

**FINAL
REPORT**

**2009 Chronic Diseases
Follow-up Survey among
First Nations On-Reserve and Inuit**

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EXECUTIVE SUMMARY

Research purpose and objectives

Health Canada commissioned the Environics Research Group to conduct public opinion research with First Nations people living on a reserve and Inuit to track awareness, attitudes and behaviours regarding chronic diseases (including Type 2 diabetes), and the related issues of nutrition and physical activity. This research updates a survey first conducted in 2006, and is intended to:

- Measure knowledge levels of First Nations people on-reserve and Inuit in terms of risk factors that are associated with Type 2 diabetes and other chronic diseases;
- Determine lifestyle patterns of these target populations, with particular reference to physical activity and nutrition (healthy eating) to help identify those at risk;
- Identify gaps in existing knowledge among First Nations and Inuit about Type 2 diabetes and other chronic diseases;
- Measure lifestyle patterns and attitudes towards behavioural modification and awareness levels of Type 2 diabetes and other chronic diseases across the target populations (e.g., do they consider physical activity important, how physically active are they?); and
- Identify changes in awareness, attitudes and behaviours in these measures in relation to the benchmarks established in 2006.

Methodology

The results from this survey are based on telephone interviews conducted between March 4 and 30, 2009 with a representative sample of 703 First Nations people living on a reserve and 200 Inuit, aged 18 years and older. The margin of sampling error for the First

Nations on-reserve sample is plus or minus 3.7 percentage points, and for the Inuit sample is plus or minus 6.9 percentage points (both at the 95% confidence level). A more detailed description of the methodology used to conduct this study is presented at the end of the report, along with a copy of the questionnaire (see Appendix A).

Key findings

The following presents the key findings drawn from this study.

Health status and chronic health problems

Current health status

First Nations people living on a reserve remain, by and large, positive about their overall health status. Unchanged from 2006, six in ten describe themselves as being in good health, while a further three in ten say they are in average health. While a bare majority continue to describe their weight as average, this proportion has declined as the proportion who say they are overweight has increased slightly to four in ten of the population.

Inuit also remain positive about their personal health – six in ten continue to report they are in good health – although, compared to the First Nations on-reserve population, they remain less likely to describe themselves as being in very good health. Six in ten continue to say they are of average weight for their age and height, while three in ten consider themselves to be overweight, both of which are essentially unchanged since 2006.

Perception of chronic health problems

Diabetes remains by far the most salient community health problem identified by First Nations people living on a reserve – identified (unprompted) by 58 percent – and also continues to be the most mentioned specific serious chronic disease. While these perceptions have not changed since 2006, there has been a slight increase in the identification of health problems related to drug and alcohol abuse.

Inuit are now more likely than in 2006 to focus on diabetes, as well as on cancer and chronic respiratory disease, as serious local health problems; this trend is particularly evident among those with less education and lower incomes. Despite this change, the overall proportion who mention diabetes (identified, unprompted, by 16%) remains low, and Inuit remain twice as likely to think of cancer when asked to name a serious chronic illness affecting their community.

Prevalence and risk

High blood pressure remains the most prevalent chronic disease reported in the First Nations on-reserve population, and this incidence has increased slightly further since 2006. Diabetes remains the second most prevalent disease, unchanged from three years ago (at a rate that remains three times higher than in the general population). The reported rates for chronic respiratory disease, heart disease and cancer also remain stable.

Since 2006, there has been essentially no change in the proportion of the First Nations on-reserve population who feel they are at risk to get these diseases in the future. About four in ten continue to believe they may be a candidate for high blood pressure and diabetes, one-third say the same about heart disease and cancer, and two in ten say the same of chronic respiratory disease.

Among the Inuit population, the overall trend since 2006 suggests an increase in prevalence for most of the chronic diseases, although these are not statistically significant. High blood pressure remains the most commonly reported chronic disease, while seven percent of the population have been diagnosed with diabetes (up from 5% in 2006).

Consistent with the trend in incidence rates of chronic diseases, the proportion of Inuit who anticipate developing these diseases has also increased slightly (with the exception of cancer, which is unchanged). Cancer continues to be considered the major disease risk by four in ten Inuit, while one in five now thinks he or she may develop diabetes in the future, up from 14 percent in 2006.

Causes of chronic health problems

Family history or genetics continues to be the main reason why First Nations people on-reserve and Inuit who consider themselves a future candidate for chronic disease believe they might develop it. Chronic respiratory disease remains the exception, as it continues to be most strongly linked to smoking. Since 2006, the only notable change is an increase in the proportion of First Nations people living on a reserve who cite smoking or a poor diet as reasons why they are a candidate for high blood pressure.

However, as was the case in 2006, perceptions of what causes these diseases generally remain focused on diet/nutrition and smoking/tobacco, and to a lesser extent, on physical activity/exercise (and not on family history/genetics). These perceptions have remained largely consistent over the past three years; the most notable exception is an increase in the proportion of Inuit who identify diet/nutrition as the primary cause of diabetes, and a corresponding decline in those who cannot identify any cause. Despite this progress, more than four in ten Inuit and a similar proportion of First Nations people living on a reserve remain unable to identify any major cause of Type 2 diabetes – and these continue to be the highest percentages for any of the chronic diseases examined.

Testing for chronic health problems

Since 2006, the proportion of First Nations people on-reserve and Inuit who report being tested for diabetes has increased, although the incidence of testing for high blood pressure remains higher. Among the First Nations on-reserve population, reported testing for heart disease has declined.

The likelihood of being tested for diabetes has increased most notably in the Inuit population among those without a post-secondary education, and in the First Nations on-reserve population among women, those with household incomes between \$15,000 and \$25,000, and those with no second-hand connection to the disease through family or friends.

Diabetes

Prevalence and impacts

The prevalence of diabetes among the First Nations on-reserve population reported in this study has not changed since 2006, and continues to be significantly higher than in the general population (16% vs. 5% Canada). Close to nine in ten First Nations people living on a reserve have either a friend or family member with this disease, a proportion that has remained consistent over the past three years. While the prevalence rate of diabetes among the Inuit population remains substantially lower (7%), the proportion who have a connection to the disease second-hand through a friend or relative has increased modestly to half of the population (50%); this trend is most evident among Inuit aged 30 to 39, and those with less education and income. Type 2 diabetes remains the most common form of diabetes reported among First Nations people on-reserve and Inuit.

As in 2006, First Nations people with diabetes remain most likely to mention diet-related changes when asked how the disease has affected their lifestyle. Of some concern is that fewer people than before say that diabetes has encouraged them to become more active. Since 2006, the likelihood of being diagnosed with high blood pressure has increased significantly among those with diabetes, to four times the prevalence rate of those without diabetes. As before, people with diabetes continue to report a higher prevalence of heart disease and cancer, and remain more likely to think they will develop heart disease in the future.

Level of knowledge

About three-quarters of the First Nations on-reserve population continue to consider themselves knowledgeable about diabetes, although the proportion who says

they are very knowledgeable has increased slightly in the past three years. Inuit remain less likely to say they are knowledgeable about this disease, but this proportion has increased slightly since 2006 to almost six in ten of the population.

Belief in the importance of learning more about diabetes has declined among First Nations people living on a reserve, although it remains the opinion of a majority (85% overall) of this population. Inuit are now equally likely express this view (85%), as the proportion who say it is at least somewhat important to learn about this disease has increased marginally since 2006.

Knowledge of symptoms and effects

As before, two-thirds of First Nations on-reserve residents continue to be able to correctly name a sign or symptom of Type 2 diabetes. This proportion has increased among Inuit since 2006 to almost one-half of the population, primarily among those with less education and lower household incomes. For both groups, men and those aged 18 to 29 remain least able to provide a sign or symptom. There is little change among both the First Nation and Inuit populations in the types of signs mentioned, of which the most common continue to be frequent thirst and lack of energy; First Nations people also remain more likely to cite dizziness, frequent urination and blurred vision.

The effects that Type 2 diabetes has on the body remain less well-understood by First Nations people, with only one-half able to name any such effect, consistent with 2006. However (as with other measures of knowledge), the proportion of Inuit who can identify a physical effect of diabetes has increased, to almost half of the population. Nonetheless, in both groups, there continues to be no more than one in ten who can identify any specific effect.

Preventive measures

As in 2006, most First Nations people on-reserve and Inuit can identify at least one way of preventing diabetes, and this proportion has increased notably among Inuit in the past three years. Eating a healthy diet remains the most widely known way of reducing the chance of developing Type 2 diabetes, while

a greater proportion than before also mention being physically active/exercising. Most continue to agree, when prompted, that avoiding becoming overweight is also a very effective prevention strategy, a viewpoint which has increased among First Nations people in the past three years. Those least able to name any way of preventing diabetes remain those aged 18 to 29, and those with less education and lower household incomes.

Sources of information

More than six in ten First Nations on-reserve residents, and four in ten Inuit, are aware of diabetes prevention programs in their community, and these levels are virtually unchanged since 2006. Local hospitals or community centres remain most likely to be identified as the sponsors of these programs. As before, First Nations people also continue to associate these programs with the federal government or their Band Council. Inuit are less likely than before to say territorial or provincial governments sponsor the programs.

By a large margin, First Nations people living on a reserve and Inuit are most likely to approach their local health clinic if they want to find out information about diabetes. This is the preferred source across all provinces and territories, and among all demographic groups. The Internet is the next most preferred source of information, followed by the community nurse.

Physical activity

Physical activity habits

As with self-reported level of health, the First Nations on-reserve and Inuit populations remain generally positive about their personal physical activity status. Three-quarters of First Nations people living on a reserve, and seven in ten Inuit, continue to say they are at least somewhat active, although as before, only about three in ten acknowledge they are very active. Men and younger people remain more likely than women and older people to have engaged in vigorous physical activities in the previous seven days; although the age gap has lessened among First Nations people on-reserve since 2006, both the gender and age gaps have increased slightly among Inuit.

Familiarity with *Physical Activity Guide*

The proportion of First Nations people on-reserve and Inuit who are aware of *Canada's Physical Activity Guide* has not changed in the past three years: One in four First Nations on-reserve residents and Inuit claim to be familiar with the *Guide*. As before, very few have a copy in their home. Among the First Nations population, awareness of the *Guide* remains associated with higher levels of education, and is also now higher among women, and those aged 30 and over. Among the Inuit, awareness remains consistent across population subgroups.

Adequacy of physical activity facilities and awareness of programs

Perceptions of the quality of community physical activity facilities have improved slightly among the First Nations on-reserve population since 2006, although there continues to be fewer than half (42%) who rate these as excellent or good. Ratings have improved primarily among people aged 30 and older, and those who are overweight. As in 2006, Inuit remain slightly more positive about the quality of their local exercise facilities, with almost five in ten who rate them as excellent or good, although ratings have declined among those in average or bad health and those who are less physically active.

Awareness of physical activity promotion programs has increased significantly among the First Nations on-reserve populations, and marginally among Inuit. In the First Nations population, improvements have been most notable among those who are physically active and those who are overweight; these groups continue to be among the most aware of such programs in the Inuit population.

First Nations people on-reserve and Inuit are more likely than in 2006 to cite local hospitals and community centres as sponsors of physical activity promotion programs. Fewer First Nations people than before identify their local/municipal government as a sponsor, while Inuit are much less likely than before to mention community volunteers, groups and individuals.

Nutrition and healthy eating

Diet

As in 2006, the majority of First Nations people on-reserve and Inuit continue to say they eat foods from each of the major food groups every day. Among the First Nations on-reserve population, the reported daily consumption of these types of foods has remained stable. Among Inuit, there has been a general upward trend in the past three years in the proportion who report eating these foods every day, except for fruit (although the changes are not statistically significant). Daily consumption of traditional foods has broadened since 2006, and is no longer higher among people with lower household incomes; these foods do, however, remain more likely to be eaten on a daily basis by those of average weight.

Perceptions about the extent to which healthy food is available in the community have changed little for First Nations people living on a reserve and Inuit in the North, but both populations express greater concerns than in 2006 about the lack of affordability of such foods. Seven in ten of both First Nations people on-reserve and Inuit say that healthy foods are available either all or most of the time. At the same time, half of First Nations people on-reserve and more than half of Inuit now say that the cost of such food is a major problem for their community, which is up significantly for both groups since 2006. Those with higher household incomes and levels of education remain more apt than those with less income and education to think the cost of food is a major local problem.

Familiarity with *Canada's Food Guide*

Awareness of *Canada's Food Guide* remains considerably higher than for *Canada's Physical Activity Guide*. Three-quarters of First Nations people on-reserve, and almost six in ten Inuit, say they are aware of *Canada's Food Guide*, levels which are essentially unchanged since 2006. About four in ten of both First Nations people and Inuit are aware that there is a version for First Nations, Inuit and Métis. As before, awareness of the *Guide* remains highest among women and those with a university education; among First Nations people on-reserve, awareness also remains higher among those who are overweight and those with higher household incomes.

Since 2006, the proportion of the First Nations on-reserve population who report having a copy of either *Canada's Food Guide* or *Canada's Food Guide* for First Nations, Inuit and Métis has declined to three in ten, while this proportion has remained stable among Inuit, at one in five.

