CANUPAWAKPA
FIRST NATION
GENERAL HEALTH SURVEY

Final Report - 1998

A Canupawakpa First Nation Health Transfer Initiative with the technical support of The University of Manitoba, Northern Health Research Unit, Department of Community Health Sciences, Winnipeg, Manitoba – Canada

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1 Introduction

This report was commissioned by Canupawakpa First Nation to provide them with general health information to meet their health planning requirements for health transfer. What is unique about this report is that the research was part of a larger initiative. The Manitoba First Nation Regional Health survey initiated in 1997 provided First Nation communities and organizations in Manitoba with the results from the Manitoba First Nation Regional Health Survey in a format useful for program planning and policy development purposes. Consistent with this objective, this report selectively presents data to avoid extensive documentation of raw data with little attention given to program planning and policy development. Consequently, this report is different from a typical survey final report in that we have excluded statistical tables that describe every question in the survey. Instead, we have described the most important variables in graphic form, with the intent of making the results of the survey accessible to the widest possible audience. We have also refrained from providing extensive interpretation of the results. Our intent is to provide results which the Canupawakpa health transfer team can use in determining their health transfer needs.

This report reflects the efforts of many people. However, several people deserve particular attention. Without their sustained effort, the survey would not have been the success it is. In Canupawakpa, Carol McKay coordinated the project and Linda Bell, Vickie Royal, and Florence Sutherland interviewed community members from each household. At Dakota Ojibway Tribal Council (DOTC), Marge Roscelli helped facilitate the project as health director for this tribal council region and as a member of the Manitoba First Nations Regional Health Survey Committee. John O'Neil, Brenda Elias, Connie Coutu, and Dawn Stewart at the Northern Health Research Unit at the University of Manitoba provided the technical support. Without the participation of community members, however, this survey would not have been possible. Their participation is a reflection of their commitment to ensure well being in Canupawakpa.

2 Building on Research

The management and provision of health services is not an easy task at the best of times. The health status of individuals and communities vary considerably and communities need to establish priorities on the basis of their own needs. Canupawakpa First Nation is currently engaged in health transfer discussions. A part of these negotiations is the review of community health needs and community-based health services. The goal of the Canupawakpa general health survey project is to help shape health transfer so that it enables the health team and First Nation membership to act on health status inequalities and inequalities in health service delivery. To strengthen this assessment, the survey used in Canupawakpa was modeled after the Manitoba First Nation Regional Health Survey, which provides comparative data to help assess and target resources.

2.1 Canupawakpa General Health Survey

In June 1998, Canupawakpa First Nation initiated a research relationship with the Northern Health Research Unit with the assistance of DOTC. The Northern Health Research Unit provided training for the interviewers and technical support in terms of survey design, data entry and analysis. Community researchers initiated the survey in the community under the direction of Carol McKay. After the surveys were completed, they were sent to the Northern Health Research Unit to be analyzed.

The Canupawakpa First Nation general health survey provides information on the general health of the membership of Canupawakpa. All households in the community participated in the survey. General health information is based on interviews of 157 adult household members (ages 15 and over) and 51 children (ages 0 – 17).

One child under the age of 18 was randomly selected in each household and the parent or guardian was interviewed about this child's health.

2.2 Manitoba First Nation Regional Health Survey

The 1997 Manitoba First Nation Regional Health Survey provides information on the general health of the On-Reserve First Nation population in Manitoba. General health information is based on interviews of a random sample of 1948 adults (18 and over) and 870 children (ages 0 - 18) from 17 randomly selected communities. The Regional Health Survey is a joint initiative of the Assembly of Manitoba Chiefs, the Manitoba Keewatinowi Okimakanak, and the Northern Health Research Unit at the University of Manitoba. Financial support for the survey was provided by Tobacco Demand Reduction Strategy Initiative of Health Canada.

The Manitoba Study was part of a national First Nations and Inuit Health Survey that was initiated because First Nations people on-reserve are excluded from most other national and provincial surveys. The results of this national survey fill a critical information gap involving First Nation and Inuit communities. Nine regions participated across Canada. First Nation involvement occurred in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia. The Inuit of Labrador also participated in the national survey. A national core set of questions linked the various regions together, but each survey was unique to the region that participated. Each region designed questions to secure resources necessary to improve and to develop policy and programs for their communities.

In Manitoba, consultations with all First Nation communities helped design the Manitoba First Nation Regional Health Survey. Interviews for the health survey occurred in the following randomly selected communities during the spring and summer of 1997:

Norway House
Wasagamack
Lac Brochet
Split Lake
Gods Lake Narrows
Opaskwayak Cree Nation
Chemawawin
Little Grand Rapids
Little Black River
Waywayseecappo
Garden Hill
Sioux Valley
Sandy Bay
Fairford
Little Saskatchewan
Pine Creek
Ebb & Flow.

Approximately 10% of households in each community were randomly selected, and a community researcher interviewed all adults in each household. One child under the age of 18 was randomly selected in each household and the parent or guardian was interviewed about this child's health. Eighty-three percent of those approached agreed to be interviewed.

3 Comparative Health Profile of Canupawakpa

3.1 Introduction

This section provides a general description of the results of the Canupawakpa needs assessment survey and these results are compared to the Manitoba First Nations Regional Health Survey.

3.2 Social-demographics

Approximately half of the people interviewed in Canupawakpa were between 25 and 44 years of age, which approximates the sample interviewed in the Manitoba First Nation Regional Health Survey. Interviewers attempted to sample equal numbers of men and women, and like the Manitoba survey, they interviewed more women (55%) than men (45%), which is consistent with gender sampling bias experienced in other surveys (e.g. National Population Health Survey). These numbers suggest a slight bias since the actual First Nation population in Manitoba is younger and on average consists of equal numbers of men and women.

Figure 1 - Age Distribution of Adults aged 15 and over %

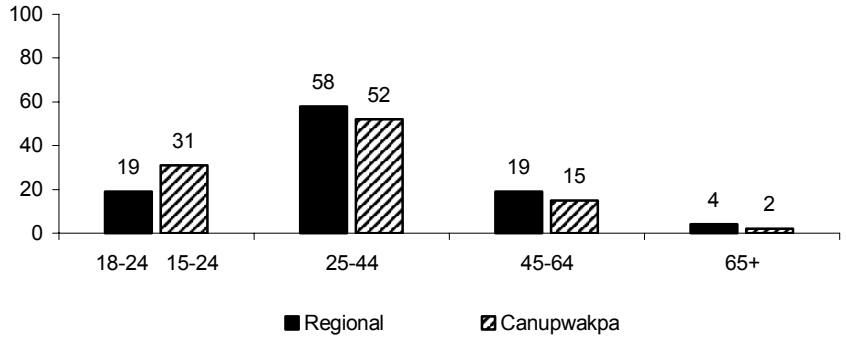
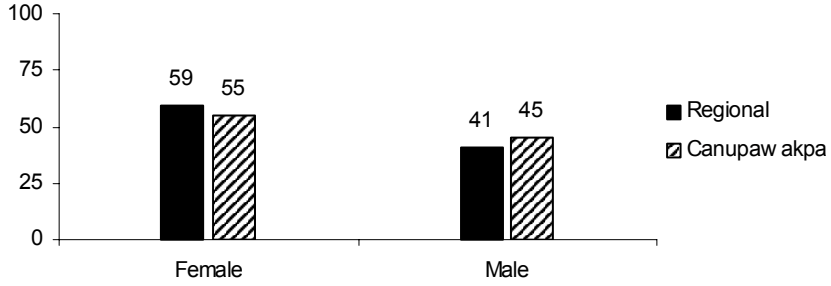


Figure 2 - Gender %



The majority of the people interviewed indicated that they preferred to conduct their day to day life in the English language, which is contrary to the Manitoba survey. In that survey, a little over half of the respondents preferred to use a First Nation language. The education profile of participants remained somewhat consistent with the Manitoba survey in that approximately 83% of the respondents reported some secondary education or less. What is noteworthy and somewhat disturbing, however, is that more respondents achieved some secondary education but they did not go on to complete high school.

Figure 3 - Language Most Comfortable Speaking on a day to day basis

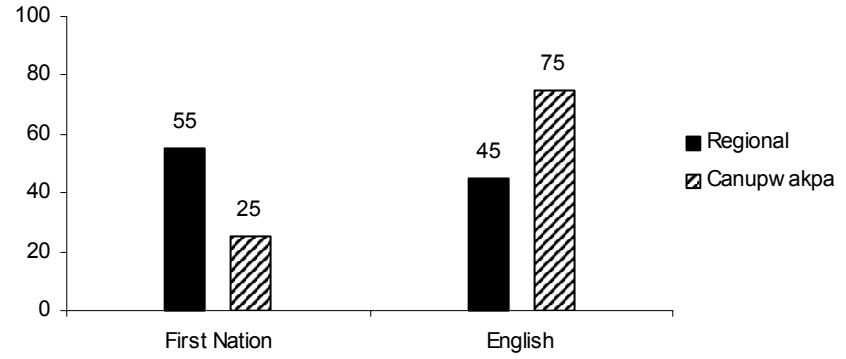
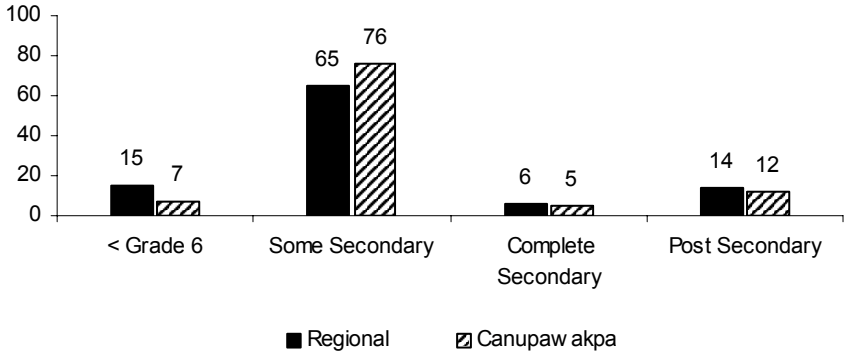


Figure 4 - Highest Education Level Attained %



Like the Manitoba sample, a little over half the people interviewed indicated that they did not work for wages in the previous year (1997), and that their income came primarily from government sources (e.g. social assistance, Old Age pension, etc.). Approximately 51% indicated that their annual household income was less then $10,000 and nearly 80% of people interviewed reported household incomes of less than $25,000. Not surprisingly only 23% indicated that their household met all their basic needs, which is 10% less than the Manitoba survey.

Figure 5 - Percentage of People who worked for income in 1997

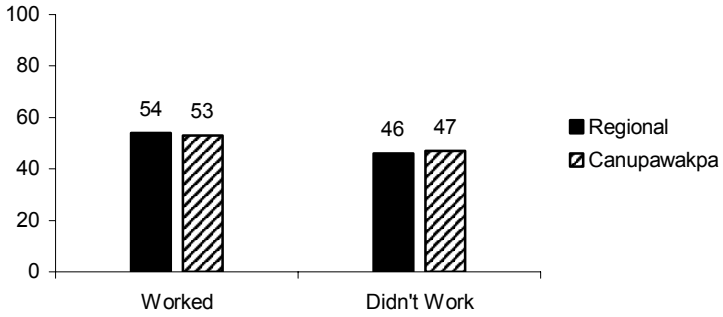


Figure 6 - Primary source of income %

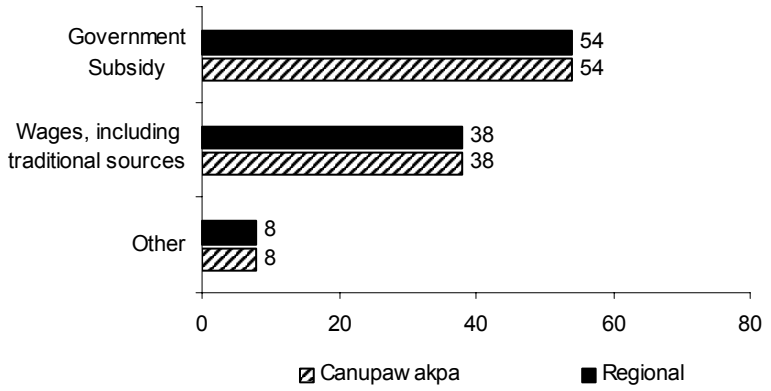


Figure 7 - Total household income %

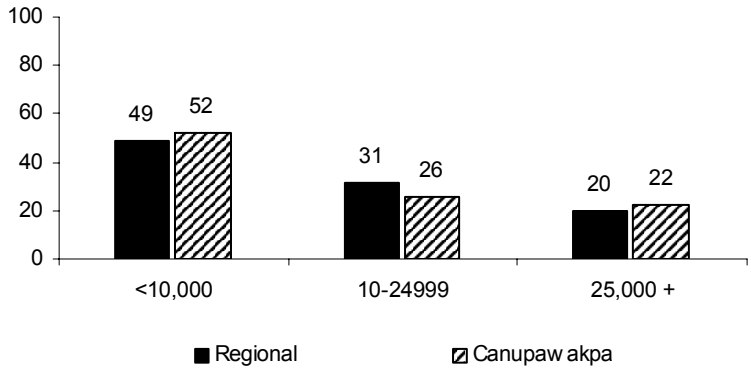
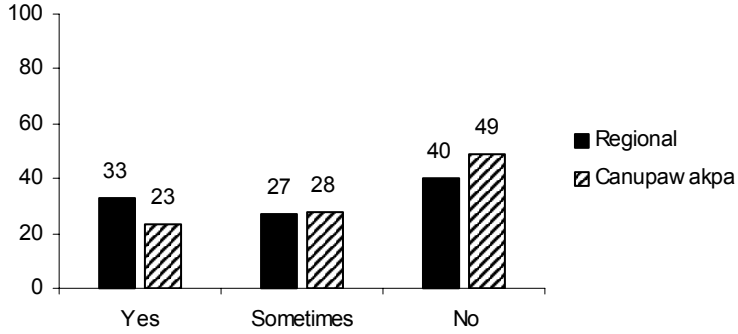


Figure 8 - Percentage of people indicating that household income meets all their basic needs



Contrary to the findings of the Manitoba survey, less than half of the people (47%) interviewed reported that they were living with a partner, either married or common-law. Approximately 62% of the people interviewed indicated that they were living in a household with four or more people, which is 11% less than the regional study. A surprisingly large number of people interviewed

(48%), however, indicated that they were living in a single parent or guardian household, and 11% indicated that they were living alone which is much higher than the Manitoba study.

