26, 2019



Introduction



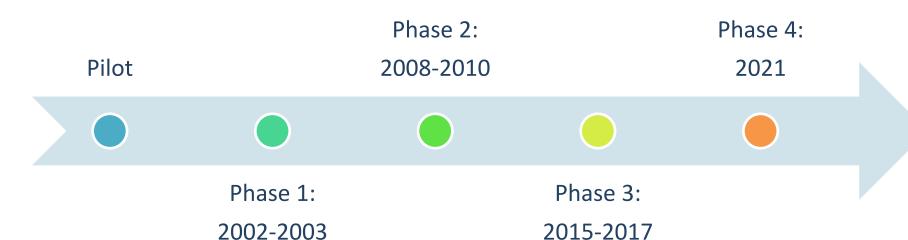
Timeline





First Nations Regional Health Survey (RHS)

The First Nations Regional Health Survey, coordinated by the FNHA, is the only First Nations-led and –governed nationally representative population health survey.





Privacy and Consent

Privacy

- •OCAP®
- FNHA Privacy Impact Assessment
- RHS Data Protection and Stewardship Protocol

Community Consent

Band Council Resolution or Community Participation
 Form

Individual Consent

•Individual Participation Form



Regional Engagement

Pre-Data Collection

Regional Data Governance Forums

Expansion

Regional Field Supervisors drive community participation

Data Collection

Locally-hired data collectors and supervisors

Data Analysis

Regional Areas of Interest

Reports Indicator selection

Knowledge Exchange

Presentations at Regional Caucuses

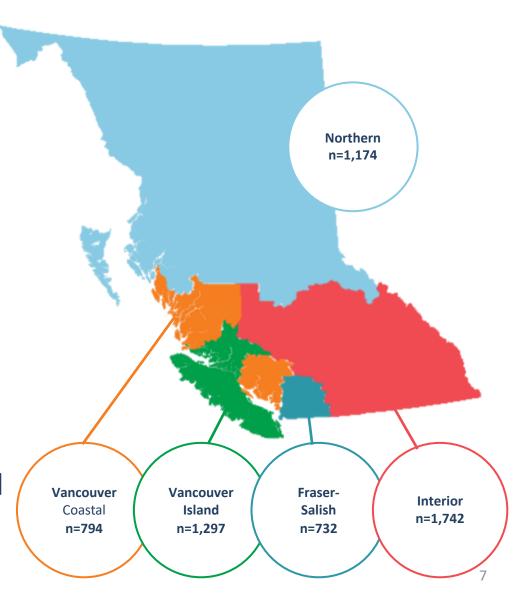
Regional reporting

Advisory Committee



Expanded Sample

- FNHA funded additional sample:
 - Based on community leadership requests
 - To reach more people and more communities
 - To be able to report on regional level
- Over 5700 people in 122 communities participated





Data Collection





Reporting

Provincial Report



5 Regional Reports





	Ma	ıles	Females		
	%	95%CI	%	95%CI	
No	25	(20-30)	32	(26-37)	
Yes	75	(70-82)	68	(62-75)	





FIRST NATIONS
REGIONAL
HEALTH
SURVEY

PHASE 3 (2015-17)

Vancouver Island Region





Analysis

- Descriptive statistics
- First time regional analysis conducted in-house in BC
- On-going analyses
 - MSc students funded to conduct secondary analyses of survey data
 - Population Health and Wellness Agenda
 - Indigenous Women's Health Report