Knowledge of nutrition programs

There continues to be good awareness of local nutrition promotion programs, with just over six in ten among both the First Nations on-reserve and Inuit populations who say they are familiar with such programs. Among Inuit, awareness remains uniform across subgroups. In the First Nations population, awareness continues to be higher among women and those aged 50 or older, but no longer varies by personal health status.

When asked who sponsors such programs, First Nations people living on-reserve and Inuit remain most likely to cite the local hospital or community centre. Fewer First Nations people than before say these programs are funded by their Band Council, while Inuit are less likely than before to indicate the sponsor is their territorial or provincial government.

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For more information, contact Health Canada at por-rop@hc-sc.gc.ca

RÉSUMÉ DU RAPPORT

Objet et objectifs de la recherche

Santé Canada a demandé à Environics Research Group de mener une recherche sur l'opinion publique auprès des membres des Premières nations habitant dans une réserve et des Inuits dans le but de connaître la sensibilisation, les attitudes et les comportements à l'égard des maladies chroniques (y compris le diabète de type 2), et les questions connexes, comme la nutrition et l'activité physique. La présente recherche est une mise à jour d'un sondage mené pour la première fois en 2006 et vise à :

- mesurer les niveaux de connaissance des membres des Premières nations dans les réserves et des Inuits relativement aux facteurs de risque qui sont associés au diabète de type 2 et à d'autres maladies chroniques;
- déterminer le mode de vie de ces populations cibles, en faisant particulièrement référence à l'activité physique et à la nutrition (alimentation saine) pour aider à déterminer les personnes à risque;
- déterminer les lacunes dans les connaissances actuelles chez les Premières nations et les Inuits à propos du diabète de type 2 et d'autres maladies chroniques;
- mesurer le mode de vie et les attitudes à l'égard d'une modification des comportements ainsi que le niveau de sensibilisation au diabète de type 2 et aux autres maladies chroniques chez les populations cibles (p. ex., considèrent-elles l'activité physique importante, à quel point sont-elles physiquement actives?);
- déterminer les changements au niveau des mesures de la sensibilisation, des attitudes et des comportements en relation avec les repères établis en 2006.

Méthode

Les résultats de ce sondage sont basés sur des entrevues téléphoniques menées entre le 4 et le 30 mars 2009 auprès d'un échantillon représentatif de 703 membres des Premières nations vivant dans une réserve et de 200 Inuits âgés de 18 ans et plus. La marge d'erreur d'échantillonnage pour l'échantillon des Premières nations vivant dans une réserve est de plus au moins 3,7 points de pourcentage, et pour l'échantillon des Inuits, la marge d'erreur d'échantillonnage est de plus ou moins 6,9 points de pourcentage (les deux à un niveau de confiance de 95 %). Vous trouverez à la fin du présent rapport, une description plus détaillée de la méthode utilisée pour mener cette étude ainsi qu'un exemplaire du questionnaire (voir l'annexe A).

Principales constatations

Vous trouverez ci-après les principales constatations tirées de cette étude.

État de santé et problèmes de santé chroniques

État de santé actuel

De façon générale, les membres des Premières nations vivant dans une réserve demeurent positifs à propos de leur état de santé global. Comme en 2006, six sur dix se décrivent comme étant en bonne santé, tandis que trois sur dix déclarent avoir un état de santé moyen. Même si une faible majorité continue de décrire leur poids comme un poids moyen, cette proportion a diminué puisque la proportion de membres qui déclarent avoir un surplus de poids a augmenté légèrement à quatre sur dix au sein de la population.

Les Inuits demeurent également positifs au sujet de leur santé personnelle. Six sur dix continuent de déclarer qu'ils sont en bonne santé, bien qu'ils demeurent,

comparativement à la population des Premières nations vivant dans une réserve, moins susceptibles de se décrire comme étant en très bonne santé. Six sur dix continuent de déclarer qu'ils ont un poids moyen pour leur âge et leur taille, tandis que trois sur dix considèrent avoir un surplus de poids, données qui sont sensiblement inchangées depuis 2006.

Perception des problèmes de santé chroniques

Le diabète demeure de loin le problème de santé communautaire le plus fondamental soulevé par les membres des Premières nations vivant dans une réserve, identifié (de façon spontanée) par 58 %, et continue également d'être la maladie chronique grave la plus mentionnée. Bien que ces perceptions n'aient pas changé depuis 2006, on a constaté une légère augmentation de l'identification des problèmes de santé liés à la toxicomanie.

Les Inuits sont maintenant plus susceptibles qu'en 2006 de déclarer le diabète, le cancer et les maladies respiratoires chroniques comme étant des problèmes de santé locaux graves. Cette tendance est particulièrement évidente chez les personnes moins scolarisées et ayant un revenu moins élevé. Malgré cette variation, la proportion globale d'Inuits qui mentionnent le diabète (identifié, de façon spontanée, par 16 %) demeure faible, et les Inuits demeurent deux fois plus susceptibles que les autres de penser au cancer lorsqu'on leur demande de nommer une maladie chronique grave touchant leur collectivité.

Prévalence et risque

L'hypertension artérielle demeure la maladie chronique la plus courante rapportée au sein de la population des Premières nations vivant dans une réserve, et cette incidence a augmenté un peu plus depuis 2006. Le diabète demeure la deuxième maladie la plus courante, pareil à il y a trois ans (à un taux qui demeure trois fois plus élevé que chez la population générale). Les taux déclarés pour les maladies respiratoires chroniques, les maladies du cœur et le cancer demeurent également stables.

Depuis 2006, il n'y a sensiblement aucun changement à la proportion de membres des Premières nations vivant dans une réserve qui considèrent être à risque de contracter ces maladies dans le futur. Environ quatre

membres sur dix continuent de croire qu'ils pourraient être exposés à l'hypertension artérielle et au diabète, un tiers disent la même chose au sujet des maladies du cœur et du cancer, et deux membres sur dix disent la même chose à propos des maladies respiratoires chroniques.

Chez la population inuite, la tendance générale depuis 2006 révèle une augmentation de la prévalence de la plupart des maladies chroniques, bien que cette augmentation ne soit pas statistiquement significative. L'hypertension artérielle demeure la maladie chronique la plus couramment déclarée, alors que 7 % de la population a reçu un diagnostic de diabète (en hausse par rapport à 5 % en 2006).

Conforme à la tendance des taux de fréquence des maladies chroniques, la proportion d'Inuits qui prévoient contracter ces maladies a également légèrement augmenté (sauf dans le cas du cancer, qui est demeuré inchangé). Le cancer continue d'être considéré comme le principal risque de maladie par quatre sur dix, alors qu'un sur cinq croit maintenant qu'il pourrait contracter le diabète dans le futur, en hausse par rapport à 14 % en 2006.

Causes des problèmes de santé chroniques

Les antécédents familiaux et la génétique continuent d'être les principales raisons pour lesquelles les membres des Premières nations vivant dans une réserve et les Inuits qui se considèrent comme des candidats futurs d'une maladie chronique croient qu'ils pourraient la contracter. Les maladies respiratoires chroniques font toujours exception, puisqu'elles continuent d'être les plus grandement liées au tabagisme. Depuis 2006, le seul changement notable est une augmentation de la proportion de membres des Premières nations vivant dans une réserve qui déclarent le tabagisme et une mauvaise alimentation comme étant les raisons pour lesquelles ils sont plus susceptibles à l'hypertension artérielle.

Toutefois, comme c'était le cas en 2006, les perceptions de ce qui cause ces maladies demeurent généralement axées sur l'alimentation/la nutrition et le tabagisme, et dans une moindre mesure, sur l'activité physique/exercice (et pas sur les antécédents familiaux/la génétique). Au cours des trois dernières années, ces perceptions sont

demeurées constantes en grande partie; l'exception la plus notable est une augmentation de la proportion d'Inuits qui soulèvent l'alimentation/la nutrition comme étant la principale cause du diabète, ainsi qu'une baisse correspondante du nombre d'Inuits qui ne peuvent déterminer aucune cause. Malgré ce progrès, plus de quatre Inuits sur dix et une proportion similaire de membres des Premières nations vivant dans une réserve ne sont toujours pas en mesure de déterminer une cause principale du diabète de type 2 et ces pourcentages continuent d'être les plus élevés pour l'une ou l'autre des maladies chroniques examinées.

Dépistage des problèmes de santé chroniques

Depuis 2006, la proportion de membres des Premières nations vivant dans une réserve et d'Inuits qui déclarent avoir subi un test de dépistage du diabète a augmenté, bien que la fréquence des tests de dépistage de l'hypertension artérielle demeure plus élevée. Chez les membres des Premières nations vivant dans une réserve, le nombre de tests de dépistage des maladies cardiaques déclarés a diminué.

La probabilité de subir un test de dépistage du diabète a augmenté particulièrement au sein de la population inuite chez les personnes sans diplôme d'études post-secondaires, et au sein de la population des Premières nations vivant dans une réserve chez les femmes, chez les ménages dont le revenu se situe entre 15 000 \$ et 25 000 \$ et chez les personnes n'ayant pas de lien secondaire avec la maladie par le biais de la famille ou des amis.

Diabète

Prévalence et répercussions

La prévalence du diabète chez les membres des Premières nations vivant dans une réserve déclarée dans la présente étude n'a pas changé depuis 2006 et continue d'être beaucoup plus élevée que chez la population générale (16 % c. 5 % au Canada). Près de neuf membres des Premières nations vivant dans une réserve sur dix ont un ami ou un membre de la famille qui souffre de cette maladie, une proportion qui est demeurée constante au cours des trois dernières années. Bien que le taux de prévalence de diabète chez la population inuite demeure beaucoup moins élevé (7 %), la proportion

de gens qui ont un lien avec la maladie par le biais d'un ami ou d'un proche a augmenté de façon modeste pour atteindre la moitié de la population (50 %). Cette tendance est la plus évidente chez les Inuits âgés de 30 à 39 ans et chez ceux qui sont moins scolarisés et qui ont un revenu moins élevé. Le diabète de type 2 demeure la forme de diabète la plus courante qui est déclarée chez les membres des Premières nations vivant dans une réserve et chez les Inuits.

Comme en 2006, les membres des Premières nations atteints du diabète demeurent les plus susceptibles de mentionner des changements liés à l'alimentation lorsqu'on leur demande de quelle façon la maladie a eu une influence sur leur mode de vie. Il est préoccupant de constater qu'un moins grand nombre de personnes déclarent que le diabète les a encouragées à devenir plus actives. Depuis 2006, la probabilité de recevoir un diagnostic d'hypertension artérielle a augmenté considérablement chez les personnes souffrant du diabète, à quatre fois le taux de prévalence constaté chez les personnes qui ne sont pas atteintes du diabète. Comme auparavant, les personnes souffrant du diabète continuent de déclarer une prévalence plus élevée des maladies cardiaques et du cancer et demeurent plus susceptibles de penser qu'elles contracteront une maladie cardiaque dans le futur.

Niveau de connaissance

Environ les trois quarts des membres des Premières nations vivant dans une réserve continuent de considérer qu'ils connaissent le diabète, bien que la proportion de personnes qui disent connaître très bien le diabète ait légèrement augmenté au cours des trois dernières années. Les Inuits demeurent moins susceptibles de dire qu'ils connaissent cette maladie, mais cette proportion a légèrement augmenté depuis 2006 à près de six membres de la population sur dix.

La conviction qu'il est important d'en apprendre davantage sur le diabète a diminué chez les membres des Premières nations vivant dans une réserve, bien que cela demeure l'opinion de la majorité (85 % dans l'ensemble) de cette population. Les Inuits sont maintenant tout aussi susceptibles d'exprimer ce point de vue (85 %), puisque la proportion des personnes qui déclarent qu'il est au moins quelque peu important d'en apprendre davantage sur cette maladie a légèrement augmenté depuis 2006.

Connaissance des symptômes et des effets

Comme par le passé, les deux tiers des membres des Premières nations habitant dans une réserve continuent d'être en mesure de nommer correctement un signe ou un symptôme du diabète de type 2. Cette proportion a augmenté chez les Inuits depuis 2006 à presque la moitié de la population, en particulier chez les personnes moins scolarisées et chez les ménages dont le revenu est moins élevé. Pour les deux groupes, les hommes et les personnes âgées entre 18 et 29 ans demeurent les personnes les moins en mesure de donner un signe ou un symptôme de la maladie. On constate très peu de changement chez les populations inuites et des Premières nations pour ce qui est des types de signes mentionnés, les plus courants étant toujours une soif fréquente et un manque d'énergie. Les membres des Premières nations demeurent également plus susceptibles de mentionner les étourdissements, une envie fréquente d'uriner et une vision trouble.

Les effets du diabète de type 2 sur le corps demeurent moins bien compris chez les membres des Premières nations. Seulement la moitié de la population est en mesure de nommer un ou l'autre des effets, ce qui correspond aux données de 2006. Toutefois (comme avec les autres mesures des connaissances), la proportion d'Inuits qui sont en mesure de déterminer un effet physique du diabète a augmenté à presque la moitié de la population. Néanmoins, dans les deux groupes, on continue de constater que pas plus d'un membre sur dix n'est en mesure de nommer un effet en particulier.