Figure 9 – Marital Status %

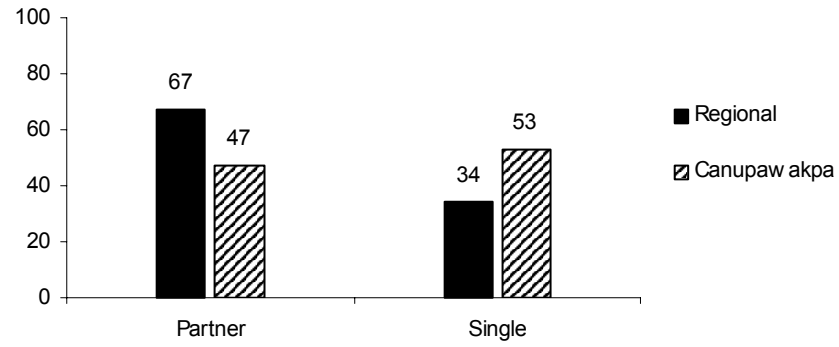


Figure 10 – Number of people living in the household %

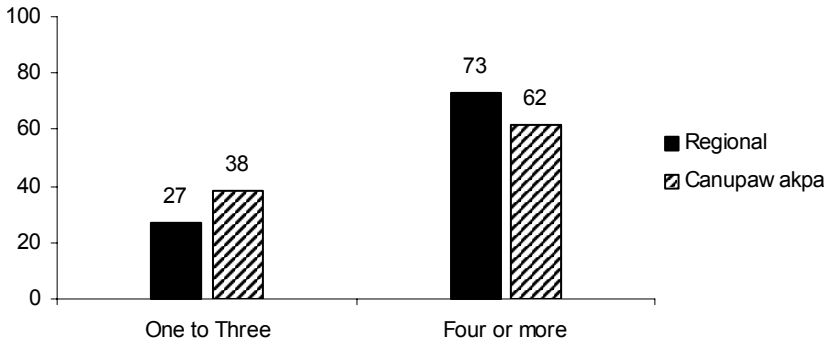


Figure 11 – Single parent-guardian household %

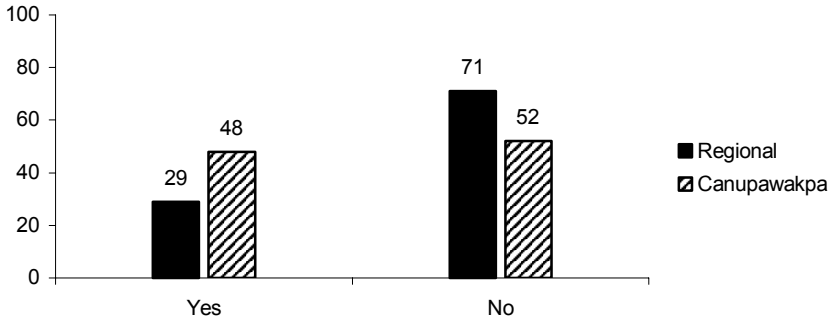
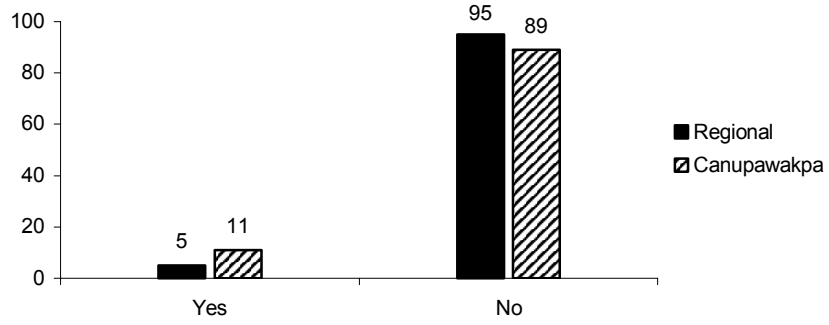


Figure 12 – Percentage of people living alone



These results suggest several things. First, educational and employment opportunities continue to be restricted in this community, as in other Manitoba First Nation communities. As will be discussed in a later section of this report, these constraints have a influence on the poor health status of this community and other First Nation communities. These results, although not as strong as the Manitoba survey, suggest that the social and cultural strength of the community continue to be important. The Dakota language is still in use, and the majority of the people live in family based households with very few people isolated and alone.

3.3 Health Status

3.3.1 Adults

Many studies have shown that people's perceptions of their health provide an excellent indication of their general state of health. Approximately 62% of the people interviewed reported their health as poor to fair, which is somewhat higher than the Manitoba region. Twenty-five percent of the people interviewed, much like the other First Nation communities, indicated their hearing ability was poor to fair. However, more people in Canupawakpa (65%) indicated that their eyesight without glasses was poor to fair.

Figure 13 – Self reported health status %

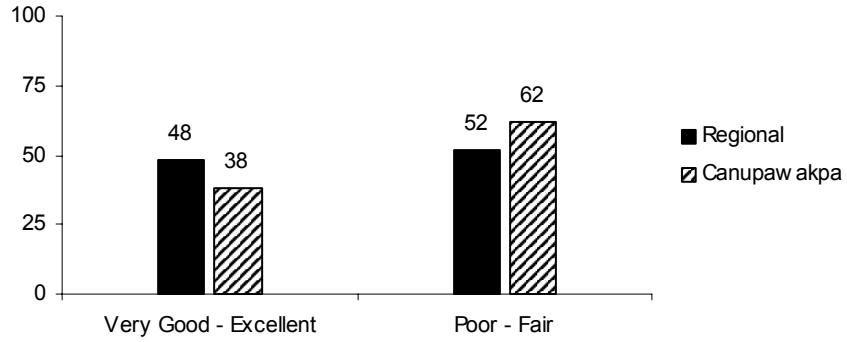


Figure 14 – Self-rating of hearing ability

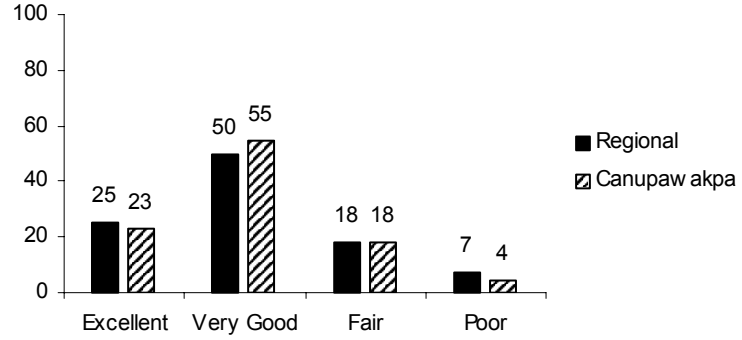
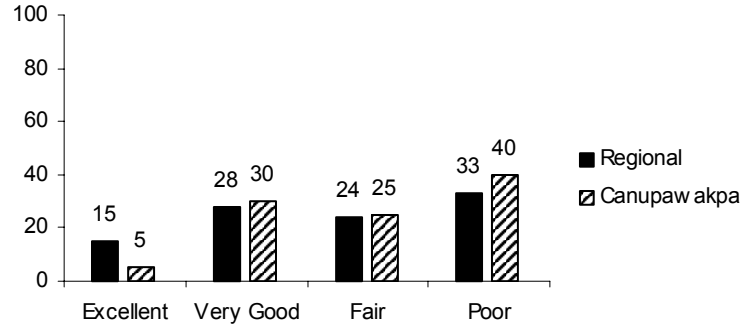


Figure 15 – Self-rating of eyesight without glasses %



Similarly, nearly half of the people interviewed in Canupawakpa reported that they required dental treatment at this time. The following is a breakdown of the dental work that they required: dental check-up and cleaning (68%), restoration like fillings (60%), dentures (20%), extractions (19%), and periodontal treatment (8%).

Figure 16 – Percentage of people who require dental treatment at this time

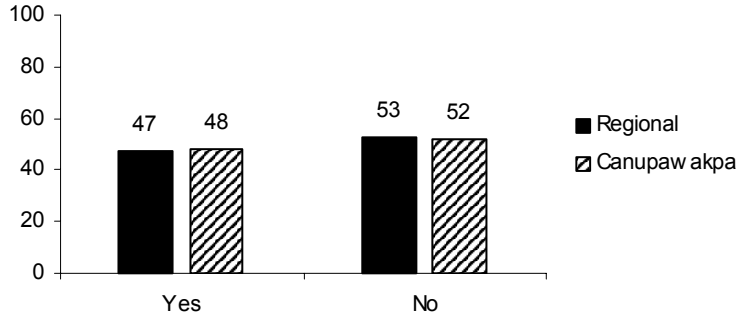
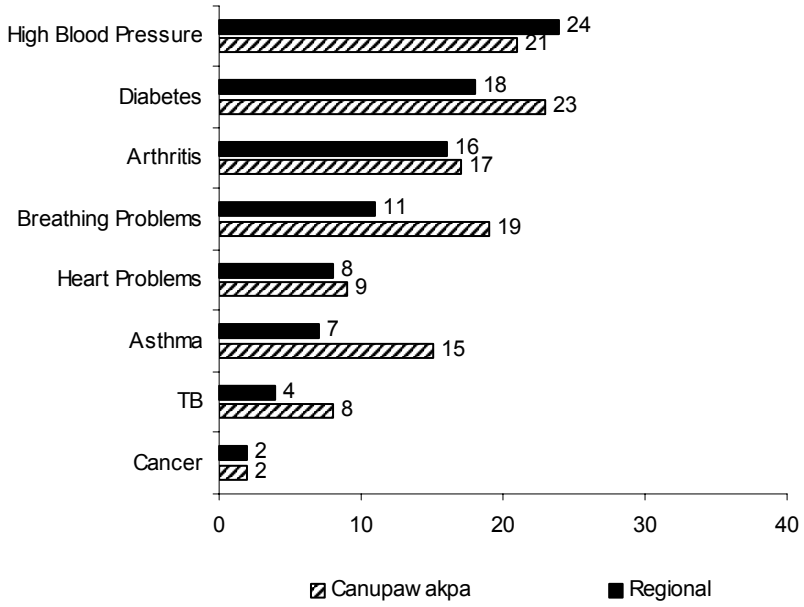


Figure 17 – Type of dental work required by people needing treatment at this time %

People were also asked whether a physician told them that they had a particular health problem. The responses to this question suggest that there is a high level of chronic illness in this community, which is similar or higher for specific health problems reported in the regional survey. For instance, nearly a quarter of the people interviewed in Canupawakpa indicated that they had been told that they had high blood pressure, which is consistent with the regional trend. However, more people indicated that they had diabetes (23% vs. 18%). Even more surprising, nearly twice the number of people interviewed indicated that they had been told that they have a respiratory problem: breathing problem (19% vs. 11%), asthma (15% vs. 7%), and TB (8% vs. 4%). This difference is also reflected in the number of people self-reporting a disability from a long term health problem or condition. Twenty-six percent of people interviewed indicated that they were disabled, which was nearly twice of what was reported at the regional level.

Figure 18 – Self reported health problems %



Thirty-nine percent of women diagnosed with diabetes in Canupawakpa had reported that they had been diagnosed with gestational diabetes during one of their pregnancies. Although there is a 10% difference when compared regionally, this number is still very high.