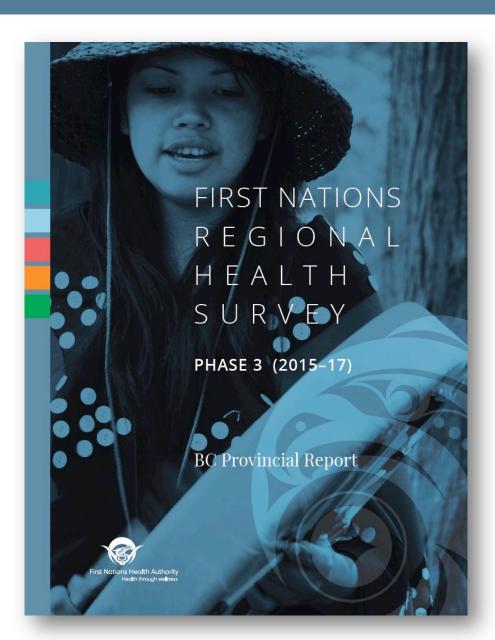




Provincial Results



Provincial Results





Interest Areas

Traditional Wellness

- Traditional Foods and Medicines
- Cultural Learning and Activities

Mental Health and Wellness

- Belonging and Social Support
- Suicidal Thoughts and Attempts

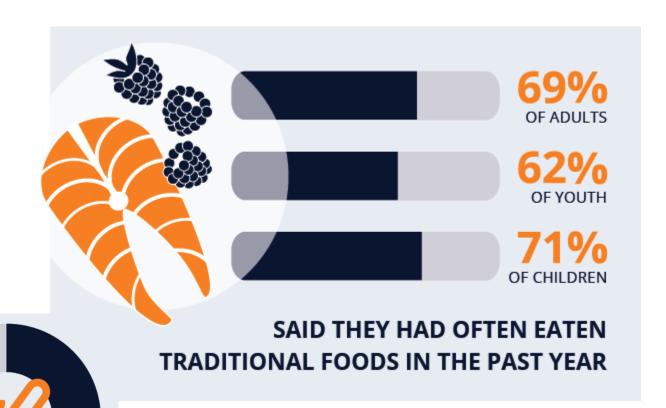
Primary Health Care

- Quality of Health Services in Community
- Access and Barriers to Care

12/06/2018



Traditional Foods and Medicines



43%
OF ADULTS
SAID THEY
HAD USED

HAD USED
TRADITIONAL
MEDICINES
IN THE PAST
YEAR



Cultural Learning and Activities

Grandparents were most frequent source of cultural learning for youth (58%) and children (68%)

25% of children participated in traditional activities at least once per week

Other common sources were parents and school teachers



Mental Health and Wellness





Mental Health and Wellness - Youth

19% of male youth said they had

excellent mental health

compared to 11% of female youth



Belonging and Social Supports



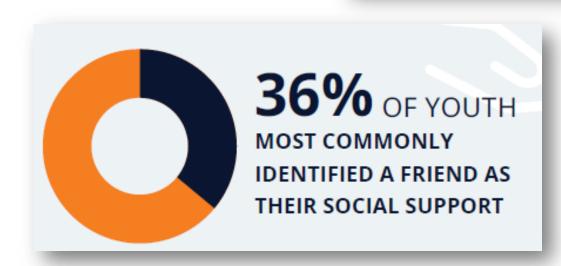




Belonging and Social Suppor



78% OF ADULTS
SAID THEY TURN TO
FAMILY MEMBERS (44%)
AND FRIENDS (34%)
FOR EMOTIONAL AND
MENTAL HEALTH SUPPORT





Social Supports: Males and Females

51% of male adults and 56% of male youth said they had not reached out to anyone in the past year about an emotional or mental health problem

compared to 27% for female adults and 30% for female youth



Quality of Health Services





Primary Care Quality

Among adults requiring health care in the past year, 85% received sufficient care

96% of children requiring care received sufficient care





Barriers to Care

ADULTS RECEIVING CARE FACED BARRIERS SUCH AS:

- LACK OF ACCESS including where services or health professionals were unavailable or inaccessible due to wait times (47%);
- COST including the cost of services not covered by insurance (43%) (24%); or enabling them to get care such as childcare or transportation
- INADEQUATE HEALTH CARE (26%); and
- INABILITY TO ARRANGE TRANSPORTATION (18%)



Barriers to Care

CHILDREN RECEIVING CARE FACED BARRIERS SUCH AS:

- LACK OF ACCESS (37%);
- COST including the cost of services not covered by insurance (25%) or enabling them to get care such as childcare or transportation (19%);
- CULTURALLY INAPPROPRIATE SERVICES (18%);
- INADEQUATE HEALTH CARE (26%); and
- DIFFICULTY ARRANGING TRANSPORTATION (14%)



Knowledge Exchange



Knowledge Exchange: Planned Activities

Regional Advisory call

Internal knowledge exchange

FNHA website

Infographics and Fact Sheets

Conferences

Conferences

Ceremonies



Knowledge Exchange: Timeline

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sept. 22	23 Printed reports in communities	24 \\	25	26 UBC Learning Circle	27	28
29	30 Digital reports available onling	Oct. 1	2	3	4 FNHA E-Blast	5 FNHA Social media Posts



Data Return



Regional Data Return

- 6 aggregate data reports, a provincial report and five regional reports including all response options for all questions
 - Approx. 10,000 estimates per report including age and gender stratifications
- Clear and simple guide will be provided to interpret the data and build data literacy
- Communities can organize sub-regional consent to receive more granular data



Data Access Requests

- Access to RHS data for participating communities is fundamental to OCAP™ Principles
- RHS data can be requested by contacting

RHS@fnha.ca

Best efforts will be made to provide data, while protecting privacy



Next Steps for

RHS3

- One-on-one meetings with FNHA regional teams
- Travel to regional caucuses this fall
- Aligning 'data return dinners' with regional events
- Nursing Education Forum
- Gathering Wisdom X

RHS4

- RHS 4 planning underway
- Expansion request in the works
- Regional Advisory
 Committee meeting
- Data Collection:
 September 7, 2020



Happening now!

Overseen in BC by the the First Nations Health Authority

First Nations Labour and Employment Development Survey



Our Team



Ashley Henry July 2018



Ersín Aslíturk March 2018



Kathryn Berry-Einarson Apríl 2019



Q & A

Contact: RHS@fnha.ca