Mesures préventives

Comme en 2006, la plupart des membres des Premières nations vivant dans une réserve et des Inuits peuvent nommer au moins une façon de prévenir le diabète, et cette proportion a augmenté tout particulièrement chez les Inuits au cours des trois dernières années. Avoir une bonne alimentation demeure la façon la plus largement connue de réduire les risques de contracter le diabète de type 2, bien qu'une plus grande proportion de personnes qu'avant mentionnent également le fait d'être physiquement actif/de faire de l'exercice. Lorsqu'ils sont interrogés à ce sujet, la plupart continuent d'être d'avis que le fait d'éviter l'embonpoint est également une stratégie de prévention très efficace, un point de vue qui a pris de l'importance chez les membres des Premières nations au cours des trois dernières années.

Les personnes qui demeurent les moins en mesure de nommer une façon de prévenir le diabète demeurent celles âgées entre 18 et 29 ans, ainsi que les personnes moins scolarisées et celles ayant un revenu moins élevé.

Sources d'information

Plus de six membres des Premières nations vivent dans une réserve sur dix et quatre Inuits sur dix connaissent les programmes de prévention du diabète offerts au sein de leur collectivité, et ces niveaux sont pratiquement les mêmes qu'en 2006. Les hôpitaux locaux ou centres communautaires demeurent les plus susceptibles d'être nommés comme étant les parrains de ces programmes. Comme par le passé, les membres des Premières nations continuent également d'associer ces programmes au gouvernement fédéral ou à leur conseil de bande, et les Inuits sont moins susceptibles que par le passé de dire que les gouvernements territoriaux ou provinciaux parrainent les programmes.

Par une grande marge, les membres des Premières nations vivant dans une réserve et les Inuits sont les plus susceptibles de communiquer avec leur clinique de santé locale s'ils souhaitent avoir des renseignements sur le diabète. Il s'agit de la source préférentielle dans toutes les provinces et tous les territoires et parmi tous les groupes démographiques. Internet est au deuxième rang des sources d'information les plus préférentielle, suivi de l'infirmière communautaire.

Activité physique

Habitudes d'activité physique

Comme c'est le cas avec le niveau de santé autodéclaré, les membres des Premières nations vivant dans une réserve et les Inuits demeurent généralement positifs au sujet de leur niveau d'activité physique personnelle. Les trois quarts des membres des Premières nations vivant dans une réserve et sept Inuits sur dix continuent de déclarer qu'ils sont au moins quelque peu actifs, même si comme par le passé, seulement environ trois membres sur dix reconnaissent être très actifs. Les hommes et les personnes plus jeunes demeurent plus susceptibles que les femmes et que les personnes plus âgées d'avoir participé à des activités physiques vigoureuses au

cours des sept jours précédents. Même si depuis 2006 la différence d'âge a diminué chez les membres des Premières nations vivant dans une réserve, les écarts entre les sexes et les différences d'âge ont légèrement augmenté chez les Inuits.

Connaissance du *Guide de l'activité physique*

La proportion de membres des Premières nations vivant dans une réserve et d'Inuits qui connaissent le *Guide d'activité physique canadien* n'a pas changé au cours des trois dernières années : un membre des Premières nations vivant dans une réserve et un Inuit sur quatre déclarent connaître le *Guide*. Comme par le passé, très peu d'entre eux ont un exemplaire à la maison. Chez les membres des Premières nations, la connaissance du *Guide* demeure associée à des niveaux de scolarité plus élevés et est également maintenant plus élevée chez les femmes et chez les personnes âgées de 30 ans et plus. Chez les Inuits, la connaissance de ce guide demeure constante chez les sous-groupes de la population.

Caractère adéquat des installations d'activité physique et connaissance des programmes

Les perceptions de la qualité des installations communautaires d'activité physique se sont améliorées légèrement au sein de la population des Premières nations vivant dans une réserve depuis 2006, même s'il continue d'y avoir moins de la moitié (42 %) qui classent ces installations comme étant excellentes ou bonnes. Le classement des installations s'est amélioré principalement chez les personnes âgées de 30 ans et plus et chez les personnes qui ont un surplus de poids. Comme en 2006, les Inuits demeurent un peu plus positifs à propos de la qualité de leurs installations locales d'exercice. Près de cinq Inuits sur dix classent leurs installations comme étant excellentes ou bonnes, même si le classement a diminué chez les personnes ayant un état de santé moyen ou mauvais et chez celles qui sont moins actives physiquement.

La connaissance des programmes de promotion de l'activité physique a augmenté considérablement chez les membres des Premières nations vivant dans une réserve et légèrement chez les Inuits. Au sein de la population des Premières nations, l'amélioration de la connaissance a été la plus notable chez les personnes qui sont physiquement actives et chez celles qui ont un surplus de poids. Ces groupes continuent de faire partie

de ceux qui sont le plus au courant de tels programmes au sein de la population inuite.

Les membres des Premières nations vivant dans une réserve et les Inuits sont plus susceptibles qu'en 2006 de mentionner les hôpitaux locaux et les centres communautaires comme étant les parrains des programmes de promotion de l'activité physique. Un moins grand nombre de membre des Premières nations que par le passé mentionnent leur gouvernement local/municipal comme étant un parrain, tandis que les Inuits sont beaucoup moins susceptibles que par le passé de mentionner les particuliers, les groupes et les bénévoles de la collectivité.

Nutrition et bonne alimentation

Alimentation

Comme en 2006, la majorité des membres des Premières nations vivant dans une réserve et des Inuits continuent de dire qu'ils mangent des aliments de chacun des grands groupes alimentaires chaque jour. Chez la population des Premières nations vivant dans une réserve, la consommation quotidienne de ces types d'aliments qui a été déclarée est demeurée stable. Chez les Inuits, on constate une tendance à la hausse générale depuis les trois dernières années chez la proportion de personnes qui déclarent manger ces aliments tous les jours, à l'exception des fruits (bien que les variations ne soient pas statiquement significatives). La consommation quotidienne d'aliments traditionnels s'est élargie depuis 2006 et n'est plus plus élevée chez les personnes dont le revenu est moins élevé. Toutefois, ces aliments demeurent plus susceptibles d'être consommés quotidiennement par les personnes qui ont un poids moyen.

Les perceptions au sujet de la mesure dans laquelle les aliments sains sont disponibles dans la collectivité ont peu changé pour les membres des Premières nations vivant dans une réserve et les Inuits dans le Nord, mais les deux populations se sentent plus préoccupées qu'en 2006 par le manque d'abordabilité de tels aliments. Dans une proportion de sept sur dix, les membres des Premières nations vivant dans une réserve et les Inuits déclarent que des aliments sains sont disponibles tout le temps ou la plupart du temps. D'autre part, la moitié des membres des Premières nations vivant dans une réserve et plus de la moitié des Inuits déclarent

maintenant que le coût de ces aliments est un grand problème pour leur collectivité, lequel a considérablement augmenté pour les deux groupes depuis 2006. Les personnes plus scolarisées et ayant un revenu plus élevé demeurent plus en mesure que les personnes moins scolarisées et ayant un revenu moins élevé de penser que le coût des aliments est un problème local important.

Connaissance du *Guide alimentaire canadien*

Le *Guide alimentaire canadien* demeure beaucoup plus connu que le *Guide d'activité physique du Canada*. Les trois quarts des membres des Premières nations vivant dans une réserve et près de six Inuits sur dix déclarent connaître le *Guide alimentaire canadien*, proportions qui n'ont pratiquement pas changé depuis 2006. Dans une proportion d'environ quatre sur dix, les membres des Premières nations et les Inuits savent qu'il y a une version pour les Premières nations, les Inuits et les Métis. Comme par le passé, la connaissance du *Guide* demeure la plus élevée chez les femmes et chez les personnes qui ont un diplôme universitaire. Chez les membres des Premières nations vivant dans une réserve, on constate également une plus grande connaissance du *Guide* chez les personnes qui ont un surplus de poids et chez celles qui ont un revenu plus élevé.

Depuis 2006, la proportion de membres des Premières nations vivant dans une réserve qui déclarent avoir un exemplaire du *Guide alimentaire canadien* ou du *Guide alimentaire canadien* pour les Premières nations, les Inuits et les Métis a diminué à une proportion de trois sur dix, tandis que cette proportion est demeurée stable (à un sur cinq) chez les Inuits.

Connaissance des programmes de nutrition

On constate qu'il y a toujours une bonne connaissance des programmes locaux de promotion de la nutrition. Dans une proportion légèrement supérieure à six sur dix, les membres des Premières nations vivant dans une réserve et les Inuits déclarent connaître de tels programmes. Chez les Inuits, la connaissance de ces programmes demeure uniforme dans les différents sous-groupes. Au sein de la population des Premières nations, la connaissance de ces programmes continue d'être plus élevée chez les femmes et chez les personnes âgées de 50 ans et plus, mais elle ne varie plus selon l'état de santé personnel.

Lorsqu'on leur demande qui parraine de tels programmes, les membres des Premières nations vivant dans une réserve et les Inuits demeurent les plus susceptibles de mentionner l'hôpital local ou le centre communautaire. Un moins grand nombre de membres des Premières nations que par le passé déclarent que ces programmes sont financés par leur conseil de bande, tandis que les Inuits sont moins susceptibles que par le passé d'indiquer que leur gouvernement territorial ou provincial est le parrain de ces programmes.

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Pour plus de renseignements, veuillez communiquer avec Santé Canada à l'adresse por-rop@hc-sc.gc.ca

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A: QUESTIONNAIRE (ENGLISH AND FRENCH)

B: DETAILED BANNER TABLES (UNDER SEPARATE COVER)

INTRODUCTION

Background on FNIHB programs. First Nations and Inuit Health Branch (FNIHB) supports the delivery of public health and health promotion services on-reserve and in Inuit communities. FNIHB ensures First Nations and Inuit communities have access to health services; assists First Nations and Inuit communities in addressing health barriers and disease threats, and in attaining health levels comparable to other Canadians living in similar areas; and builds strong partnerships with First Nations and Inuit communities to improve the health system.

The *Chronic Disease and Injury Prevention Division* (CDIP) is part of the Community Programs Directorate in FNIHB. CDIP consists of four units: the Aboriginal Diabetes Initiative; the Nutrition Unit; the Injury Prevention Unit; and the Chronic Disease Prevention Unit. CDIP promotes healthy living in First Nations and Inuit communities by:

- Facilitating the engagement of national Aboriginal organizations in program policy development;
- Supporting and participating in research;
- Supporting community-based projects related to chronic disease prevention and management and injury prevention; and
- Providing leadership and expertise on nutritional health for Aboriginal people.

CDIP also administers the *Aboriginal Diabetes Initiative* (ADI), which was created in response to the high rate of diabetes among Aboriginal people in Canada. Diabetes was virtually unknown among First Nations people 50 years ago. Now, prevalence rates of diabetes are 3.8 times higher among Aboriginal peoples than in the general Canadian population. Type 2 diabetes comprises almost all cases of diabetes in the First Nations population, with dramatic changes in lifestyle since the 1940s contributing to high rates of Type 2 diabetes in all age groups. Once considered a disease of aging, Type 2 diabetes is now beginning to emerge in First Nations children as young as five years of age. In the case of the Inuit population, the true extent of the problem is not known. Studies indicate that the current incidence of diabetes in Inuit communities is low. However, the prevalence of risk factors, such as obesity and physical inactivity, are high and continuing to rise.

Public opinion research. In 2006, a baseline survey was conducted among First Nations people on-reserve and Inuit in the North to assess awareness, attitudes and behaviours surrounding chronic disease, including Type 2 diabetes, nutrition and physical activity.¹ Health Canada requires follow-up research to evaluate if and how awareness, attitudes and behaviours have changed over the past three years.

The purpose of the 2009 research is to track the target audience's awareness, attitudes and behaviours regarding chronic diseases (including Type 2 diabetes), and the related issues of nutrition and physical activity against the benchmarks established in 2006. More specifically, this research is intended to:

- Measure knowledge levels of First Nations people on-reserve and Inuit in terms of risk factors that are associated with Type 2 diabetes and other chronic diseases;
- Determine lifestyle patterns of these target populations, with particular reference to physical activity and nutrition (healthy eating) to help identify those at risk;
- Identify gaps in existing knowledge among First Nations and Inuit about Type 2 diabetes and other chronic diseases;
- Measure lifestyle patterns and attitudes towards behavioural modification and awareness levels of Type 2 diabetes and other chronic diseases across the target populations (e.g., do they consider physical activity important, how physically active are they?); and
- Identify changes in awareness, attitudes and behaviours in these measures in relation to the benchmarks established in 2006.