Figure 19 – Women reporting diabetes that have had gestational diabetes

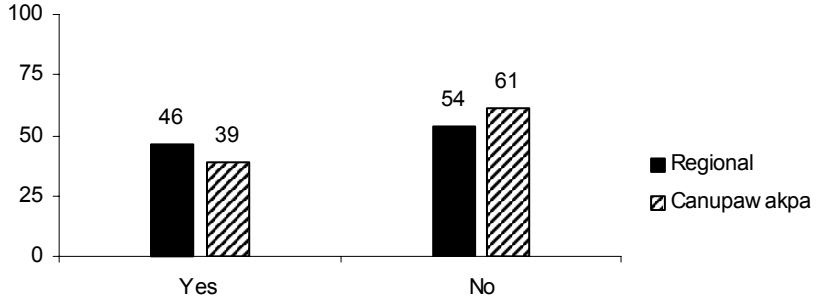
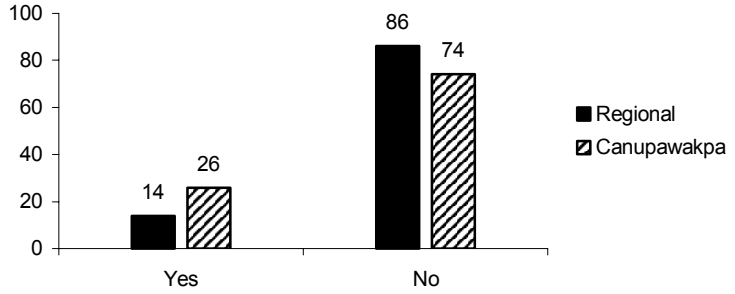
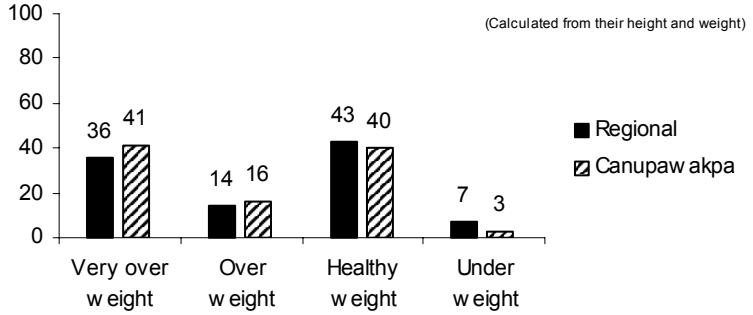


Figure 20 - Percentage of people disabled with a long term health problem or condition



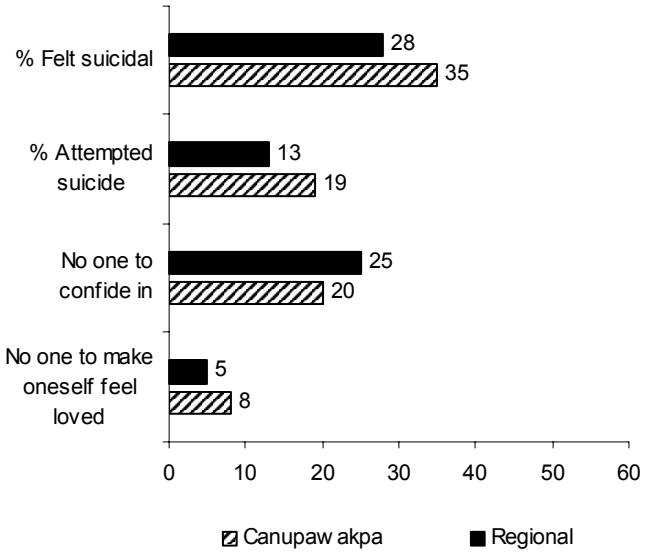
People were asked to report their height and weight. These calculations were done comparing these indicators to standard measures of healthy weights. Somewhat consistent with the regional survey, over half of the people interviewed were overweight according to these calculations, and a very significant number of people (41%) were very overweight.

Figure 21 – People with a weight problem %



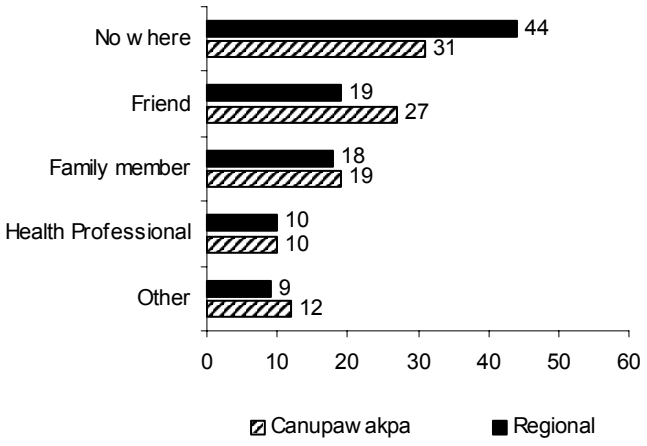
Mental health problems were assessed through questions about suicidal feelings and emotional concerns. A very high proportion of people interviewed (35%), higher than the regional surveys, reported that they had felt suicidal at some point during their life and 19% indicated that they had actually attempted suicide.

Figure 22 – People reporting mental health problems %



Although 20% of people in Canupawakpa indicated that they had no one to confide in, only 8% indicated felt that no one cared for them or loved them. Of those people who indicated that they had felt suicidal, a large number (31%) indicated that they did not have any anyone to turn to for help. Nearly half of the people who felt suicidal (47%) turned to friends or family members for help. Although these numbers are more encouraging than the regional sample in terms of social support, there is much similarity in terms of people not seeking mental health treatment from a health professional. In both surveys, only 10% of the people who felt suicidal went to a health professional for help.

Figure 23 – Where help sought when feeling suicidal %



The residential school system has been identified as a major source of health problems for many First Nation people. In Manitoba, 11% of the people interviewed indicated that they had attended residential school. However, 20% of all people interviewed indicated that residential schools had a negative impact on their lives, and 30% of people interviewed indicated that they had a negative impact on the community as a whole. In Canupawakpa, 15% of the people interviewed had attended residential school, and of this group, 32% indicated that residential schools had a negative impact on their lives. When all community members were asked to comment on the impact of residential schools on their community, 39% indicated that it had a negative impact overall.

Figure 24 – Impact of residential school system in Manitoba Regional Survey %

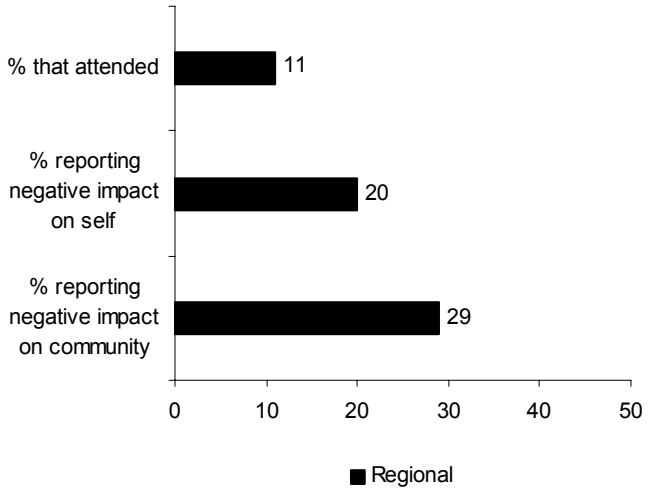
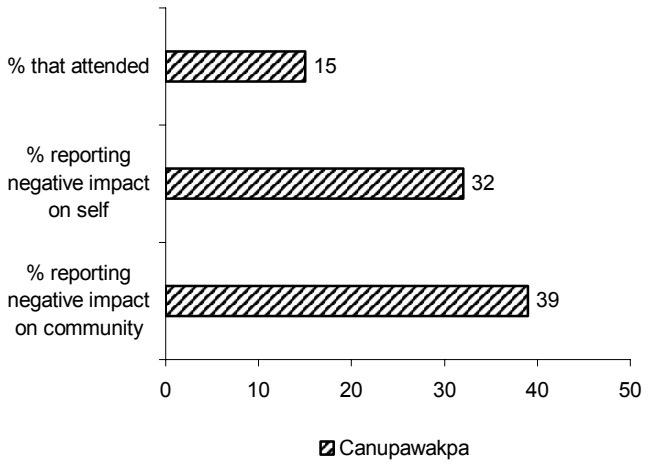


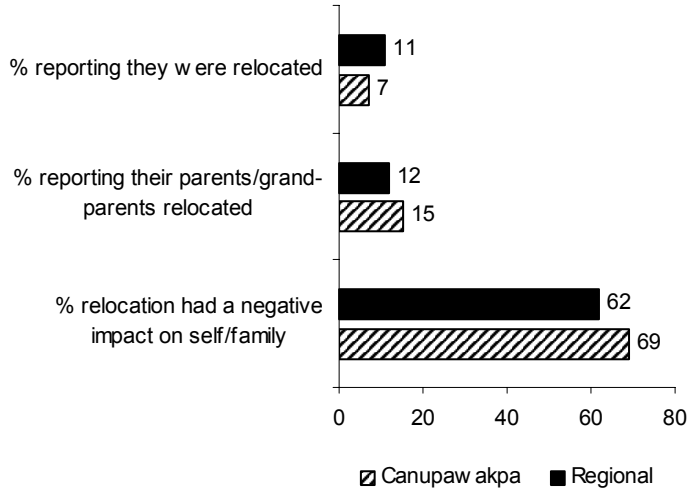
Figure 25 – Impact of Residential School System in Canupawakpa %



For various reasons, including flooding of traditional camping, hunting and trapping areas and conforming to government priorities, many First Nation people have been relocated on a mandatory basis to new communities. Again, it has been suggested that forced relocation,

without consent, could have a negative impact on people's well being. Comparatively speaking, fewer people (7%) in Canupawakpa reported that they had been forced to relocate, opposed to 11% of the people reporting relocation in the Manitoba survey. However, slightly more people in Canupawakpa reported (15% vs. 12%) that their parents and grandparents had been forced to relocate, and that the relocation had a negative effect (69% vs. 62%) on themselves and their family members.

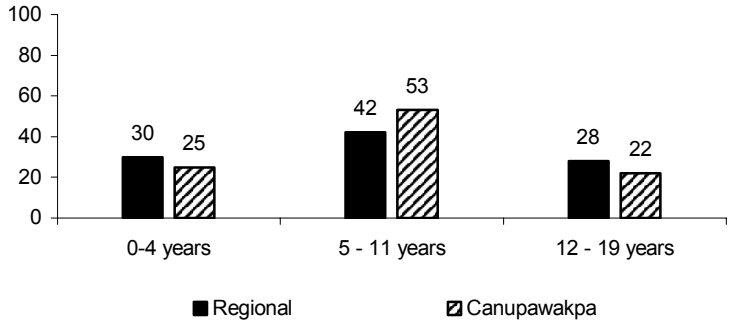
Figure 26 – Impact of Relocation %



3.3.2 Children

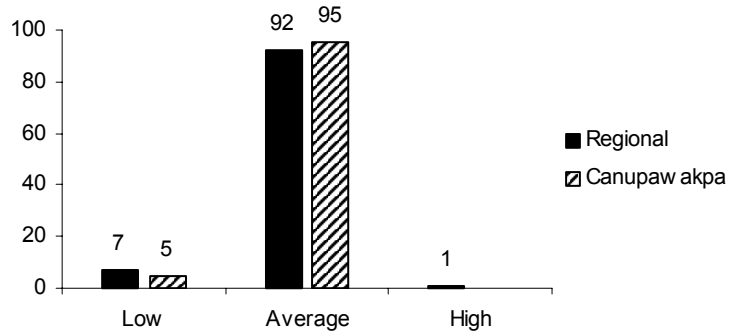
Either the mother or father who participated in the adult interviews assessed children's health status. Like the Manitoba survey, one child was selected randomly from households that had more than one child. For the purpose of this survey, anyone under the age of 18 years was considered a "child." Over half of the children's sample fell in the 5 to 11 year old group, and the remainder was equally distributed in the 0 to 4 and 12 to 19 year old age groups.

Figure 27 – Age distribution of children %



Low birth weight is a significant contributor to infant and childhood morbidity and is associated with high cost of early infant intensive care. Based on mother or father's reports, 95% of children had an average birth weight, which is consistent with the regional trend. However, 5% of children did have a low birth weight.

Figure 28 – Child's approximate birth weight %



Several questions addressed a range of children's health concerns. Almost everyone interviewed (94%) were happy with the relationship of the child to the family, but 24% indicated that their child was experiencing emotional or behavioral problems, which was somewhat higher than what was reported regionally. Eighty-four percent were satisfied with their child's cultural knowledge at this time.

In the survey, a number of child health problems were identified and they include ear infections, asthma, allergies, and weight problems. There appears to be a higher prevalence of asthma, allergies, and weight problems in the Canupawakpa region, which is somewhat surprising. The prevalence of injuries, such as head and accidental bone injuries, were far lower than the Manitoba region but are still a cause of concern.

In terms of the development of risk behaviors that carry over into adulthood, the use of unhealthy substances should be a cause of concern. Cigarette smoking among children, although lower than the Manitoba region, appears to be a significant problem with 15% of parents indicating their knowledge of their children smoking practices. Alcohol and drugs do not appear to be a problem. However, these results are based on the parent's knowledge of his/her child's use of substances and not on actual self-reports made by children.

Overall, it appears that parents generally consider their children to be in good health and to have only a relatively few emotional or behavioral problems. A significantly higher prevalence of asthma, allergies, and weight problems is a cause of concern, as well as the emotional and behavioral problems and smoking behavior of children, which is somewhat lower but still a cause of concern. Although reported injuries are somewhat lower than the Manitoba region, they should also be a cause of concern.

Figure 29 – Children's General Health %

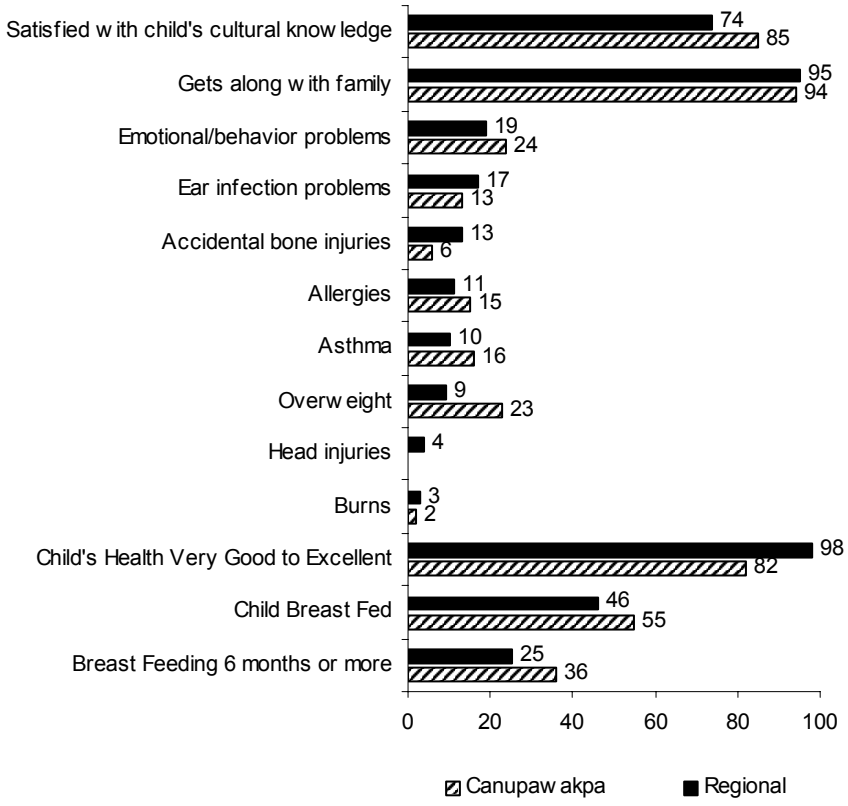
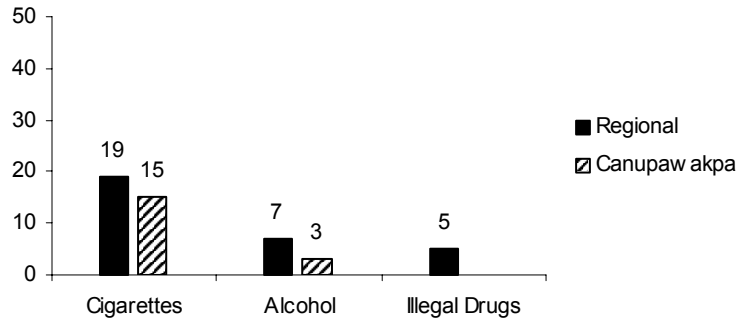


Figure 30 – Child's use of unhealthy substances %



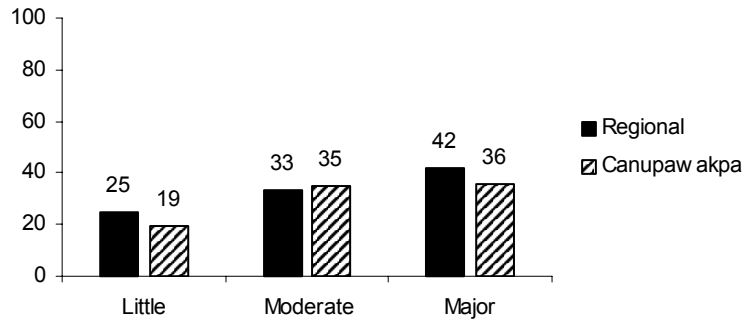
3.4 Health Behavior

The survey asked a number of questions about people's dietary practices, smoking patterns, use of alcohol and drugs, and behavior related to safe sex practices. These behaviors are all related to health status.

3.4.1 Nutrition

People were asked a series of questions on whether they had made positive dietary changes such as eating less salt, less fat, less sugar, and more fruits and vegetables. To get an overall sense of the change, the total number of dietary changes was calculated and then grouped to indicate minor, moderate or major dietary changes. For instance, people making little dietary changes are people who made less than three changes to their diet. People who have made a moderate change are people who made between three to five changes in their diet, and people who made major changes are people who made 6 or more changes to their diet. Approximately three-quarters of people interviewed indicated that they have made moderate to major dietary changes, which is consistent with what people reported at the regional level.

Figure 31 – People reporting positive dietary changes %



Approximately three-quarters of the people interviewed indicated that at least a portion of their diet came from wild foods (e.g. land animals, fish, and waterfowl), suggesting that traditional foods are still an integral and nutritional part of their diet. Only 18% of the people interviewed indicated that more than half of their diet came from wilds foods and only 11% indicated that they ate wild food at least once a week. Well over half of the people interviewed indicated that they consumed wild meat monthly, and what is also positive is that 84% of people interviewed indicated that in the past year they did not have any problems obtaining wild food.

Figure 32 – People who eat wild foods %

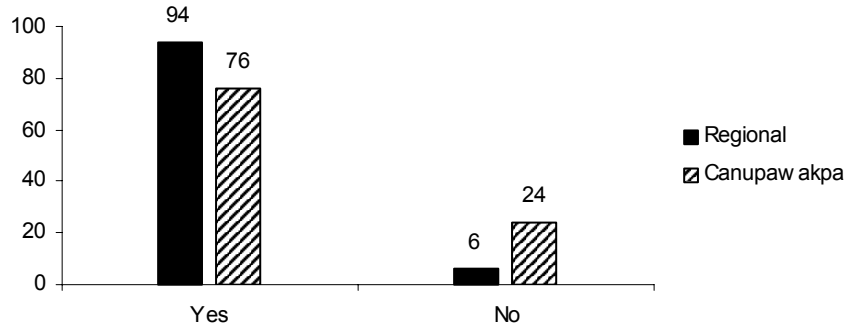


Figure 33 – People who include wild meat as part of their daily diet %

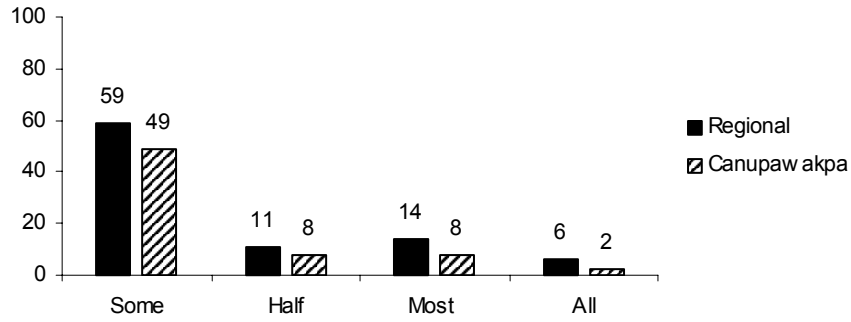


Figure 34 – Number of times wild food eaten in the last year %

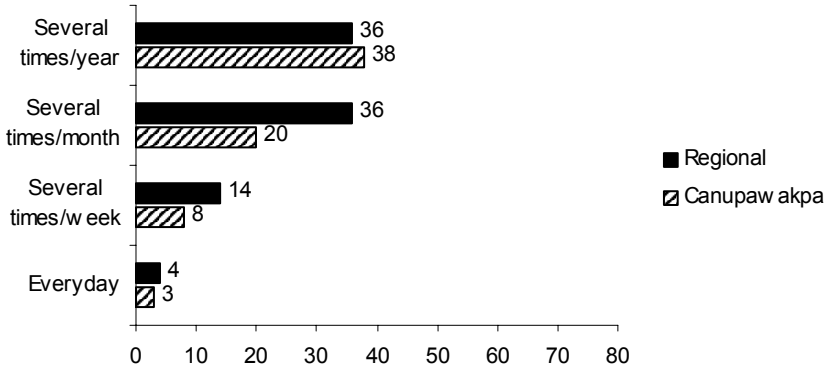
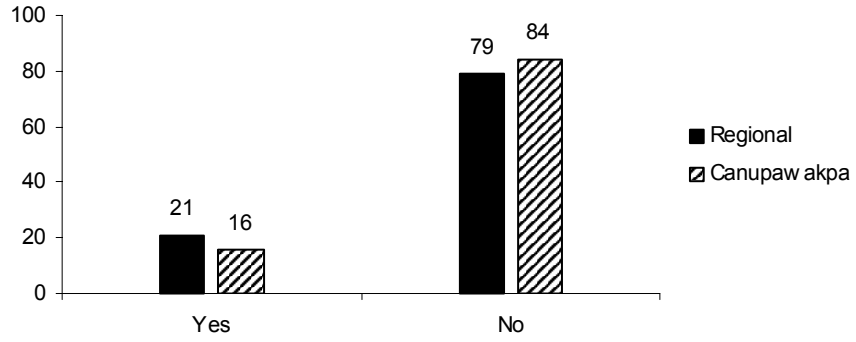


Figure 35 – People reporting having problems obtaining wild meat in the last year %



A more serious concern of food security is having insufficient financial resources to purchase food necessary for the family diet. Although less than the Manitoba regional sample, 29% of the people did indicate that their household runs out of money for food. Almost one-fifth of the people indicated that this problem occurs once a month.

Figure 36 – Household runs out of money for food

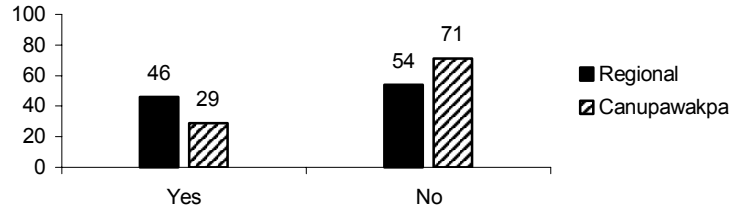
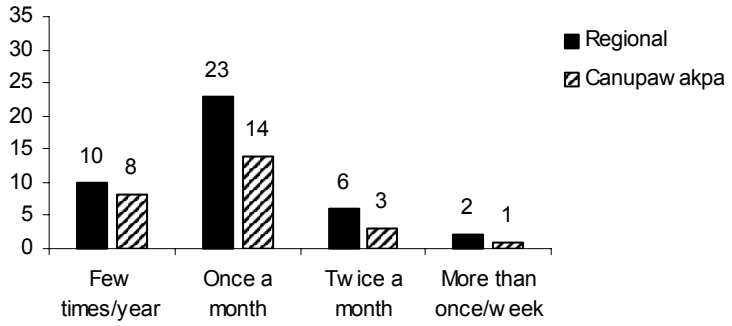


Figure 37 – People reporting how often household runs out of money for food %



3.4.2 Smoking

Cigarette smoking has been widely identified as a major risk factor in a variety of health problems including heart disease, cancer, and other respiratory problems. Traditionally, First Nation peoples used tobacco for spiritual and ceremonial purposes. However, cigarette smoking is a major health concern in First Nation communities. In Canupawakpa, 66% of the people interviewed indicated that they currently smoke cigarettes and only 13% indicated that they had quit smoking. The prevalence of smoking at the household level is also high. Seventy-nine percent of all people interviewed indicated there are one or more household members that smoke on a daily basis. Of great concern is the early age when they started to smoke. The age when people start to smoke is significantly much younger than at the Manitoba level. Thirty-one percent of smokers (ex-smokers and current smokers) indicated that they had started when they were under the age of fourteen.