This report presents the results of the research conducted with 703 First Nations people living on a reserve and 200 Inuit, aged 18 years or older. The report begins with an executive summary that outlines the key findings, followed by a detailed analysis of the survey data, and conclusions and recommendations. The detailed analysis section is divided into two sections, with the First Nations on-reserve results reported first, followed by a section on the Inuit results. Provided under separate cover is a detailed set of “banner tables” presenting the results for all questions by population segments as defined by region and demographics. These tables are referenced by survey question in the detailed analysis. *All results are expressed as a percentage unless otherwise noted.*

1 For a copy of the 2006 report, please contact Health Canada at por-rop@hc-sc.gc.ca

FIRST NATIONS PEOPLE LIVING ON A RESERVE

HEALTH STATUS AND CHRONIC HEALTH PROBLEMS

To understand the health situation of First Nations people living on reserve and to inform future health strategies, it is important to gauge this population's current perceptions of their health and their understanding of potential health threats to themselves and their community. As in 2006, the survey enquired about health status and weight, and probed for the community and personal impacts of five specific chronic conditions (heart disease, cancer, diabetes, high blood pressure and chronic respiratory disease/asthma); whether they have been diagnosed with, tested for or anticipate getting any of these diseases; and what they believe are the causes of these chronic conditions. In the following chapter, diabetes is examined in detail.

Perceptions of health and weight

While First Nations people on reserve remain as positive about their personal health as they were in 2006, the proportion who says they are somewhat overweight for their height and age has increased.

Health status. First Nations people living on a reserve remain generally positive about their personal health. Unchanged since 2006, six in ten say they are in very good (31%) or somewhat good (27%) health, while a further three in ten feel their health is average (30%). Only one in ten say their health is somewhat bad (7%) or very bad (2%). These self-reported results are best interpreted as an indicator of how people perceive their health rather than as an objective measure of population health status.²

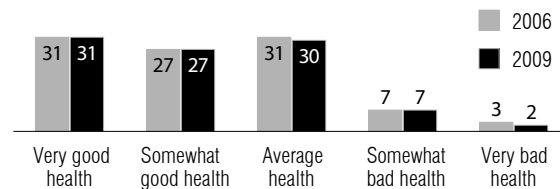
Although self-rated health status remains stable at the national level, changes are evident at the provincial level. The proportion who say they are in at least

somewhat good health increased in Manitoba (60%, up 12), and declined in Saskatchewan (54%, down 10) and Ontario (53%, down 9). As a result, previous provincial variations are eliminated, and self-rated health status is now similar across the country.

Epidemiological research has consistently documented a strong link between health and income. This link is also evident in the current survey, which finds self-ratings of personal health higher among those in the upper socio-economic brackets, consistent with the 2006 results. The proportion who report being in at least somewhat good health is highest among First Nations people with a university education (67% vs. 55% without a university education) and those with household incomes over \$15,000 (61% vs. 46% under \$15,000). As before, better health remains more frequently reported by those who report to be at least moderately physically active, the same is now also true of women (62%, up 4) compared to men (54%, down 4). The likelihood to say they are in poor health remains more common among those over 50 years of age (15% vs. 6%).

Perception of own health

First Nations on-reserve 2006 - 2009



Q.5

How would you describe your personal health? Would you say: very good health, somewhat good, average health, somewhat bad or very bad health?

² It should be noted that this is a measure of perceived health status and not an objective indicator. Such self-perceptions are based in part on the presence or absence of specific health conditions (e.g., diabetes, physical ailments), but are also influenced by personality, and social and cultural influences. For instance, self-ratings may be used in part on who one compares oneself to (e.g., one's parents or friends) or against expectations (e.g., if one's health is better or worse than would be expected).

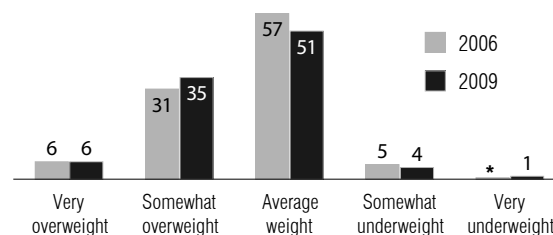
Weight. Over the past three years, a growing proportion of First Nations people living on-reserve say they are somewhat overweight and a declining number say they are of average weight. One-half (51%, down 6) now say they are of average weight for their height and age, while one-third describe themselves as being somewhat overweight (35%, up 4). There has been no change in the small proportion believe they are very overweight (6%) or underweight (5%).

Perceptions of being at least somewhat overweight increased among First Nations people on-reserve in all education levels except those without a high school diploma (for whom perceptions did not change), further widening the gap between those with a university education (53%, up 8) and those without a high school diploma (31%, down 2). The proportion who say they are at least somewhat overweight also increased across most income brackets and age groups, and as a result remains higher among those with household incomes of \$50,000 or more, and those aged 30 and over.

Men are more likely than before to say they are at least somewhat overweight (38%, up 8), and are now similar to women (44%, down 1) in perceptions of their personal weight. Perceptions of being at least somewhat overweight also rose most notably among those who report being in very good personal health (33%, up 11); nonetheless, this group remains much less likely than those in good or average health (44%, up 1), or those in somewhat or very bad health (53%, up 4) to describe themselves as overweight. As before, being overweight remains linked with being less physically active, ranging from only 23 percent of those who report being very active to 62 percent of those who are not very or not at all active.

Perception of own weight

First Nations on-reserve 2006 - 2009



* Less than one percent

Q.64

And would you say that you are very overweight, somewhat overweight, average weight for your height and age, somewhat underweight or very underweight?

Perceptions of most serious health problems

Diabetes remains by far the most salient top-of-mind local health problem identified by First Nations people. Cancer and heart disease continue to be cited less often, while concerns about alcohol and drug abuse have increased slightly.

Top-of-mind health concern. First Nations on-reserve respondents were asked (unprompted) what they consider to be the most serious health problems facing their community. As in 2006, diabetes remains the most commonly identified local health problem by a majority of six in ten (58%). Mentions of other types of chronic diseases such as cancer (all types; 12%) and heart disease/stroke (8%) continue to trail well behind. In all, 68 percent mention a specific disease or illness as a serious health problem for their on-reserve community, which is essentially unchanged since 2006. In the past three years, lifestyle-related concerns have increased slightly (21%, up 5), due to more mentions of drug (11%, up 4) and alcohol abuse (13%, up 6).

Since 2006, men and women have grown more similar in their perceptions of the most serious health problems in their community today. Men are now as likely as women to cite a specific chronic disease, while women are now as likely as men to mention a lifestyle-related problem. The proportion who mention a lifestyle-related issue has also increased notably among those with a university education (28%, up 11), who are now more likely to cite such problems than those with less education. First Nations people in the lowest socioeconomic brackets and those aged 18 to 29 remain the least likely to be able to cite any serious health problems facing their community.

As before, identification of diabetes as a major health issue increases with level of education and age. However, while in 2006, mentions of diabetes were higher among those with a post-secondary education than among those without, this is now the case among those with a high school diploma (64%) compared to those without a (45%). The likelihood to cite diabetes remains higher among those aged 30 and over (64%), compared to those under 30 (45%). There also continues to be a link to income, with those in households with incomes of less than \$15,000 remaining least likely to mention diabetes (41%).

Perception of most serious health problem

First Nations on-reserve 2006 - 2009

	2006	2009
Specific illness/disease (any)	67	68
Diabetes	57	58
Cancer (all types)	11	12
Heart disease/stroke	5	8
Colds and flu	2	2
Arthritis	1	2
AIDS/HIV	2	1
Lifestyle issues (any)	16	21
Alcohol/alcohol abuse	7	13
Drugs/drug abuse	7	11
Obesity**	3	5
Smoke/smoking	2	1
Other	9	7
None	*	—
dk/na***	16	15

* Less than one percent

**Obesity has been classified as a lifestyle issue for the purpose of this report, although others may classify it as a specific illness

*** Throughout this report, dk/na is used to represent responses of "don't know" or "no answer"

Q.7

What would you consider to be the most serious health problems facing your community today?

Across Canada, diabetes is now most widely cited as a serious health problem in Quebec (72%), followed by Manitoba (67%) and Ontario (66%), and remains least likely to be mentioned in B.C. (36%). As before, diabetes continues to be mentioned more often by people who are overweight (64%), those who have been diagnosed with diabetes (74%), and those who have friends (64%) or family members with diabetes (64%). Notably, men (57%, up 8) are now as likely as women (59%, down 5) to name diabetes as a serious community health problem.

Most serious chronic diseases. When asked specifically about what types of chronic diseases or illnesses are the most serious in their community (again, unprompted), the chronic diseases mentioned remain essentially unchanged since 2006. The most commonly cited chronic disease continues to be diabetes (46%), while three in ten (28%) say cancer and fewer mention heart disease/stroke (17%). One-quarter remain unable to name any serious chronic illness facing their community.

As in 2006, diabetes remains most frequently cited by residents of Ontario (57%), although the same is no longer true in Manitoba, as mentions in that province have declined slightly (47%, down 4) and are now more similar to other provinces. Arthritis (12%) continues to be more frequently cited by B.C. residents, while alcohol abuse (13%) is mentioned more often in Alberta than in other provinces. New in 2009, heart disease is now more apt to be mentioned in Atlantic Canada (34%), Ontario (26%, up 7) and British Columbia (21%, up 7).

Socio-economic factors and age continue to influence responses to this more directed question. As before, diabetes is more frequently mentioned as a chronic disease by those with higher levels of income and education, and by those aged 40 and older (55%, compared to 32% of those aged 18 to 29).

First Nations people who have in any way been affected by diabetes – whether they have it, have been checked for it, or have a friend or family member affected by it – remain most likely to cite diabetes as the most serious chronic disease or illness in the community. Diabetes also continues to be more frequently mentioned by those who are overweight and thus at greater risk of developing the disease, although the same is no longer true for other at-risk groups of those reporting less physical activity or worse personal health.

As before, older respondents remain more likely to mention cancer or heart disease than are those under 40; the same is now true of First Nations people in higher socio-economic groups. Those in the lowest education and income brackets, as well as those aged 18 to 29, are the least likely to be able to identify any chronic disease facing their community.

Most serious chronic diseases First Nations on-reserve 2006 - 2009

	2006	2009
Diabetes	45	46
Cancer (all types)	26	28
Heart disease/stroke	16	17
Alcohol/alcohol abuse	5	7
Arthritis	6	5
Drugs/drug abuse	3	4
Chronic respiratory disease/breathing problems	4	3
Asthma	3	3
AIDS/HIV/STD	2	3
Colds/flu/pneumonia	3	3
Liver disease	2	3
Obesity	2	2
Kidney disease	2	1
Lupus	2	*
Other	8	2
dk/na	25	25

*Less than one percent

Q.8

And thinking now about specific types of chronic diseases or illnesses, which do you think are the most serious in your community today?

Chronic disease prevalence and perceived risk

Since 2006, the self-reported prevalence of most chronic diseases remains unchanged with the exception of a slight increase for high blood pressure. The proportion who think they are a candidate for these diseases in the future has also remained stable.

The First Nations on-reserve population was asked about their personal experience with each of five chronic diseases (high blood pressure, diabetes, chronic respiratory disease or asthma, heart disease and cancer), in terms of whether they have ever been diagnosed with it and, if not, if they feel they would be a likely candidate to develop it at some point.

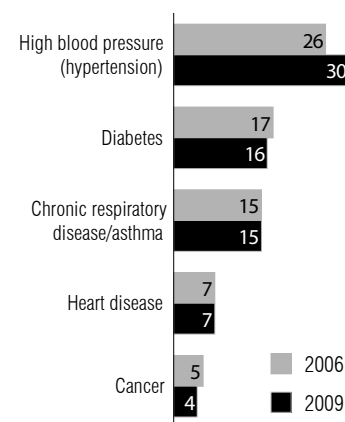
Ever diagnosed with a chronic disease. In the past three years, the proportion of First Nations people on-reserve who say they have been diagnosed with high blood pressure has increased slightly, while there has been no change in the self-reported prevalence of the other four chronic diseases. First Nations people remain most likely to report being diagnosed with high blood pressure (30%), and this incidence rate is up four points since 2006. As before, fewer people have been diagnosed with diabetes (16%), chronic respiratory diseases or asthma (15%), heart disease (7%) or cancer (4%), and these levels remain unchanged.

The adjacent graphic is for general comparative purposes only, to illustrate that the prevalence of high blood pressure and diabetes self-reported in this study is notably higher among the First Nations on-reserve population than among the Canadian population in general.³

Since 2006, the incidence of high blood pressure among First Nations people has increased primarily among those with a high school diploma (26%, up 8) or a college education (33%, up 11), those earning between \$15,000 and \$25,000 (34%, up 12), and those aged 30 to 39 (26%, up 12). This increase has also been evident in B.C. (35%, up 10) and Alberta (27%, up 9).

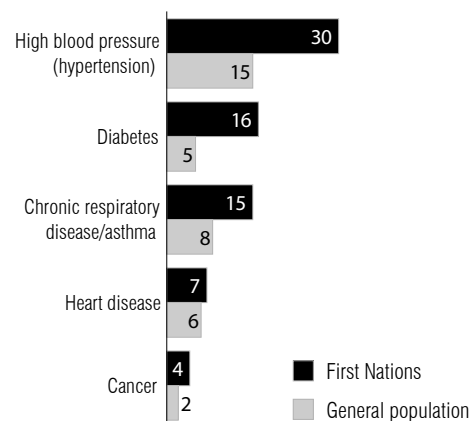
Ever diagnosed with a chronic disease

First Nations on-reserve 2006 - 2009



Self-reported prevalence of chronic disease

First Nations on-reserve and general population 2009



Q.9

Have you ever been diagnosed with heart disease?