Figure 38 – Smoking Status %

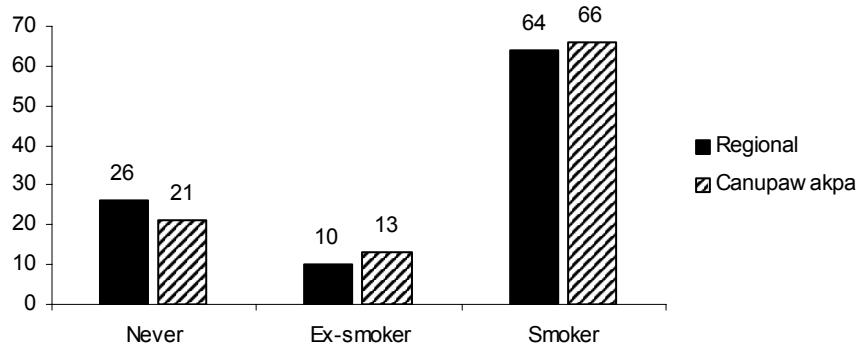


Figure 39 – Number of daily smokers in the house %

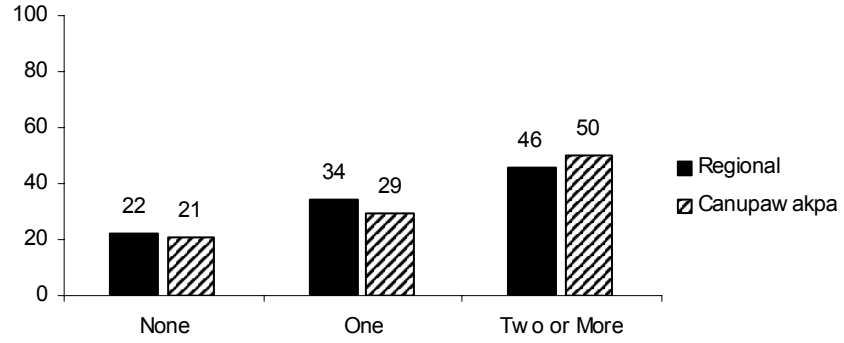
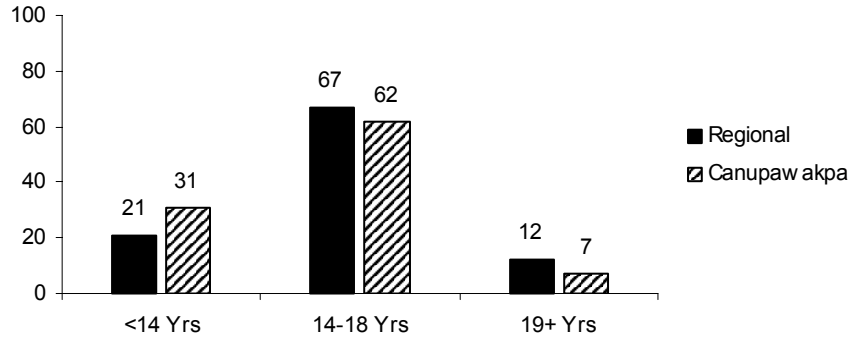


Figure 40 – Age when started smoking %



On a positive note, 72% of current smokers reported smoking fewer than 12 cigarettes per day and 31% of all people reported that no one smoked in the home on a daily basis. Fifty-six percent of all people interviewed indicated that they felt the unpleasant effects of second hand smoke, and 44% of all people interviewed, somewhat less than the Manitoba survey, have made an attempt to control smoking in the household. The major reason given for controlling smoking in the household was the protection of children and pregnant women. Smoking controls at the community level have also had an impact on some smokers. Of the people that smoke, 20% indicated that controls instituted at the community level have decreased the number of cigarettes they smoke on a daily basis.

Figure 41 – Number of cigarettes smoker per day (current smokers) %

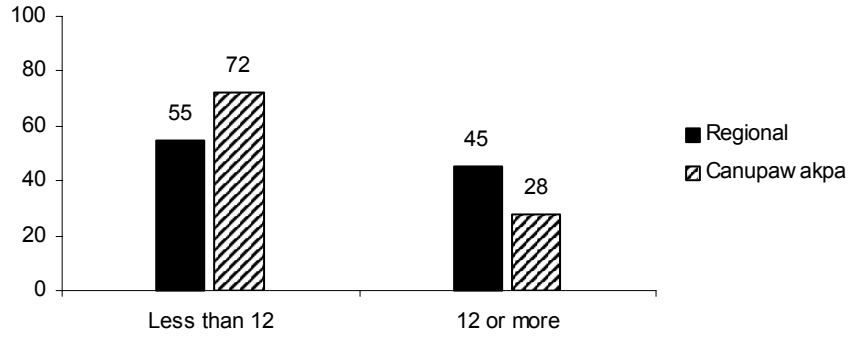


Figure 42 – Percentage reporting daily smoking in the house

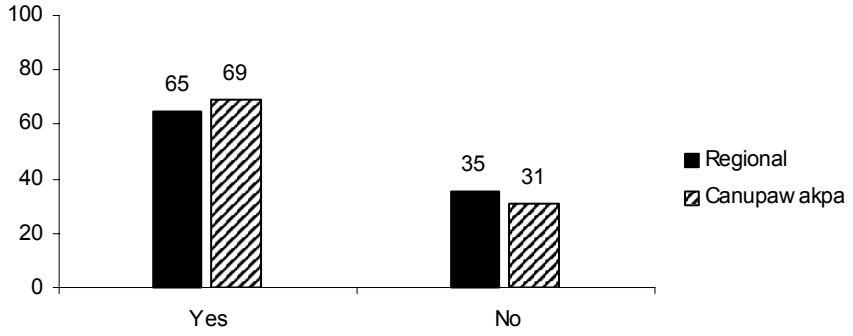


Figure 43 – People who find the effects of second hand smoke unpleasant %

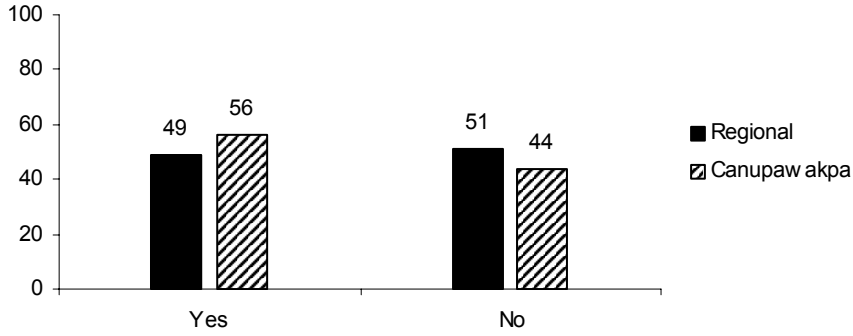


Figure 44 – People who report attempts to control smoking in the household %

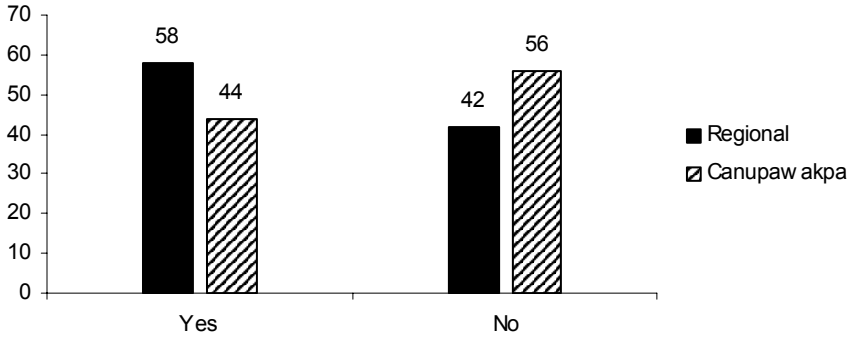
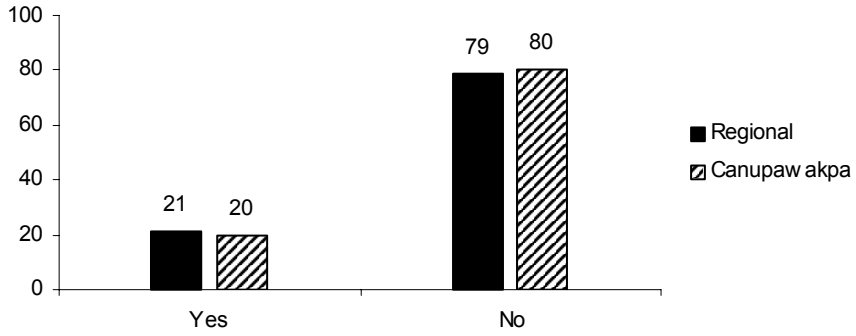


Figure 45 – Smoking controls affected the number of cigarettes smoked %



3.4.3 Substance Use

Alcohol abuse has been identified as a serious health concern in some First Nation communities as the Manitoba regional health survey illustrates. In Canupawakpa, over half of the people interviewed (61%) confirmed this by reporting that alcohol consumption was a problem in their household, and 30% of the respondents indicated that they felt they had a drinking problem themselves. These findings confirm an awareness of this problem and 84% of the respondents reported that they had stopped drinking for awhile. Reasons given for cutting down or quitting drinking ranged from spiritual reasons (24%) to recognizing that alcohol consumption affected themselves personally, their home life, work, school etc. (39%).

Figure 46 – People indicating problems with alcohol %

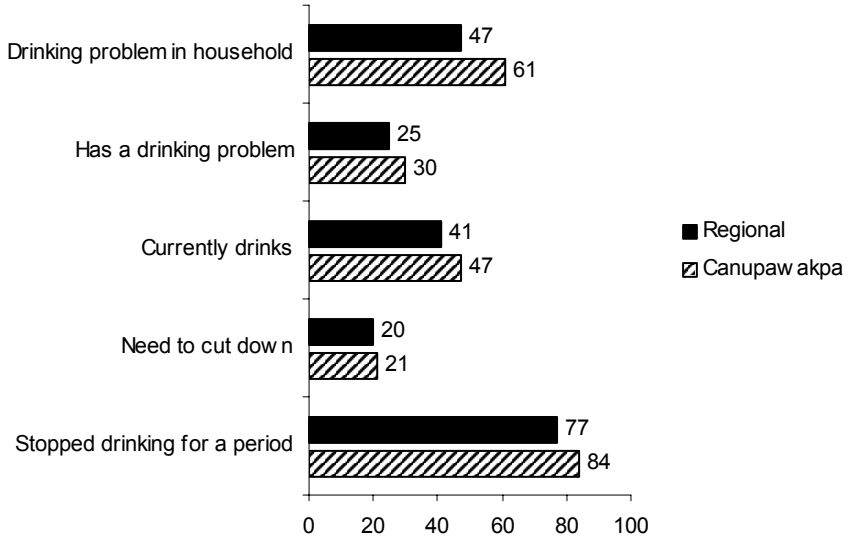
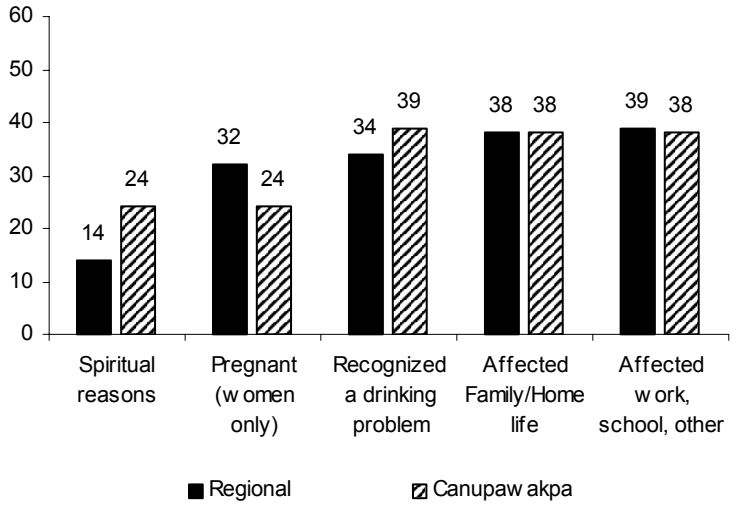
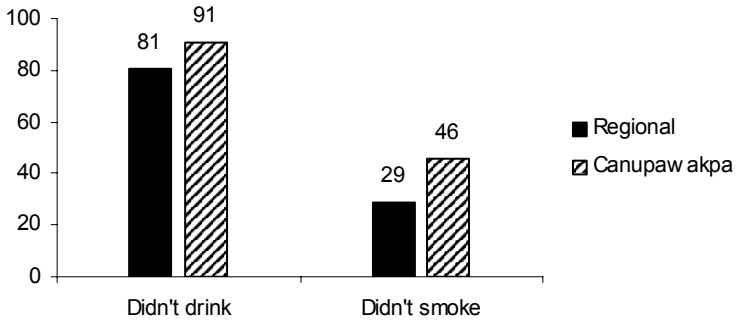


Figure 47 – Reasons given by people who have quit drinking alcohol %



This awareness is evident in the lifestyle changes made by women who are expecting a child. A large proportion of women interviewed (91%) reported that they did not drink during their last pregnancy, and 46% reported that they did not smoke, which is significantly different from the Manitoba regional survey. Nevertheless, it is important to point out that 9% of women did continue to drink and 54% did continue to smoke.

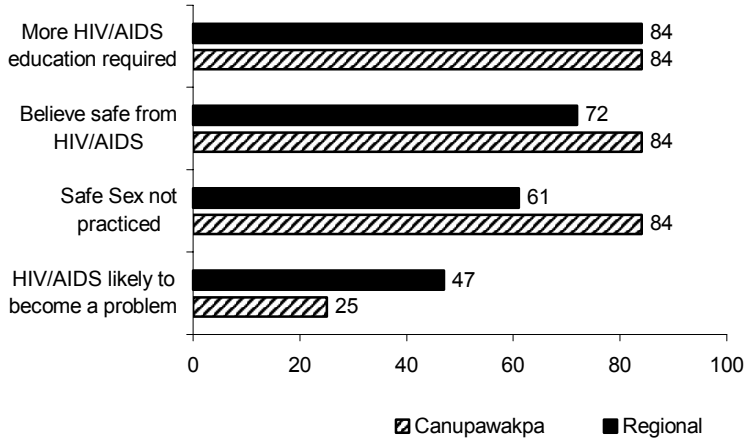
Figure 48 – Lifestyle changes during last pregnancy %



3.4.4 Safe Sex Practices and HIV/AIDS

A large majority of people interviewed (84%) indicated that they felt more HIV/AIDS education was required in communities. Only 25% of people interviewed reported that they did not think that HIV/AIDS was likely to become a problem in their community, which is significantly lower than other First Nation communities in Manitoba. Again, although 84% of people reported that they felt they were not at risk to contract HIV/AIDS, 84% of people reported that they rarely if never used condoms.