Q.14

Have you ever been diagnosed with high blood pressure?

Q.19

Have you ever been diagnosed with a chronic respiratory or breathing disease, or asthma?

Q.29

Have you ever been diagnosed with cancer?

Q.35

Have you ever been diagnosed with diabetes?

³ General population figures are from Statistics Canada, Health Indicators 2005, except for heart disease (Heart and Stroke Foundation, 2003). It should be noted that the Heart and Stroke Foundation data cover the Canadian population aged 20 and over. The asthma figure shown for the general population may not include other chronic respiratory or breathing diseases.

Age continues to be the most important demographic factor influencing incidence rates, with those aged 50 and over remaining the most likely to report a diagnosis of each of these diseases. A diagnosis of high blood pressure, heart disease or diabetes continues to be more common among those who report they are not very or not at all physically active, while being overweight remains a factor for those with diabetes and now also for those with high blood pressure. Compared to 2006, there are no longer any gender differences in self-reported prevalence of any of these diseases. As before, socio-economic status does not influence whether or not someone reports a chronic disease diagnosis.

Since 2006, there have been no statistically significant changes in chronic disease prevalence across the provinces, with the exceptions of those already noted for high blood pressure. Manitoba continues to be the province reporting the highest incidence of diabetes (25%), together with the Atlantic provinces (26%), while the latter also has the highest reported prevalence of high blood pressure (43%). The incidence of chronic respiratory disease is highest in Alberta (19%) and B.C. (17%). Saskatchewan continues to have the lowest reported rate of heart disease (1%).

Self-reported prevalence of chronic diseases

By region First Nations on-reserve 2009

CHRONIC DISEASE	TOTAL	ATL	QC	ON	MB	SK	AB	B.C.
High blood pressure	30	43	30	29	26	25	27	35
Diabetes	16	26	9	21	25	15	9	11
Chronic resp. disease	15	15	14	14	12	10	19	17
Heart disease	7	5	9	8	9	1	4	11
Cancer	4	3	7	4	3	1	2	6

Q.9

Have you ever been diagnosed with heart disease?

Q.14

Have you ever been diagnosed with high blood pressure?

Q.19

Have you ever been diagnosed with a chronic respiratory or breathing disease, or asthma?

Q.29

Have you ever been diagnosed with cancer?

Q.35

Have you ever been diagnosed with diabetes?

Perceived risk to get chronic diseases. On-reserve First Nations residents who do not have a chronic disease were asked if they think they might be a likely candidate to develop it in the future. Since 2006, perceptions of the risk of developing each of these chronic diseases remain virtually unchanged. The perceived risk remains highest for high blood pressure (38%) and diabetes (37%). One-third of those who do not have heart disease or cancer (33% each) believe they could develop these diseases in the future, while two in ten (20%) of those who do not have chronic respiratory disease/asthma anticipate that they will get that disease.

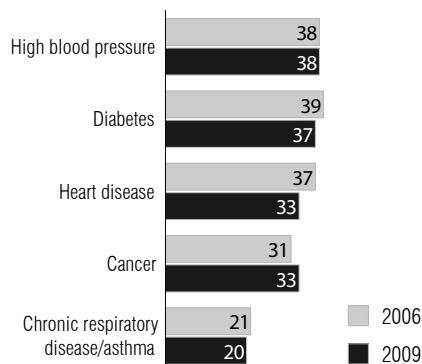
Consistent with 2006, younger people aged 18 to 29 remain as likely as older ones to consider themselves future candidates for all chronic diseases except for heart disease (which they feel they are less likely to develop), and also remain *more* likely (41%) than those aged 50 and over (30%) to think that they might get high blood pressure. Those who are least physically active continue to be most likely to say that they might get any of the chronic diseases except chronic respiratory disease; being overweight also remains a factor in anticipating heart disease, high blood pressure and diabetes.

Since 2006, perceptions that they might at some point develop one of these five chronic diseases have become more similar between men and women, with the exception of diabetes. As before, women (42%) remain more likely than men (32%) to believe they might get diabetes; however, men are now as likely as women to think they are prone to heart disease, cancer and chronic respiratory disease/asthma.

The consistency of perceptions at the national level are mirrored in the provinces, with a few notable exceptions. Manitobans' concerns about developing heart disease have gone from the highest in the country to the lowest (29%, down 18); these concerns are now highest in the Atlantic provinces (54%). Concerns about cancer have increased in B.C. (43%, up 13) and are now highest in the country, also together with Atlantic Canada (43%). Perceptions that they might develop chronic respiratory disease are up in Alberta (29%, up 11), and together with Saskatchewan (27%) are now highest across the country. Ontario First Nations residents remain among most likely to feel they might develop diabetes (45%), together with those living in the Atlantic provinces (49%).

At risk to get a chronic disease

First Nations on-reserve 2006 - 2009



Q.11, Q.16, Q.21, Q.32, Q.40

Do you consider yourself to be someone who is likely to get {disease} at some point in your life?

Subsample: Those who have not been diagnosed with {disease} or who are unsure

Causes of chronic diseases

Family history/genetics continues to be the main reason for why First Nations people feel they may develop a chronic disease. However, perceptions of what causes these diseases remain focused on diet, smoking, lack of exercise and stress.

Reasons for expecting to develop chronic diseases. Those who consider themselves to be likely to get a chronic disease at some point were asked, unprompted, why they believe this is so. Since 2006, there has been little change in the reasons cited. Family history and genetics remains the top reason cited for all diseases except chronic respiratory disease/asthma. Eight in ten (78%) of those who say they are at high risk of

developing diabetes, almost six in ten (57%) of those considering themselves a likely candidate for cancer, and almost half (47%) of those who feel at risk of developing heart disease continue to say this would most likely result from a family history of the disease. As before, genetics also remains the most cited risk factor behind high blood pressure (34%).

In the case of chronic respiratory disease, more than half (56%) continue to cite smoking as the main risk factor. Smoking also continues to be mentioned by one-quarter (24%) of those expecting to get cancer, and two in ten (21%) of those who think they will get heart disease.⁴

Risk factors to get a chronic disease

First Nations on-reserve 2006 - 2009

REASON	HEART DISEASE		HIGH BLOOD PRESSURE		CHRONIC RESPIR./ASTHMA		CANCER		DIABETES	
	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009
Family history/genetics	52	47	33	34	14	15	52	57	77	78
Smoking/tobacco	19	21	7	6	54	56	25	24	—	*
Overweight/being overweight	5	8	7	5	1	—	1	—	5	5
Diet-related	5	7	11	17	—	1	1	2	14	14
Diabetes	6	6	4	3	—	—	1	*	—	1
Hypertension	6	5	—	—	1	1	1	—	—	—
Lack of exercise/physical activity	3	3	7	4	1	3	1	2	2	3
Stress	2	3	12	15	1	3	1	1	*	1
Common/everyone gets it	1	3	2	2	—	—	7	7	2	3
Pollution/air quality/toxic exposure	—	2	—	—	10	15	5	7	—	—
Age	1	1	6	2	3	3	—	1	*	*
Breathing problems	—	—	—	—	12	8	1	—	—	—
Other reasons (any)	5	8	15	11	8	10	7	8	14	7
dk/na	5	5	14	13	3	—	5	3	2	3

* Less than one percent

Q.12, Q.17, Q.22, Q.33, Q.41

And why do you say that?

Subsample: Those who consider themselves a likely candidate for the disease

4 There are too few respondents to these questions to provide a detailed analysis by subgroups.

The only statistically significant change since 2006 is an increase in the proportion of those who believe they might develop high blood pressure who identify poor diet (17%, up 6) as a risk factor.

Perceived main causes of chronic diseases. First Nations peoples were asked (unprompted) what they consider to be the main causes of each of these five chronic diseases. Perceptions of what causes these diseases have remained largely consistent over the past three years, with a few exceptions. Since 2006, an increasing proportion of First Nations people on-reserve identify diet/nutrition as the primary cause of high blood pressure (34%, up 5), now equal to the level who cite stress, anxiety or depression as the major cause (34%). Fewer

people than before mention smoking (45%, down 6) and environmental concerns (31%, down 10) in relation to chronic respiratory disease/asthma, although these remain the two leading causes associated with the disease. Diet and nutrition continue to be identified as the primary causes of heart disease (41%) and Type 2 diabetes (51%), and are also slightly more likely than in 2006 to be named as a main cause of cancer (20%, up 4), although smoking/tobacco remains by far the most mentioned cause of the latter.

Consistent with 2006, the causes identified for these chronic illnesses continue to differ in order of mention from the reasons given by those who personally anticipate getting the diseases. In particular, although

Main causes of chronic diseases

First Nations on-reserve 2006 - 2009

CAUSE	HEART DISEASE		HIGH BLOOD PRESSURE		CHRONIC RESPIR./ASTHMA		CANCER		DIABETES	
	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009
Diet/nutrition/sugar	40	41	29	34	2	1	16	20	49	51
Smoking/tobacco	33	29	8	5	51	45	42	38	2	1
Lack of exercise/physical activity	22	22	11	14	3	4	2	3	17	18
Family history/genetics	9	10	5	5	6	9	14	15	10	12
Obesity/being overweight	11	9	8	7	1	1	1	*	10	11
Stress/anxiety/depression	9	8	34	34	*	1	4	3	2	2
Alcohol/drinking/drugs	8	8	4	3	1	2	2	3	4	4
Lifestyle (general)	3	5	2	2	1	2	2	2	1	2
High blood pressure	4	2	—	—	*	*	*	*	2	2
Diabetes/blood sugar	2	2	2	3	—	—	—	—	6	5
Environmental/air quality/water quality/pollution/mould	2	1	—	—	41	31	19	17	—	—
Other reasons (any)	13	2	5	3	11	14	11	3	7	6
dk/na	20	24	29	24	30	30	33	34	45	42

* Less than one percent

Q.13, Q.18, Q.23, Q.34

What would you consider to be the main causes of {disease}? Anything else?

Q.44

As you may know, there are two types of diabetes, Type 1 and Type 2. Type 2 diabetes is the type that does not require regular insulin. From what you know or have heard, what are the main causes of Type 2 diabetes? Anything else?

family history and genetics continues to be considered the main reason why someone might think they are a candidate for a specific chronic disease, it is never cited by more than one in ten as being a main cause for any of the diseases generally.

Also consistent with the 2006 findings, it remains notable that, while diabetes is cited by six in ten First Nations people living on reserve as the most serious health risk facing their community, four in ten (42%) continue to be unable to say what causes Type 2 diabetes. It also remains significant that three in ten (28%) of those diagnosed with diabetes continue to say they do not know a main cause of the disease.

As before, those without a high school diploma remain least able to identify a major cause of any of the five chronic diseases. Also, the First Nations people least able to identify a major cause of Type 2 diabetes continue to be those aged 18 to 29 (59% vs. 35% of older people) and those with household incomes under \$25,000 (51%).

Testing for chronic diseases

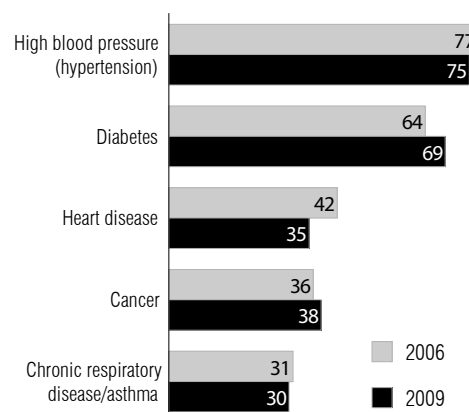
Since 2006, the proportion of First Nations people on-reserve who report being tested for diabetes has increased slightly, while checking for heart disease has declined. As before, most First Nations persons say they have had their blood sugar checked by a health professional in the past year.

Ever checked for chronic diseases. First Nations people who have not been diagnosed with specific chronic conditions were asked if they have ever been checked for those conditions. While the incidence of most tests remains largely consistent with 2006, the reported incidence of testing for diabetes has increased, and that for heart disease has declined. Seven in ten (69%) now say they have been checked for diabetes, up five points over the past three years, while reported testing for heart disease has become less common (35%, down 7). Testing remains most common for high blood pressure (75%), and much lower for cancer (38%) and chronic respiratory disease/asthma (30%).

The proportion of First Nations people checked for diabetes has increased in all demographic subgroups except among those with household incomes between \$25,000 and \$50,000 (where it has declined). The decline in those checked for heart disease is most evident among those with at least a high school education

Ever checked for a chronic disease

First Nations on-reserve 2006 - 2009



Q.10, Q.15, Q.20, Q.31, Q.38

Have you ever been checked for {disease}?

Subsample: Those who have not been diagnosed with {disease} or who are unsure

(eliminating the previous difference by education), those in the \$25,000 to \$50,000 income bracket, and those aged 40 and over.

As in 2006, the incidence of having been checked for heart disease, cancer and diabetes continues to increase with age, while age remains less of a factor in being checked for chronic respiratory disease and high blood pressure. Men remain slightly more likely to say they have been checked for heart disease, while women remain most likely to say they have been checked for cancer or diabetes, and now also blood pressure. Unlike 2006, women are no longer more likely than men to have been checked for chronic respiratory disease.

A post-secondary education remains a factor in being checked for diabetes, and to a lesser degree for high blood pressure; this is now also the case for cancer, but no longer for heart disease or chronic respiratory disease. The likelihood to have been checked for heart disease, high blood pressure and diabetes continues to increase with household income; however, income is no longer a factor for chronic respiratory disease or cancer.

Testing for high blood pressure remains most common in Ontario (84%) and is now matched by Manitoba (84%, up 9). Since 2006, testing rates for chronic respiratory disease have increased in Alberta (41%, up 8) and are now the highest in the country, consistent with the fact that the reported prevalence of this disease and the perceived risk of developing it are also highest in this province. Testing for heart disease is now most common in Quebec (49%) and the Atlantic provinces (47%), while previous differences in reported cancer testing rates by province no longer exist. Diabetes testing rates remain highest in Ontario (85%), now together with Atlantic Canada (86%) and Quebec (78%).

Last time blood sugar was checked. All First Nations respondents were asked when they last had their blood sugar levels checked by a doctor or nurse. Since 2006, the overall proportion who have had their blood sugar verified in the past year has remained stable. Seven in ten continue to report a blood sugar test in the past year, either within the past six months (53%), or between seven and 12 months (17%).

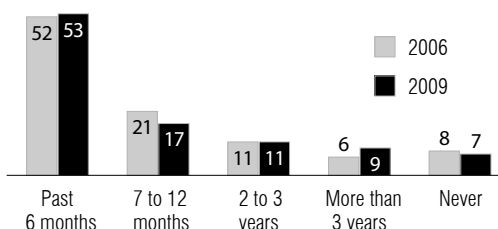
While the national results have remained largely stable, the proportion of First Nations people having their blood sugar checked in the last six months has increased in B.C. (45%, up 12), bringing it in line with the other provinces.

As in 2006, blood sugar testing within the past six months remains more common among people with diabetes (82%), and among those with friends (57%) or relatives (56%) who have diabetes, compared to those who have no second-hand experience with the disease (41%). Health status also continues to be a factor in blood sugar testing; testing remains more common among those in somewhat or very bad health, or with the lowest reported levels of physical activity, and new in 2009, among those who are overweight as well (58% vs. 49% of average weight).

The likelihood to have had one's blood sugar checked in the past six months remains most common among those aged 50 and over, but no longer among those aged 40 to 49 (among whom it has declined). Men remain most likely to say their blood sugar has never been tested (12% vs. 3% of women).

Last time blood sugar checked

First Nations on-reserve 2006 - 2009



Q.39

When was the last time you had your blood sugar levels checked by a doctor or nurse ...?

DIABETES

It is important to gain information about the impacts and level of knowledge about diabetes among First Nations people, as prevalence rates of the disease are considerably higher among this population than among Canadians in general. The survey asked about people's experience with diabetes, either first- or second-hand; its effects on the body; how it can be prevented; and awareness of diabetes prevention programs.

Prevalence and impacts of diabetes

Since 2006, the proportion of First Nations people on-reserve with either a friend or family member with diabetes has not changed. People with diabetes are less likely than before to say that diabetes has encouraged them to become more physically active.

Prevalence of diabetes. As mentioned in the previous section, 16 percent of First Nations people living on a reserve report they have been diagnosed with diabetes, which is unchanged since 2006 and remains three times the proportion in the general population. As well, 37 percent of those who have not been diagnosed with diabetes continue to feel they might be a candidate for the disease in the future.

In addition to these personally directed questions, respondents were asked about their second-hand experience with the disease, in terms of knowing people with diabetes in their family or among their friends. Since 2006, the proportion of First Nations people on-reserve who report experience with diabetes through family or friends has remained stable. As before, two-thirds of on-reserve First Nations residents say they have a family member with diabetes (68%), and slightly fewer say the same of a friend (63%). Combined, there remains almost nine in ten (86%) who have either a family member or a friend with diabetes (plus an additional one percent who have diabetes themselves but have no second-hand connection to the disease). Close to half

If family or friends have diabetes

By age, education and income

First Nations on-reserve 2006 - 2009

	FAMILY MEMBER WITH DIABETES		FRIEND WITH DIABETES	
	2006	2009	2006	2009
Total	67	68	61	63
Age				
18 - 29	71	72	44	37
30 - 39	69	75	58	63
40 - 49	63	72	68	71
50+	65	59	73	80
Education				
< High school graduate	67	63	51	52
High school graduate	62	63	56	55
College	65	68	65	67
University	72	76	74	77
Income				
<\$15K	61	74	47	54
\$15-25K	69	57	59	59
\$25-50K	75	71	74	68
\$50K +	59	71	73	77

Q.42a

Do any of your family members have diabetes?

Q.42b

Do any of your friends have diabetes?

(45%) have both a friend and family member with diabetes, while only 14 percent have neither, both of which are essentially unchanged from 2006.

Age remains more of a factor in whether one has friends with diabetes than in whether one has family members with diabetes. Unchanged from before, the likelihood of having any friends with diabetes increases proportionately with age and, as these factors are linked to age, with increased levels of education and household income. Since 2006, the proportion of First Nations people who have any family members with diabetes has increased considerably among those in the lowest (74%, up 13) and highest income (71%, up 12) brackets, and declined among those in the middle income levels.

Women (71%) remain somewhat more likely than men (64%) to say they have a family member with diabetes, but both continue to be equally likely to have a friend with diabetes (63% of women, 62% men). Across the country, Manitoba (76%) and Ontario (74%) residents remain the most likely to have a family member with diabetes, together with residents of the Atlantic provinces (80%); residents of Ontario (74%) also continue to be the most likely to have friends with the disease. As before, those least likely to have a family member with diabetes are residents of B.C. (49%).

Lifestyle impacts of diabetes. First Nations people who have been diagnosed with diabetes (16%) were asked if they had been diagnosed with Type 1 or Type 2 diabetes,⁵ and then asked in what ways diabetes has affected their life or lifestyle. The type of diabetes involved has not changed in the past three years. Unchanged from 2006, the majority of respondents say they have been diagnosed with Type 2 diabetes (60%), while only 14 percent say they have Type 1 diabetes. There remains one-quarter (26%) who do not know what type of diabetes they have, and this proportion is almost twice as high among those with a high school diploma or less (34%) than among those with a post-secondary education (19%).⁶

The ways in which First Nations people with diabetes find their life has been affected by the disease have changed little in the past three years. As in 2006, the most common lifestyle changes continue to be related to diet, such as that they now have to be more careful of what they eat (37%), to eat more healthy foods (18%), or to avoid sugar or certain other foods (6%). Of some concern is the declining proportion who say they now get more exercise or are more physically active (12%, down 8); new comments related to barriers to physical activity include that diabetes *limits* their physical activity (5%, up 5) and means they tire easily (4%, up 4). As before, almost three in ten (28%) either have not made any change due to having diabetes or do not state if they have.

5 It should be noted that a description of Type 1 and Type 2 diabetes was not provided.

6 The number of people in the sample with diabetes is small (n=126) and allows for only limited analysis by subgroup.

As in 2006, only small proportions of people with diabetes cite more serious effects, such as vision problems (4%), blackened or swollen feet (2%), or kidney problems (1%). However, a further indication of the way in which diabetes affects the lives of First Nations residents is revealed in the responses of people with diabetes to the questions involving prevalence of other chronic diseases. Since 2006, the likelihood to also be diagnosed with high blood pressure has increased among those with diabetes (61%, up 12), and this group is now more than four times more likely as those without diabetes (14%, down 7) to have high blood pressure. Those diagnosed with diabetes also remain more likely than others to have been diagnosed with heart disease (15%) and cancer (9%), and more likely to believe that they will develop heart disease in the future (44%). On a positive note, there has been a slight decline in the proportion who have been diagnosed with both diabetes and chronic respiratory disease (15%, down 9); as a result, there is no longer a difference between those with and without diabetes in their likelihood to be diagnosed with chronic respiratory disease.

How diabetes has affected life/lifestyle

First Nations on-reserve 2006 - 2009

	2006	2009
Must be more careful with diet/nutrition	34	37
Eat more healthy foods	18	18
Get more exercise/physical activity	20	12
Get blood sugar checked on regular basis	5	7
Avoid sugar/certain foods	8	6
Taking medication	5	6
Limits mobility/physical activity	—	5
Fatigue/tire easily	—	4
Vision problems	5	4
See doctors	2	3
Quit smoking/drinking	—	2
Had it while pregnant	1	2
Swollen or blackened feet	5	2
Kidney problems	2	1
Other	16	11
None/no changes due to having diabetes	20	16
dk/na	7	12

Q.37

In what ways has having diabetes affected your life or lifestyle?

Subsample: Those diagnosed with diabetes

Ever diagnosed with a chronic disease

By diabetes status First Nations on-reserve
2006 - 2009

	DIABETIC		NOT DIABETIC	
	2006	2009	2006	2009
High blood pressure	49	61	21	14
Chronic respiratory disease/ asthma	24	15	14	13
Heart disease	14	15	5	2
Cancer	9	9	5	1

Q.9, Q.14, Q.19, Q.29, Q.35

Have you ever been diagnosed with {disease}?

Level of knowledge about diabetes

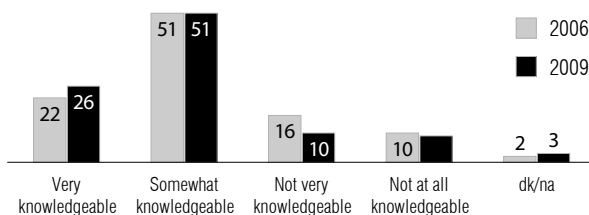
Since 2006, an increasing proportion of First Nations people on-reserve feel they are very knowledgeable about diabetes, while fewer than before feel it is personally important for them to learn more.

Current knowledge. The large majority of First Nations people living on a reserve believe themselves to be at least somewhat knowledgeable about diabetes, and the proportion who feel most knowledgeable has increased in the past three years. One-quarter (26%) of the population now consider themselves to be very knowledgeable about the disease, up four points since 2006; there remains another one in two (51%, unchanged) who say they are somewhat knowledgeable. In turn, the proportion who feel they are not very or not at all knowledgeable (19%, down 7) has declined.

Since 2006, the highest self-rated knowledge level has increased most notably among those with a high school diploma (32% very knowledgeable, up 15) and those with a college education (28%, up 7); as a result, these two groups are now as likely as those with a university education (33%, down 1) to say they are very knowledgeable about diabetes, while those without a high school degree remain least knowledgeable (18%, up 1). The proportion who say they are very knowledgeable about diabetes has increased in all age groups except those in the 40 to 49 age range; young First Nations people on-reserve (18-29) are now least likely to consider themselves knowledgeable about the disease.

As before, those most likely to consider themselves at least somewhat knowledgeable about diabetes continue to be women (80% vs. 74% men), people with diabetes themselves (83%), those who have been checked for diabetes (83%), and people who have friends (83%) or family members with diabetes (79%).

Level of knowledge about diabetes
First Nations on-reserve 2006 - 2009



Q.43

Do you consider yourself to be very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable about diabetes?

Additional analyses conducted in 2006 revealed that higher self-rated knowledge of diabetes is associated with a better understanding of the major causes of diabetes, as well as of the signs and symptoms of the disease, the effects that Type 2 diabetes has on the human body, and ways to prevent or reduce the changes of developing it. These patterns continue to exist three years later.

For instance, those claiming to be very knowledgeable about diabetes remain three times more likely to be able to cite a major cause than those who say they are not very or not at all knowledgeable. As well, their knowledge of the link between physical activity and diabetes, although relatively low overall, far outstrips that of those who claim less knowledge. They also remain more likely to mention diet, obesity and genetics (but no longer alcohol).

However, as before, there remain substantial proportions of First Nations people on-reserve who claim to be very knowledgeable about diabetes but who could not identify any causes of this disease (24%), who could not name a sign or symptom (22%), or who could not cite any way that Type 2 diabetes affects the human body (35%).

Main causes of Type 2 diabetes

First Nations on-reserve By self-reported diabetes knowledge 2009

CAUSE	TOTAL	VERY KNOWLEDGE- ABLE	SOMEWHAT KNOWLEDGE- ABLE	NOT VERY/ AT ALL KNOWLEDGE ABLE
Diet/nutrition	38	51	43	12
Lack of exercise/physical activity	18	28	19	3
Eating too much sugar	13	11	14	10
Obesity/being overweight	11	19	12	3
Family history/genetics	12	18	13	2
Alcohol/drinking/drugs	4	4	5	2
Blood sugar levels	5	6	6	1
Smoking/tobacco	1	2	*	1
Stress/anxiety/depression	2	5	1	—
Pancreatic problems	1	2	1	—
High blood pressure	2	2	2	2
High cholesterol levels	1	1	*	1
Lifestyle (general)	2	3	2	—
Other reasons (any)	5	7	4	4
dk/na	42	24	37	71

* Less than one percent

Q.43

Do you consider yourself to be very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable about diabetes?