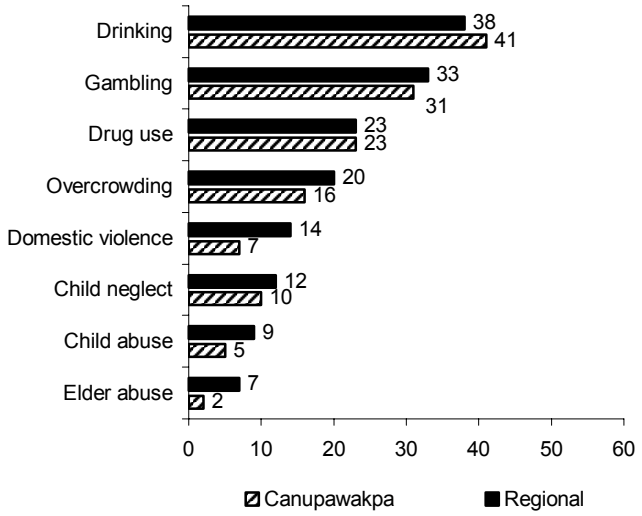
Figure 49 – HIV/AIDS Awareness %



3.5 Community Health Concerns

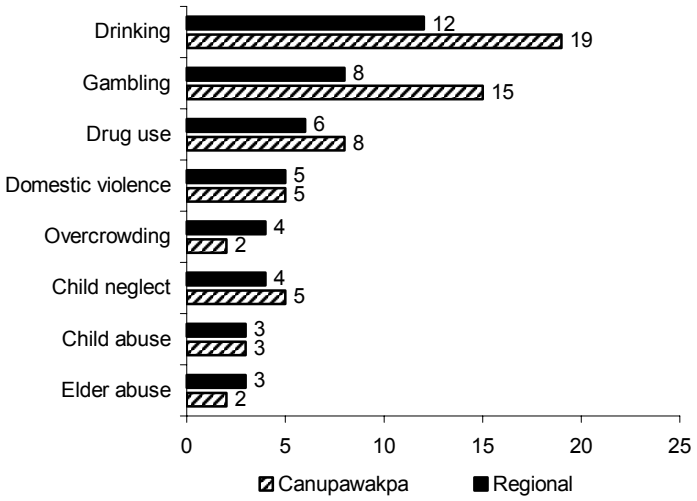
In this section, we describe people's responses to questions dealing with health issues and social problems in the community. Questions asked people to indicate whether they felt there was a particular problem in their household. The following figure ranks the problems according to the proportion of people who indicated these were problems. Alcohol consumption, gambling and drug use emerge as three most important problems by approximately one-third of the people interviewed. The most significant problem comparably is alcohol consumption in approximately 40% of the households. Equally important is gambling as a problem underlines the emerging significance of this issue. Although problems such as domestic violence, child neglect, child abuse, and elder abuse are reported less frequently, these problems are still significant in approximately 10% of households.

Figure 50 – People reporting problems in the house %



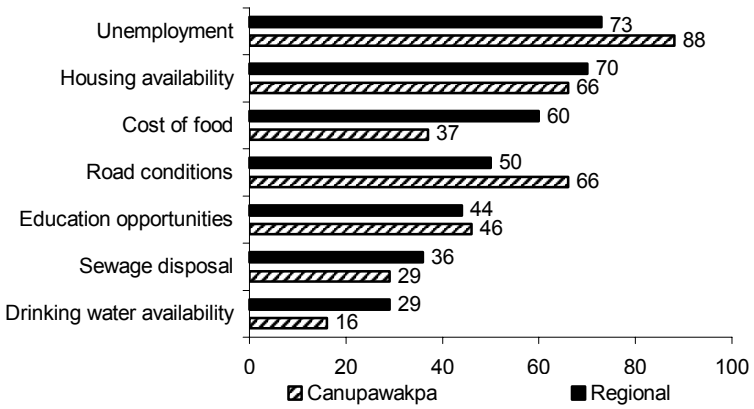
A subsequent question asked people whether any of these problems had improved in their household over the past two years. The greatest change has occurred in the major problem areas of drinking, gambling, and drug use. Fifteen percent of people interviewed reported that alcohol consumption as a problem had decreased followed by gambling (15%) and then drug use (8%). For all other problems, less than 10% of the people interviewed indicated that these problems had improved.

Figure 51 – People reporting that problems in the house have improved in the past 2 years %



Other community concerns were addressed in questions that dealt with what we call the "Social Determinants" of health. These factors include such things as employment, housing, food costs, road conditions, education opportunities, sewage disposal facilities, and quality of drinking water. One or a combination of these factors may have a negative impact in health. For instance, chronic unemployment, especially over long periods of time coupled with limited access to affordable food, may result in more health problems. In this survey, nearly ninety percent of all people interviewed reported that unemployment is a major problem in their community followed by housing availability. The cost of food, which was ranked third by participants of the Manitoba survey, was not ranked as high by members of Canupawakpa, but is still a major problem for 37% of the people interviewed. The same is true of drinking water availability in that only 16% cited it as a major problem. Like the Manitoba survey, a much smaller proportion of people reported major sewage problems (29%) in their community. Nevertheless, the large number of people reporting major problems across all of these indicators clearly illustrates that these determinants, if not addressed positively, can influence health in a negative way.

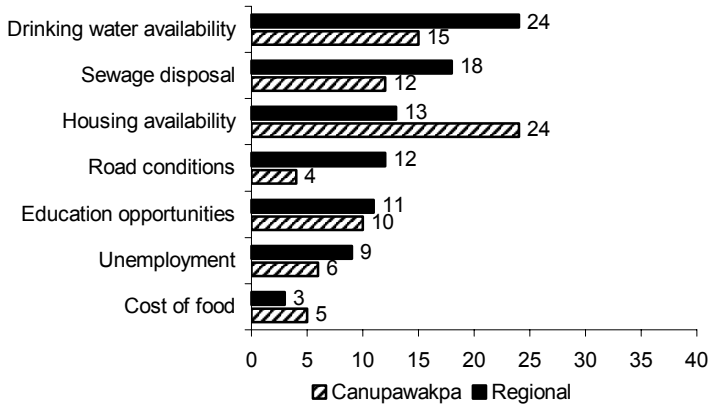
Figure 52 – Percentage of people who indicate the following as major problems in their community



Respondents were asked whether any of these problems had improved in the past two years. Housing availability was the area in which the most improvement had occurred in the past two years. Although nearly everyone still considers housing a major problem, one-quarter of the

people interviewed indicated that some positive change had occurred. The areas where the least change had occurred are road conditions (4%), cost of food (5%), employment opportunities (6%), and education opportunities (10%).

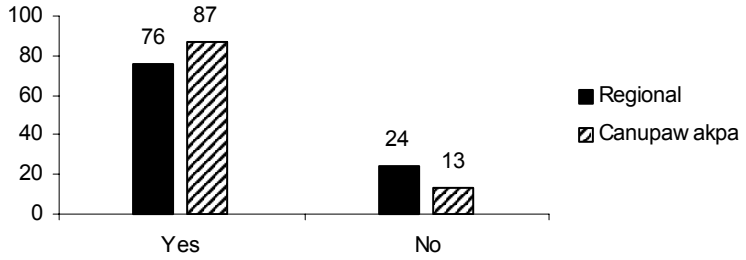
Figure 53 – People who indicate the following community problems have improved in the past two years %



3.6 Healing and Wellness

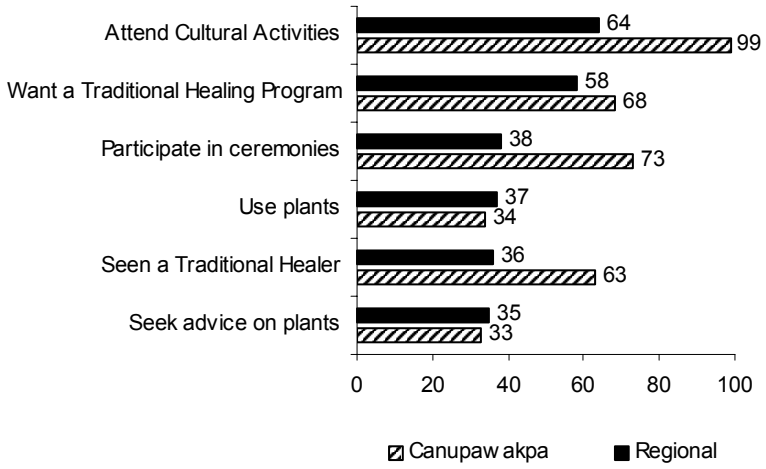
Traditional approaches to health and healing have become an important factor in First Nation approaches to community wellness over the past several years. This trend is apparent in Canupawakpa as well in that 87% of people interviewed reported that they feel traditional ways are an important element of community wellness.

Figure 54 – People who think traditional ways are a good idea %



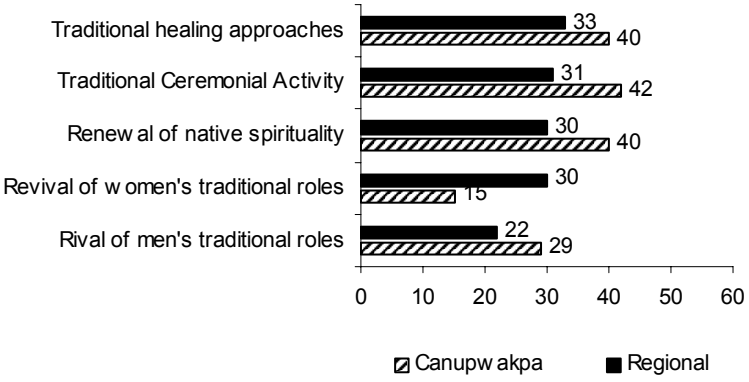
The trend is illustrated in the number of people participating in traditional activities. Clearly, everyone interviewed indicated that they participated in cultural activities (e.g. pow wows) and that 73% had participated in spiritual ceremonies. What is also consistent is that 63% of people interviewed indicated that they have been to a traditional healer and 68% would like a traditional healing program. Indeed, nearly one-third of people interviewed indicated that they have used plants or have sought advice on what plants to use for healing. Overall, it is clear that the people interviewed would like to have a traditional healing program as part of community wellness plan.

Figure 55 – People who participate in traditional ways of healing %



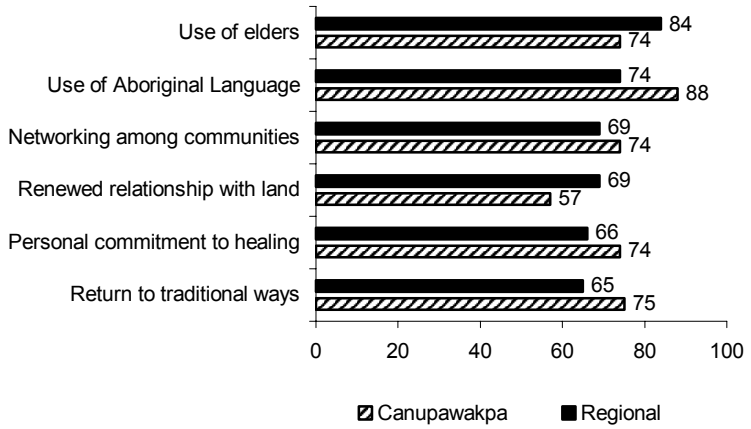
This high level of participation is related to progress made in areas related to traditional wellness. The community of Canupawakpa, in comparison to Manitoba regionally, has made progress in many areas. For instance, approximately 40% of the people interviewed indicated that there has been progress made in the renewal of native spirituality and in the areas of traditional healing approaches and ceremonial activities.

Figure 56 – People who indicate progress in traditional wellness indicators %



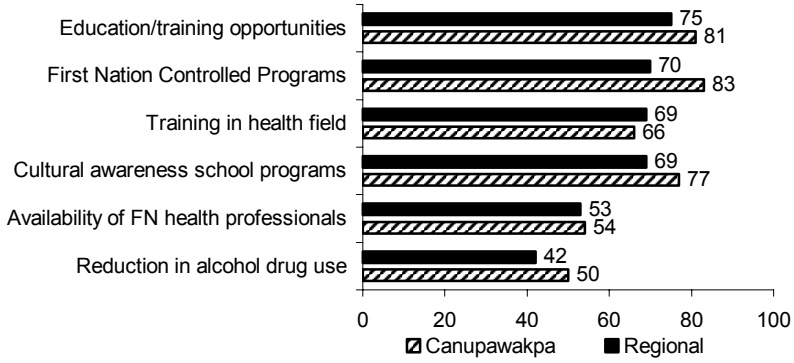
Again, the people interviewed feel that tremendous progress has been made over the last several years in the areas of traditionality, and they have associated this progress as critical to ensure community wellness. Nearly three-quarters of the people interviewed indicated that progress has been made in that people have a personal commitment to healing and are returning to traditional ways. They also see networking among communities as a positive indicator of community wellness. What is noteworthy is that, although English is used more on a daily basis, a very large number of people (88%) interviewed feel that there is progress in the use of Dakota, and this progress is associated with community wellness. The role of elders in the community is also viewed in a positive light.

Figure 57 – People indicating progress in areas important to community wellness %



People were asked to indicate the degree of progress in service delivery areas, which also have a bearing on community wellness. The most significant progress, according to people interviewed, has been made in the area of self government in that 83% of people interviewed indicated that there has been progress in First Nation controlled programs. Other significant areas of progress are in education from training in the health field (66%) to education and training opportunities in general (81%). However, progress has not been perceived as significant is terms of reducing alcohol and drug use (50%) and increasing the availability of First Nation health professionals (54%).

Figure 58 - Progress in other areas considered important for community wellness %



3.7 Health Service Utilization

Given the relatively higher prevalence of chronic health conditions and other health problems in First Nation communities, one would expect a correspondingly high level of health care utilization. This report in not able to describe health utilization empirically, instead we report on people's perceptions of the health care system and some general indicators of frequency of contact with the health care system.

Only 54% of people interviewed indicated that they went for a regular check-up once a year, which falls short of the Manitoba survey. However, 71% of people interviewed did have their blood pressure checked in the last year. These data suggest that there is at least some contact with physicians and nurses in the past year, but only 50% of this contact have been associated with a regular check-up.

Figure 59 – People who go for a regular check-up once a year %

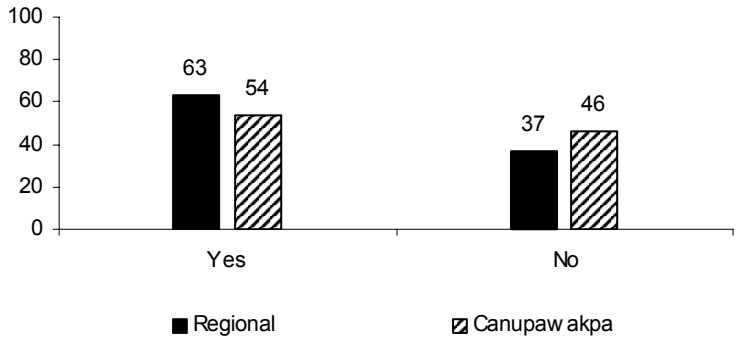
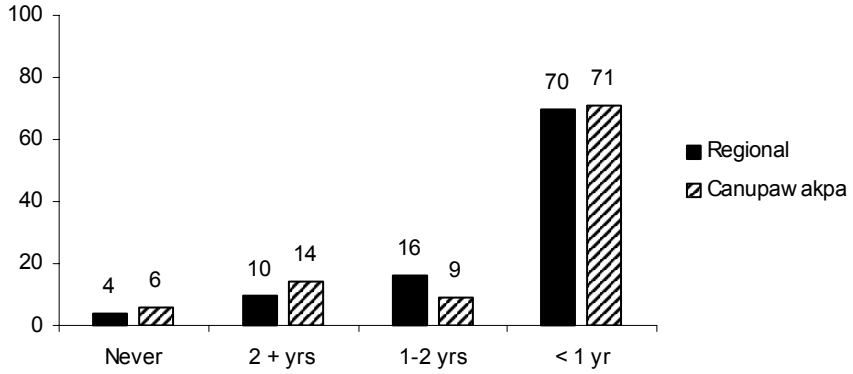
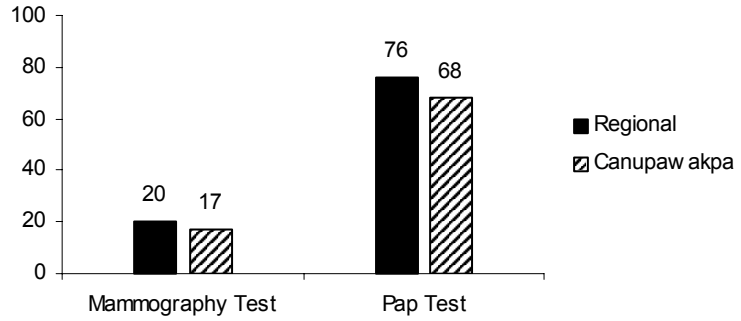


Figure 60 – Last time blood pressure checked %



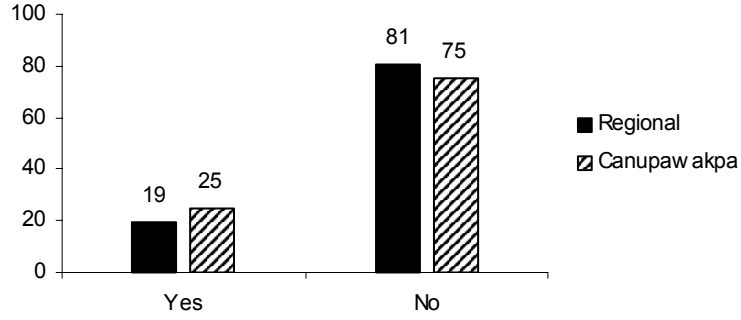
In terms of regular prevention screening, 68% of women interviewed indicated that they had a pap test in the last two years and 17% of women interviewed indicated that they had a mammogram in the same period. Of those that had a mammogram, 80% indicated that it was part of their regular check-up. These findings suggest that women in Canupawakpa are slightly less likely to have received well women care than First Nations' women in Manitoba generally.

Figure 61 – Women have had prevention screening %



Like the pap test for women, a rectal examination is generally a part of a full physical assessment for men, but only 25% of men indicated that they had such an examination. This discrepancy suggests comparatively that men may not be having check-ups on a regular basis or that the check-ups are not as thorough as they might be.

Figure 62 – Men who have had a rectal examination %



Uses of specific intervention programs (e.g. diabetes and NNADAP services) were also assessed. Approximately half of the people with diabetes reported that they had attended a diabetes education clinic, which is consistent with participation rates regionally. This finding suggests many things. A high proportion of people diagnosed with diabetes may not be attending the clinics, or they may not be receiving appropriate health education to manage their illness. On the other hand, such educational opportunities may not be available to them.

Almost a quarter of the people interviewed indicated that they had used NNADAP services, and 68% of the people that had used them indicated that they had found them helpful. Thirty-two percent of people who did not find them helpful were concerned with issues of trust, confidentiality, and skill level of the counselors. Twenty-five percent of people interviewed also indicated that at some time they had been admitted to an addiction treatment center. Eighty percent of those admitted felt that the services provided were helpful. The reasons given by those individuals who did not find them helpful were similar to those using the NNADAP services in that they were not comfortable with the provision of services.

Figure 63 – Diabetics attending Diabetes Education Clinic %

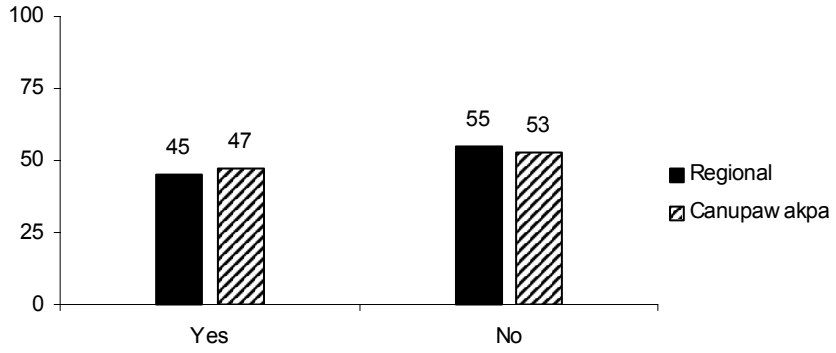
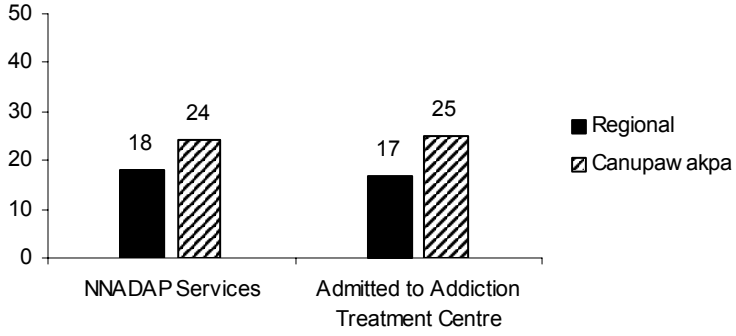


Figure 64 – People who have used NNADAP Services %

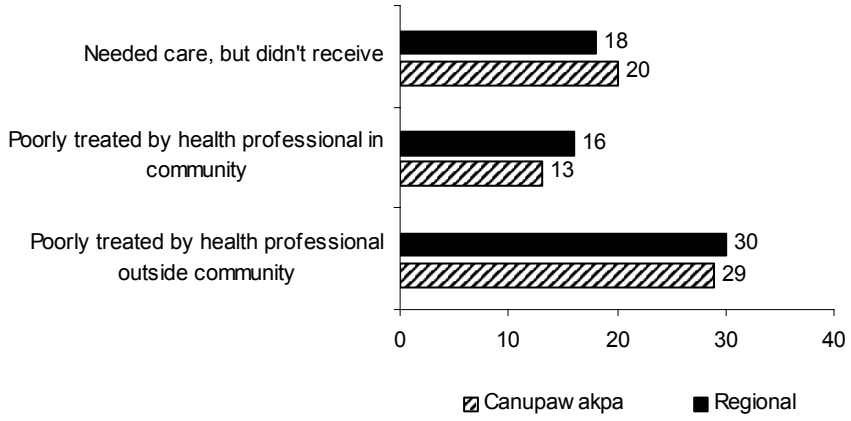


3.8 Satisfaction with Health Care Delivery

Several questions were asked about people's experience with the health care system and whether they were satisfied with the care or felt that the care received was adequate to the needs of the community. A surprisingly large percentage of people interviewed (20%) reported that they had an experience where they needed health services but did not receive it, and 81% of them indicated that the treatment required was for a physical ailment. What is noteworthy, given the high rate of suicidal behavior, is that 19% required treatment for an emotional problem but didn't receive it.

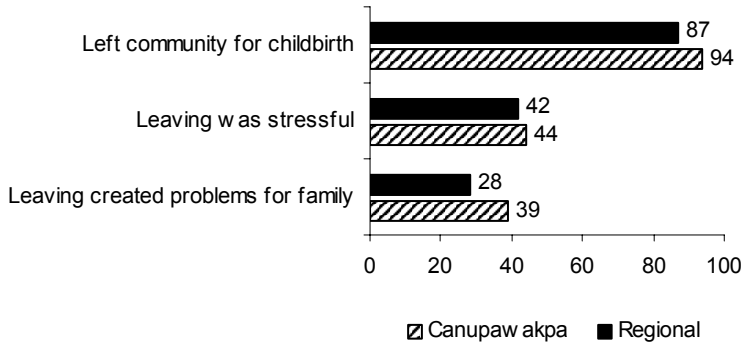
The reasons for not receiving care when required are complex. In the case of the Manitoba survey, the remote nature of many communities and the distance from health care facilities are the more common explanations, although primary care facilities are available in all but the smallest communities. Racism in the health care system is another reason and a serious concern for many First Nation people. In response to a question about whether people had experienced racism in their contact with health professionals inside their community, 13% indicated that discrimination is a problem. When asked the same question about health care contacts outside the community, 29% reported that health professionals had treated them in a discriminatory way. In both cases, any number is far too high, which strongly suggests the need for greater First Nation control over health service delivery.

Figure 65 – Satisfaction with health care delivery %



For most women, leaving the community for childbirth is now common. Of those women who had a baby, 94% indicated that they had left their home community for childbirth. Of those women that left the community, 44% indicated that they had found leaving the community a difficult experience, and for these women, their absence largely created problems for family left behind (e.g spouse and/or children).

Figure 66 – Childbirth experiences of women %

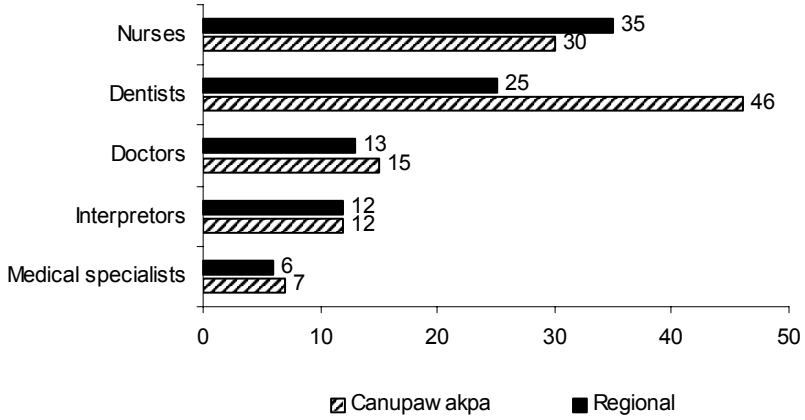


In general, health care and ancillary services are regarded as inadequate to the needs of First Nation communities. In the Manitoba survey, only 21% of all people interviewed indicated that they believed that they had received the same level of health services as the rest of Canada. In Canupawakpa, only 15% of all people felt this way. In both surveys, nearly 50% of all people interviewed felt that they did not receive the same level of health services. Availability of health care professionals is one of the many areas identified by most, if not all-First Nation peoples, as inadequate and in need of improvement. Other services are also perceived as inadequate, including health prevention programs. The perceptions of people interviewed from Canupawakpa are consistent with this finding, as the following discussion illustrates.

Only 30% of people interviewed indicated that there were sufficient nurses at the community level. The provision of other health professionals including doctors and medical specialists was generally regarded as inadequate. Although 46% of the people interviewed considered the supply of dentists was adequate, nearly 40% felt that their access to them was in need of improvement.