Q.44

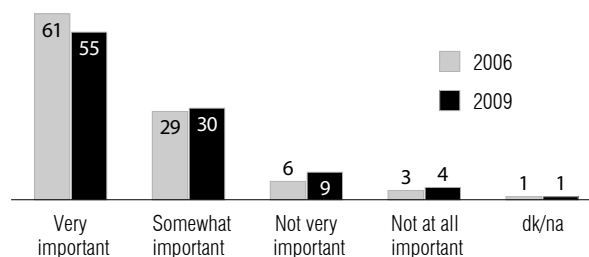
As you may know, there are two types of diabetes, Type 1 and Type 2. Type 2 diabetes is the type that does not require regular insulin. From what you know or have heard, what are the main causes of Type 2 diabetes? Anything else?

Importance of learning more. There is a significant interest across First Nations people on-reserve in learning more about diabetes, even though almost eight in ten say they are already at least somewhat knowledgeable. Over one-half (55%, down 6) say it is very important to learn more, although this proportion has declined slightly since 2006. Just over one in ten say it is not very (9%, up 3) or not at all (4%, up 1) important to learn more about diabetes.

The belief that it is very important to learn more about diabetes has declined among most segments of the population, with the exception of those with a high school diploma, among whom it increased (58%, up 13). As in 2006, First Nations people aged 18 to 29 remain the least likely of the age groups to say it is very important (42%) to them personally to learn more about diabetes, although eight in ten continue to say it is at least somewhat important to learn more.

Across the country, importance of learning more about diabetes declined in Alberta (57%, down 14), Manitoba (64%, down 13) and Ontario (50%, down 10), and remained stable in B.C. (51%) and Saskatchewan (60%). As a result, the proportion who say it is very important to learn about the disease has become more similar across the provinces, although it does remain higher in Manitoba than elsewhere in the country. Finally, as before, those who most feel it is very important for them to learn more about diabetes continue to be those who have the disease themselves (79%), or who have friends (61%) or family members (60%) with the disease.

Importance of learning more about diabetes
First Nations on-reserve 2006 - 2009



Q.54

How important is it for you personally to learn more about diabetes? Is it ...?

Knowledge of symptoms and effects

Unchanged from 2006, most First Nations people on-reserve can name at least one sign or symptom of Type 2 diabetes, but half cannot identify any effects the disease has on the human body.

Signs and symptoms. As a further measure of knowledge about the disease, First Nations people living on a reserve were asked (unprompted) if they could name the signs or symptoms of Type 2 diabetes. This population continues to cite a wide range of possible signs and symptoms of diabetes, none of which are predominant; moreover, mentions of some of the symptoms have declined over the past three years. The most frequently mentioned signs continue to be frequent thirst (25%) and lack of energy (23%), the latter of which has declined significantly since 2006 (down 7). Dizziness (16%, down 5) and frequent urination (11%, down 6) are also less frequently identified as symptoms of diabetes than before. Consistent with other findings regarding knowledge about diabetes, almost four in ten (37%) remain unable to identify any signs or symptoms of the disease.

The overall decline in mentions of several symptoms of Type 2 diabetes (lack of energy, dizziness, frequent urination) was evident across the population, and is not due to any one particular subgroup. Unchanged from 2006, those with a university education continue to be the most likely to name any of the top signs, while women remain more likely than men to mention frequent thirst (33% vs. 17%), dizziness (19% vs. 13%) or frequent urination (16% vs. 6%) as a sign of the disease. Income also continues to play a role, with mentions of several of the top symptoms now higher among those with household incomes of \$50,000 or more. Those without a high school education (56% vs. 27% with a high school degree or post-secondary education), those aged 18 to 29 (50% vs. 32% of older respondents), and those with no first- or second-hand experience with the diabetes remain least able to identify any sign or symptom of the disease.

Signs/symptoms of diabetes

First Nations on-reserve 2006 - 2009

	2006	2009
You are often thirsty	27	25
You do not have much energy/tiredness	30	23
Dizziness	21	16
You cannot see well (blurred vision)	15	12
You go to the bathroom a lot (frequent urination)	17	11
You lose weight without knowing why	3	6
Tremors/shakes	5	5
You feel tingling or numbness in your hands or feet	3	4
Slows healing process/cuts/bruises heal slowly	1	4
Sweats/night sweats	5	3
High/low sugar levels	4	3
Hunger/need to eat	2	3
Mood swings (high and low)	3	2
Nausea	2	2
High/low blood pressure	2	2
Headaches	1	2
Obesity/weight gain	1	2
Sugar/sweets cravings	—	2
Blackouts/comas	2	1
Other	14	7
Nothing	*	*
dk/na	36	37
* Less than one percent		

Q.45

From what you know or have heard, what are the signs or symptoms of Type 2 diabetes? Anything else?

Effects of Type 2 diabetes. To further assess knowledge of diabetes, on-reserve First Nations persons were asked, in an unprompted manner, how Type 2 diabetes affects the human body. As was the case in 2006, this type of knowledge remains fairly limited, and there continue to be no physical effects that stand out as being well-understood. One in ten or fewer each mention effects such as sugar levels (11%); problems with eyesight/blindness (9%); poor circulation, heart or vascular problems, or problems with kidneys, tiredness/fatigue, or the body's ability to produce insulin (7% each). Also unchanged from before, half (49%) of the First Nations on-reserve population cannot identify any ways in which Type 2 diabetes affects the human body.

Consistent with 2006, the factors most influencing awareness of the physical effects of Type 2 diabetes continue to be education, age and personal experience gained through either being diagnosed with diabetes or by having a family member or friend with the disease.

How Type 2 diabetes affects the human body First Nations on-reserve 2006 - 2009

	2006	2009
Affects sugar levels	8	11
Problems with eyesight/blindness	10	9
Cause poor circulation/heart or vascular problems	10	7
Problems with kidneys	9	7
Tiredness/fatigue	8	7
Interferes with body's ability to produce/use insulin	7	7
Affects variety of limbs/amputation	8	6
Weight problems	4	4
Problems with pancreas	3	4
Leads to an excess of a type of sugar called glucose	3	3
Bodily/organ malfunction/failure	—	3
Requires medications (including insulin)	1	3
Liver problems	3	2
Immune system alters/can't fight infection	2	2
Healing problems/open sores	2	1
Other	10	11
dk/na	51	49

Q.46

And how does Type 2 diabetes affect the human body? Anything else?

Preventive measures

Since 2006, increasing proportions of the First Nations on-reserve population believe that eating a nutritious diet, being physically active and avoiding becoming overweight are very effective diabetes prevention strategies.

Awareness of prevention methods. Given the rising prevalence of diabetes among this population, it is important to assess levels of understanding about how to prevent the disease. Since 2006, there has been little change in awareness of ways to prevent or reduce the chances of developing diabetes. The one exception is an increase in the proportion who say (in reaction to an unprompted question) that being physically active and exercising is the best way to prevent or reduce the risk of developing diabetes (46%, up 6). Overall, the most frequently cited preventive method continues to be eating a healthy diet (60%, unchanged). However, as before, one in ten or fewer cite any other ways to preventing diabetes, and one in five (22%) remain unable to name at least one way to prevent the disease.

The proportion who cite physical activity as a way to prevent or reduce the risk of developing Type 2 diabetes has increased across all segments of the population. Consistent with 2006, proper nutrition and exercise continues to be most frequently cited as prevention methods by women, those with higher levels of education or household income, and those with more personal experience with the disease (i.e., those who have diabetes or have a friend or family member with the disease). First Nations residents who are overweight also remain more likely than those of average weight to cite these two measures.

Unchanged from before, knowledge of prevention measures remains lowest among young people aged 18 to 29, and those with lower levels of education and household income.

Top-of-mind ways to prevent diabetes First Nations on-reserve 2006 - 2009

	2006	2009
Eat a healthy diet	60	60
Be physically active/exercise	40	46
Limit intake of sugar	8	10
Lead a healthy lifestyle	5	8
Maintain a healthy weight	4	5
Get blood sugar checked	7	4
Stop or cut back on smoking/drugs/drinking	3	4
Education	2	3
Regular medical check-ups/follow advice	—	3
Other	6	5
dk/na	24	22

Q.47

What, if anything, can one do to prevent Type 2 diabetes, or at least reduce the chances of developing it?

Effectiveness of diabetes prevention methods. Survey respondents were asked to rate the effectiveness of each of three potential ways to prevent or reduce the chance of developing diabetes (nutritious diet; regular physical activity; avoiding becoming overweight). When prompted, most recognize these three prevention methods as effective, a perception that has increased further in all cases over the past three years. Eight in ten First Nations residents now say that a nutritious diet (78%, up 3) and regular exercise (78%, up 7) are very effective prevention methods, while seven in ten say this about avoiding becoming overweight (72%, up 6). In all cases, the shift has been away from saying these measures are only somewhat effective; there continues to be very few who say these methods are not effective.

The perceived effectiveness of all three prevention methods has increased primarily among those with a high school diploma or a college education, who are now as likely as those with a university education to say these are very effective ways to prevent diabetes; as a result, those without a high school diploma are least likely to feel that any of the three prevention methods are effective.

The perception that regular physical activity and avoiding becoming overweight are very effective at preventing diabetes has increased in all age groups except those aged 30 to 39, who, together with the youngest age group (18-29), are now less likely than older First Nations people to believe in the effectiveness of these two strategies. The proportion who believe that avoiding extra weight is a very effective measure has also increased since 2006 among men (70%, up 11 points), who are now as likely as women (74%, down 1) to believe this. However, women remain more likely to say that a nutritious diet is a very effective preventive method (82% vs. 73%).

As before, First Nations people on-reserve with the least connection to diabetes (i.e., have neither been diagnosed nor checked for diabetes, or who have neither a friend nor family member with diabetes) are also least likely to feel that any of the three prevention methods are effective ways to prevent or reduce the risk of developing diabetes.

Effectiveness of diabetes prevention methods

First Nations on-reserve 2006 - 2009

	VERY EFFECTIVE		SOMEWHAT EFFECTIVE		NOT VERY/ AT ALL EFFECTIVE	
	2006	2009	2006	2009	2006	2009
Nutritious diet	75	78	16	13	7	5
Regular physical activity	71	78	18	12	6	6
Avoiding becoming overweight	66	72	22	17	8	6

Q.48

Would you say each of the following steps is very effective, somewhat effective, not very effective or not at all effective as a way to prevent or reduce the chances of developing diabetes ...?

Sources of information

Two-thirds of First Nations people living on reserve remain aware of community programs to help residents prevent or manage diabetes. Local hospitals or community centres continue to be the most frequently identified program sponsors.

Awareness of community diabetes programs. First Nations people living on a reserve were asked if they are aware of any programs in their community to help residents prevent or manage diabetes. The level of awareness is essentially unchanged since 2006, with more than six in ten (63%) who say they are aware of such programs.

Despite the overall stability in awareness of diabetes prevention programs, awareness has shifted somewhat among segments of the population. Awareness of this type of program is now as high among those with a college education as those with a university education. While awareness of such programs remains higher among women (67% vs. 59% of men) and those over age 30 (68% vs. 50% of those aged 18 to 29), there is no longer any variation by household income.

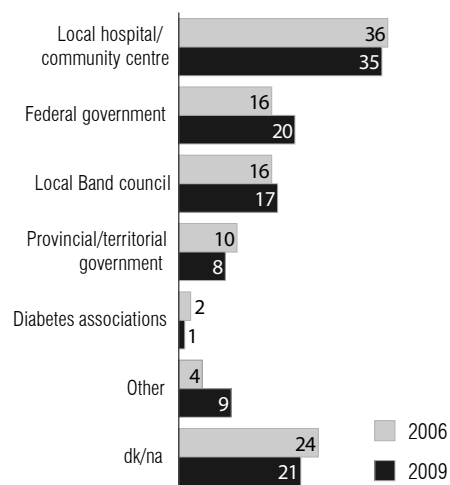
Across the country, awareness of community diabetes prevention programs remains highest in Ontario (78%), together with Quebec (75%). As before, those with personal experience with diabetes are more aware of such programs than are those without diabetes themselves or those without a friend or family member with the disease.

Sponsors of community diabetes programs. Those who indicated they are aware of a community-level diabetes prevention program were asked who sponsors or funds them. Over the past three years, there has been no significant change in the sponsors associated with these programs. The most frequently mentioned sponsor continues to be local hospitals and community centres (35%). Other mentions include the federal government (20%), local Band Council (17%) or the provincial government (8%), all at levels consistent with 2006. There continues to be about two in ten (21%) who say they do not know the program sponsor(s).

Despite the overall stability of mentions at the national level, there have been some changes in awareness of program sponsors at the provincial levels. Residents of

Sponsors of community diabetes programs

First Nations on-reserve 2006 - 2009



Q.50

*Can you tell me who sponsors or funds this program or programs?
Subsample: Aware of community diabetes programs*

Saskatchewan are now more likely than before to cite local hospitals or community centres (53%, up 20) as sponsors, and much less likely to mention their local Band Council (12%, down 22). Compared to 2006, Albertans are less likely to say these programs are funded by either the federal (11%, down 10) or provincial government (9%, down 12). The federal government remains most likely to be identified as a funding source by residents of the Atlantic provinces (43%).

Education level remains a factor in the likelihood to identify the federal government as a sponsor of community diabetes programs; it is those with a post-secondary education who are most likely to say these types of programs are funded by the federal government (27% vs. 8% of those with less).