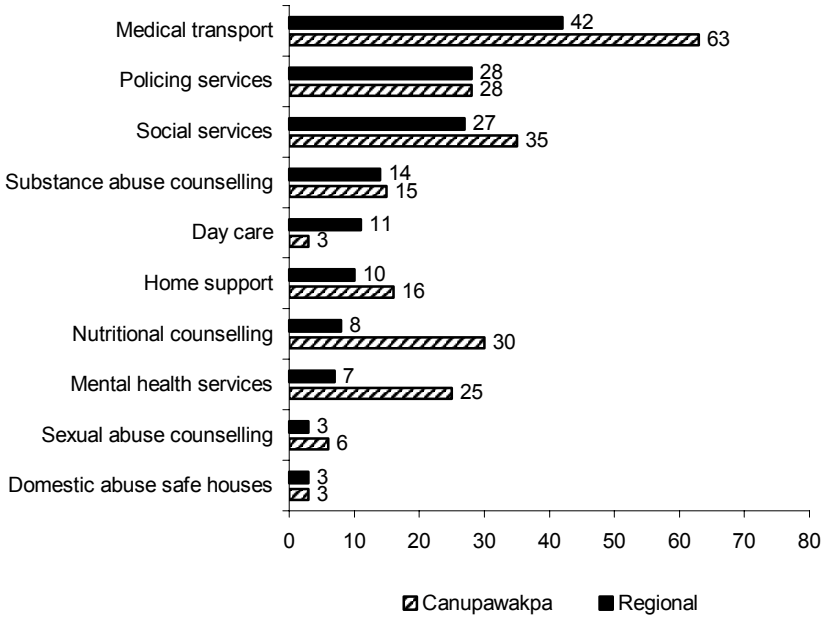
Of particular interest, only 12% of people interpreted indicated that the availability of interpreters was adequate to the needs of the community.

Figure 67 – People reporting availability of health care professionals as adequate %



In general, the vast majority of people interviewed regarded ancillary services like home support, daycare, and substance abuse counseling as very inadequate. In a few areas such as medical transport, over half of the people interviewed felt this particular service was adequate. Somewhat different from the Manitoba survey, approximately 30% of the people interviewed indicated that nutritional counseling and mental health services were adequate. What is noteworthy in both services is that nearly 30% of the respondents were uncertain of their adequacy and nearly 30% felt that they were in need of improvement. The uncertainty over the access to safe houses for domestic violence and to sexual abuse counseling also ranged around thirty percent, as did people's belief that these particular services are in need of improvement.

Figure 68 – People reporting the following health services as adequate %



When people were asked specifically which services were in need of improvement, we found that the vast majority of them answered that virtually all services required improvement, including health education services. Although no one area really stood out, three significant areas do reflect the general First Nation concern with children and elders; namely, pediatric, home care and senior citizens homes.

Figure 69 – People who indicated that health education service is in need of improvement %

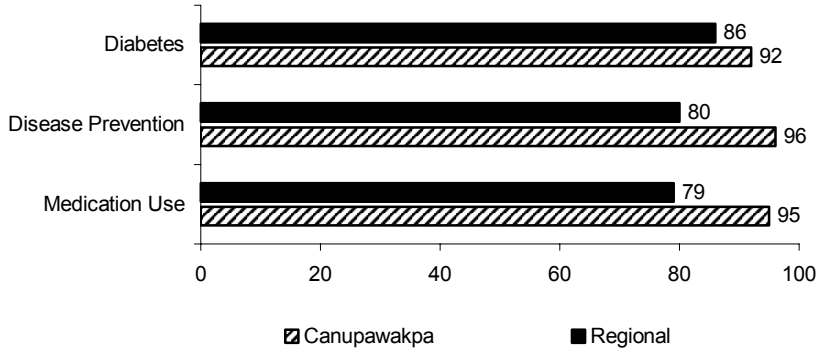
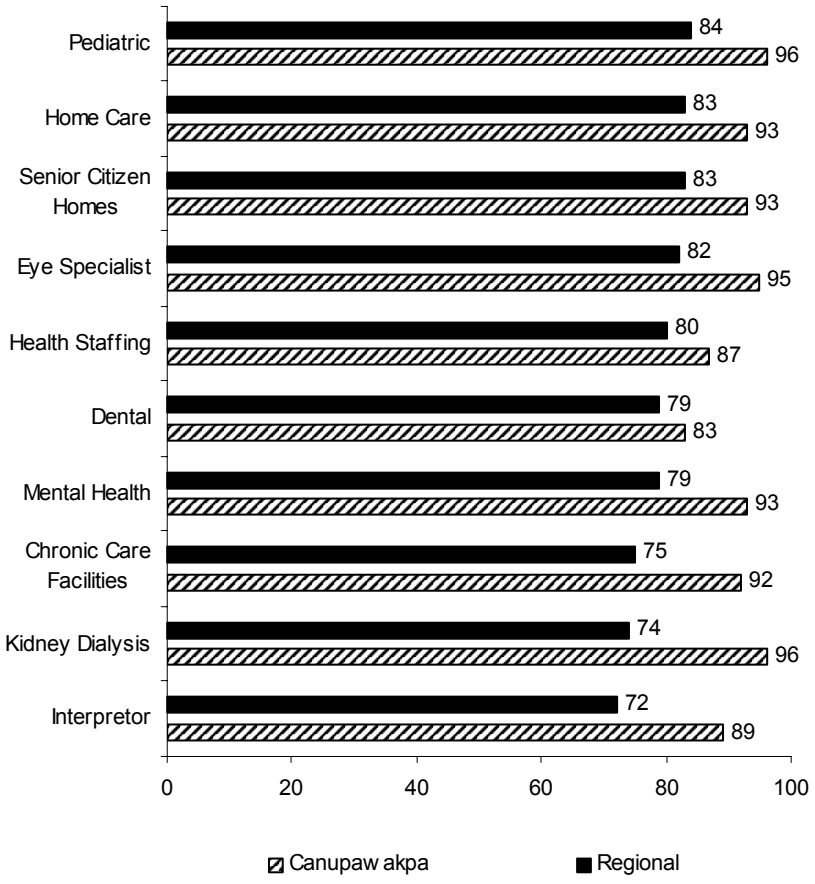
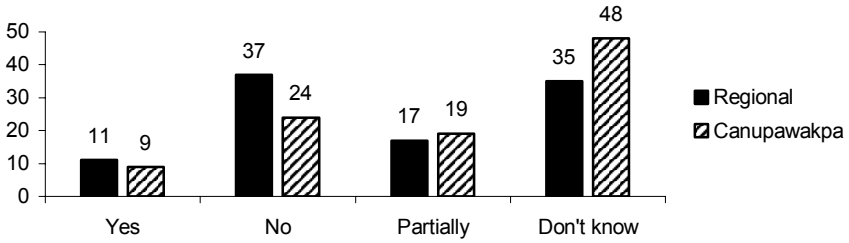


Figure 70 – People who indicated that health service is in need of improvement



These findings have important implications for health transfer. At this time, there is some confusion concerning health transfer. Nine percent of people interviewed indicated that health services had been transferred, whereas 24% indicated that they had not. What is significant is that nearly half of the people interviewed did not know anything about the state of transfer, whereas 19% indicated that the community is in the process of transfer. Meetings to discuss the findings of this study will help the transfer team in providing additional information on the transfer initiative to band members.

Figure 71 – Proportion of people who reside in a community that has signed a Health Transfer Agreement %



4 Highlights and Recommendations

4.1 Comparative Highlights

Health Status

Like participants of the Manitoba First Nation Regional Health Survey

- The majority of community members (78%) live in poverty.
- Only 17% of community members have completed high school.
- Less than half of the community members reported very good to excellent health.
- High blood pressure and diabetes are at epidemic levels in Canupawakpa.
- Women reporting diabetes tend to report having gestational diabetes (39%).
- Over half the adults were overweight based on height and weight calculations.
- Less than half of the children are breast-fed.

Unique to Canupawakpa

- Adults report higher rates of breathing problems (19%) and asthma (15%).
- Sixty-two percent of adults tend to rate their health as poor to fair.
- Twenty-six percent of adults consider themselves disabled with a long term health problem or condition.
- Adults report higher rates of asthma and weight problems for children and they tend to rate the child's over-all health as lower.
- Fifteen percent of adults attended residential school and 20% of those who attended indicated that residential school had a negative impact on their lives and 32% of all adults indicated that it had a negative impact on the community overall.
- Over one-third of respondents have reported thinking about suicide, and nearly 20% has attempted suicide.

Health Behavior

Like participants of the Manitoba First Nation Regional Health Survey

- Thirty-six percent of adults report making major dietary changes to improve their health.
- Cigarette smoking is a major public health problem. Sixty-six percent of adults report regular cigarette smoking and 15% report that their child smokes. Smoking rates in households are also very high. Over three-quarters of adults report that other household members smoke cigarettes regularly.
- Nearly 90% of smokers begin smoking before the age of 18, which is proxy measure of when children begin to smoke.
- Approximately half of all adults have attempted to restrict smoking in their households.

Unique to Canupawakpa

- Three-quarters of all adults consume wild foods and 29% report that their household runs out of money for food and this generally occurs at least once a month.

- Sixty-one percent of adults report that there is a drinking problem in the house. There is awareness of a personal problem, and 84% of all adults reported that they had stopped drinking for a period.
- Only 25% of all people believed that HIV/AIDS is likely to become a problem in the community, but 84% reported that they did not practice safe sex. Over 80% felt that safe sex education was important.

Community Health Concerns

Like participants of the Manitoba First Nations Regional Health Survey

- Alcohol abuse, gambling and drug use were identified as household problems by one-third of adults and less than 20% reported improvement in these problems.
- Ten percent of adults report problems related to domestic violence and child abuse.
- Unemployment, housing availability and road conditions are reported as community problems by 60-75% of adults. High cost of food is also a problem.
- The high food costs and road conditions are identified as problems showing the least improvement.

Healing and Wellness

Like participants of the Manitoba First Nations Regional Health Survey

- Nearly everybody (87%) indicated support for traditional approaches to health and wellness and major progress in this area is indicated.
- Major progress is reported in First Nation controlled programs, education/training opportunities and cultural awareness school programs.

Unique to Canupawakpa

- Nearly three-quarters of adults report participation in traditional ways of healing.
- Major progress has occurred in community member's personal commitment to healing, networking among communities, return to traditional ways, and the use of the Dakota language.

Health Service Utilization

Like participants of the Manitoba First Nation Regional Health Survey

- Over half of the adults reported that they have regular contact with a health care professional. There appears to be more attention to prevention screening for women than men.
- Racism is a significant problem with nearly 30% reporting a discriminatory encounter with the health care system.
- Childbirth away from the home community is not consider a problem for the majority of women, but for a large percentage it was stressful and created problems for the family.
- Over seventy percent of adults reported that the availability of health care professionals is inadequate, especially access to doctors, medical specialists and interpreters.

Unique to Canupawakpa

- A quarter of adults reported that they have used alcohol treatment services, which perhaps accounts for higher improvement rates regarding drinking or drug problems in the household.
- Over half the adults reported that dental services are inadequate and the type of dental work required by people needing treatment at this time is largely in the areas of maintenance (e.g., check-up and teeth cleaning) and restoration (e.g., fillings).
- Over 60% indicated that medical transportation is adequate and over a quarter felt that nutritional counseling and mental health services was adequate.
- Nevertheless, over 90% indicated that health services are in need of improvement, ranging from health education services (e.g., diabetes education, disease prevention, and medication use) to counseling services for substance use, sexual abuse, and nutrition. Availability of domestic safe houses, day care, senior citizen homes, chronic care facilities, and home support are also in need of improvement.
- At this time, nearly half of adults indicated that they did not know anything about the transfer of health services in their community.

4.2 Recommendations

- ✓ Health conditions of community members are in need of urgent attention. There is a high prevalence of diabetes, cardiovascular and respiratory (breathing and asthma) problems. Asthma is at a high rate, following diabetes and cardiovascular conditions, and should be treated as a major health problem experienced by First Nation people in this community. The causal paths related to the development of asthma need to be examined in greater depth, given that the environment, behavior, and genetics may play a role. The costs associated with treating these conditions and others, including quality of care provided by health care providers, need to be considered when transferring health services. Some people may have all three conditions, which makes treatment complicated and costly in terms of medication and specialist care. Racism in the health care system also requires urgent attention, and the transfer of health services should include ways to counter it.
- ✓ Although efforts have been made to control alcohol consumption, smoking and poor diet, individuals who engage in these behaviors over a long period of time are at greater risk of health problems in middle to later life. Gambling as a new addiction behavior also requires attention. Children exposed to these behaviors are at risk. The research evidence to date suggests that a family history of these conditions (especially when many occur simultaneously) place the children of these families at a greater risk of experiencing poor health in later life. The cost, program focus, and staffing needs for such interventions, that include children and families, need to be considered when transferring services.
- ✓ If there are only minor improvements in unemployment, housing availability and food costs, these factors may still affect the mental, spiritual, emotional and physical health of community members. The health transfer team needs to consider the potential impacts that may occur if there is no long-standing change for the better. Poverty is strongly associated with poor health outcomes.
- ✓ Policy support for integrating traditional healing in community health planning is required given the high traditionality of this community.
- ✓ More information on health service transfer is required at the community level.