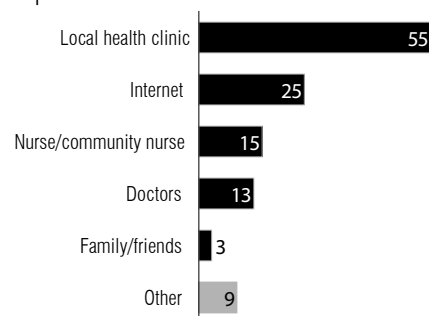
Sources of information. First Nations people living on a reserve were asked (unprompted) where they would go if they were looking for information about diabetes today. The local health clinic is the preferred source of information for a majority of the population (55%). One-quarter (25%) would turn to the Internet, while slightly fewer would ask a nurse (15%) or doctor (13%).

The local health clinic is the preferred source of diabetes information in all provinces, and among all demographic and socio-economic groups, but less so in Quebec and Manitoba, where residents are more likely to say they would consult a nurse. The likelihood to approach a doctor for information about diabetes is higher among residents of the Atlantic provinces, those aged 50 or older, and those who have been diagnosed with diabetes.

Predictably, those with a post-secondary education and those with household incomes of \$25,000 or more are more likely than those with less education and those with lower incomes to say they would use the Internet to find information about diabetes. Preference for the Internet is also highest among those aged 40 to 49 than among younger or older respondents; although younger people in the general population typically express a greater preference for the Internet, it is notable that this is not the case for younger (18-29) First Nations people living on a reserve. It cannot be determined from these survey findings to what extent this reflects a lack of access to or experience with the Internet, or simply a preference for getting the information from another source.

Source for information about diabetes

Top mentions First Nations on-reserve 2009



Q.51

If you were looking for information about diabetes today, where would you go?

PHYSICAL ACTIVITY

As physical activity is strongly connected with health status and also with diabetes prevention, a primary aim of this study was to understand how active First Nations on-reserve residents are, if they are familiar with exercise facilities and fitness promotion programs in their community, and whether lack of knowledge about programs or the perceived quality of local facilities are acting as barriers to physical activity.

Physical activity habits

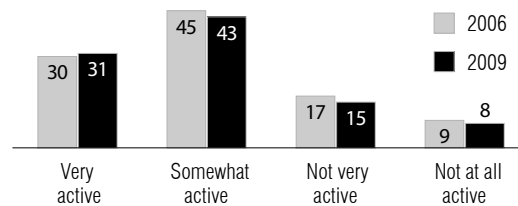
Self-perceptions of physical activity among First Nations people on-reserve remains unchanged since 2006, with three-quarters saying they are at least somewhat active.

Self-reported physical activity level. First Nations people living on a reserve remain generally positive about their level of physical activity. When asked to describe their self-reported level of physical activity, three-quarters say that they are very (31%) or somewhat (43%) active, which is essentially unchanged from 2006. There continues to be one-quarter of the population who admit that they are not very (15%) or not at all active (8%).

Men remain more likely than women to describe themselves as at least somewhat physically active (78% vs. 71%). However, the variation by age group in self-reported level of physical activity is now between those aged 18 to 49 (78% at least somewhat physically active) and those aged 50 and over (67%). As in 2006, higher levels of activity also continue to be reported by those who are of average weight and in better health. Across the country, residents of Alberta (85%) remain

the most likely to say they are at least somewhat physically active, while those in Quebec (62%) remain the least likely to do so.

Perceived level of physical activity
First Nations on-reserve 2006 - 2009



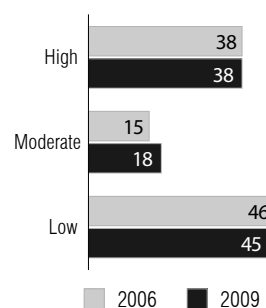
Q.63

Would you describe yourself as very, somewhat, not very or not at all physically active?

Physical activity habits. The public health benefits of active lifestyles have been well-established. First Nations respondents were asked on how many days in the last seven they did vigorous or moderate physical activities for at least 10 minutes at a time, and how many days they walked.⁷ These results were then calculated to assign respondents into one of three levels of activity: high, moderate and low.⁸ The proportion who fall into each of these calculated levels of activity has not changed significantly since 2006. By these specifications, in the previous seven days, four in ten (38%) of the First Nations on-reserve population continues to engage in a high level of physical activity, 18 percent remain moderately active, while more than four in ten (45%) continue to have a low level of physical activity.

As was the case in 2006, there continues to be a strong but imperfect correlation between these calculated levels of activity and the activity levels that respondents self-report. For example, two-thirds (66%) of those saying they are very physically active remain in the “high” level on the calculated scale, compared to 31 percent of those saying they are somewhat active, and 12 percent of those who are not very or at all active. However, two in ten (19%) of those claiming to be very physically active remain “low” on the calculated scale, and one in ten (12%) who say they are not very or at all active actually reported vigorous activity on at least four days on the previous seven. This could suggest either over- or under-estimating of personal activity level, or that the activity level undertaken in the seven days prior to the survey may not have been typical for these respondents.

Physical activity levels First Nations on-reserve 2006 - 2009



Q.55

I would now like to ask you about the time you spent being physically active in the last seven days. Think about activities you might do at work, for your house and yard work, to get from place to place, and in your spare time for recreation or exercise. First, think about all the vigorous activities which take hard physical effort that you did in the last seven days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics or playing hard at a sport like basketball or hockey. Think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do vigorous physical activities?

Q.56

Now think about activities which take moderate physical effort that you did in the last seven days. Moderate physical activities make you breathe somewhat harder than normal, and may include carrying light loads, jogging at an easy pace, or playing sports at a moderate pace. Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do moderate physical activities?

Q.57

Now think about the time you spent walking in the last seven days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, exercise or leisure. During the last seven days, on how many days did you walk for at least 10 minutes at a time?

Physical activity levels

First Nations on-reserve By self-reported activity level 2009

	VERY ACTIVE N=210	SOMEWHAT ACTIVE N=304	NOT VERY/ AT ALL ACTIVE N=175
IPAQ activity level			
High	66	31	12
Moderate	15	25	10
Low	19	45	78

7 This study used selected questions from the International Physical Activity Questionnaires (IPAQ) to assess the physical activity levels of the on-reserve First Nations population.

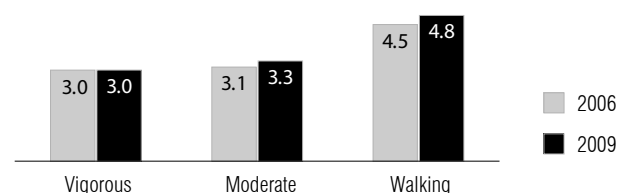
8 The levels were defined as follows: High = vigorous physical activity four or more days per week; Moderate = one to three days per week vigorous AND (four or more days per week moderate OR seven days per week walking); Low = does not meet either high or moderate qualifications.

In addition to using the IPAQ questions in the survey to calculate physical activity rates, the responses can also be examined separately to determine the average number of days in the previous seven that First Nations people did vigorous or moderate physical activities, or walked, for at least ten minutes at a time. Almost identical to the averages reported in 2006, vigorous activities were undertaken on an average of 3.0⁹ days of the previous seven, moderate activities on an average of 3.3 days and walking on 4.8 days. These are virtually unchanged since 2006.

As in 2006, those most likely to have engaged in vigorous physical activities in the past week continue to be men and those under 30. However, over the past three years, the age gap has grown smaller as the proportion of people aged 40 and over who report vigorous physical activity has increased. A similar age trend is evident for moderate activities and for walking, with older people more likely than before to report these activities. The table below shows, by gender and age, the percentage who: a) did *not* perform each type of activity; and b) the average number of days in the previous seven that *were* spent on each activity.

Across Canada, Quebec continues to stand out as the province with the highest proportion of First Nations people on-reserve residents who say they were not physically active on any of the previous seven days. New in 2009, residents of Ontario (22%, up 11) now stand out as being significantly more likely to have engaged in moderate physical activity.

Average number of days of activity in past week
First Nations on-reserve Mean 2006 - 2009



Q.55, 56, 57

Days of activity in past week

First Nations on-reserve 2009

	VIGOROUS		MODERATE		WALKING	
	% 0 DAYS	AVERAGE #	% 0 DAYS	AVERAGE #	% 0 DAYS	AVERAGE #
Total	24	3.0	18	3.3	8	4.8
Men	19	3.4	15	3.6	5	4.8
Women	28	2.6	20	3.0	10	4.7
18-29	16	3.3	13	3.3	5	5.3
30-39	24	3.0	15	3.5	6	4.7
40-49	24	3.2	18	3.5	9	4.6
50+	29	2.7	21	3.1	10	4.6

Q.55, 56, 57

⁹ Averages include those responding zero.

As expected, and as was the case in 2006, there remains a link between the level of physical activity reported and factors like health and weight. The average number of days people report doing at least 10 minutes of any of the three types of activities continues to increase proportionately along with an increase in reported level of health. The proportion of time spent exercising at any of the three levels continues to vary based on weight: overweight people remain most likely to have not exercised at all in the past seven days, while more of those of average weight say they exercised on all seven days. Interestingly, 22 percent of those who say they are not very or not at all physically active report having walked for at least 10 minutes on all of the past seven days.

Although people with diabetes and those who have been checked for the disease remain more likely than others to be aware of the benefits of physical activity as a diabetes prevention method, those with diabetes continue to report fewer days of exertion than those who do not have diabetes, and are more likely to report they have not been active on any day of the past seven for at least 10 minutes – both patterns which have not changed in the past three years.

Proportion *not* reporting type of activity in previous week

By diabetes connection First Nations on-reserve
2009

	DIAGNOSED N=126	CHECKED N=418	NEITHER DIAGNOSED NOR CHECKED N=159
Vigorous physical activity	37	23	17
Moderate physical activity	22	18	14
Walking	15	7	4

Q.55

I would now like to ask you about the time you spent being physically active in the last seven days. Think about activities you might do at work, for your house and yard work, to get from place to place, and in your spare time for recreation or exercise. First, think about all the vigorous activities which take hard physical effort that you did in the last seven days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics or playing hard at a sport like basketball or hockey. Think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do vigorous physical activities?

Q.56

Now think about activities which take moderate physical effort that you did in the last seven days. Moderate physical activities make you breathe somewhat harder than normal, and may include carrying light loads, jogging at an easy pace, or playing sports at a moderate pace. Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do moderate physical activities?

Q.57

Now think about the time you spent walking in the last seven days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, exercise or leisure. During the last seven days, on how many days did you walk for at least 10 minutes at a time?

Q.35

Have you ever been diagnosed with diabetes?

Q.38

Have you ever been checked for diabetes?

Subsample: Those who have not been diagnosed with diabetes or who are unsure

Familiarity with *Physical Activity Guide*

Since 2006, there has been no change in the proportion of First Nations people on a reserve who are aware of Canada's Physical Activity Guide, or in the proportion who have a copy in their home.

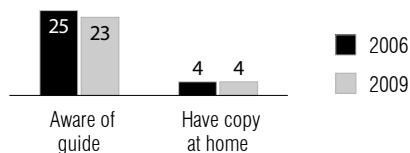
First Nations people living on a reserve were asked if they are aware of something called *Canada's Physical Activity Guide*.¹⁰ The level of awareness has not changed significantly in the past three years, with one-quarter (23%) who say they are aware of the *Guide*.

As was the case in 2006, education level is a significant factor influencing awareness of the *Physical Activity Guide*: those with a university education remain twice as likely to have heard of it as those with less than a high school diploma. Awareness also remains higher among First Nations people who have diabetes (24%) or who have been checked for the disease (25%) than among those who are neither (16%), and among people reporting to be in very good health (29%) compared to those in good, average or bad health (21%). New in 2009, awareness also varies by gender and age, with women, and those aged 30 and over more likely than men and younger First Nations people to have heard of the *Guide*.

Of those aware of the *Guide*, few (18%, or 4% of the total population) indicate they have a copy in their home, which is also unchanged since 2006.

Aware of and have copy of *Canada's Physical Activity Guide*

First Nations on-reserve 2006 - 2009



Q.59

Are you aware of something called Canada's Physical Activity Guide?

Q.60

Do you have a copy of this guide in your home?

10 The Public Health Agency of Canada and the Canadian Society for Exercise Physiology developed *Canada's Physical Activity Guide to Healthy Active Living* in partnership, as research indicated Canadians were unaware that physical inactivity is a serious risk factor for premature death, chronic disease and disability. It is a one-page, practical guide, similar to *Canada's Food Guide to Healthy Eating*, to help Canadians judge how much physical activity they need to achieve better health.

Adequacy of local physical activity facilities and programs

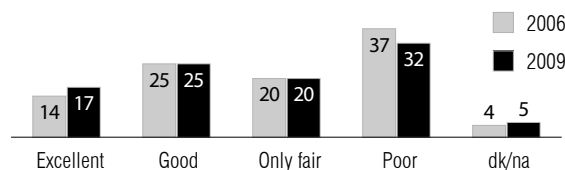
Since 2006, ratings of community exercise facilities have improved, as has awareness of local programs promoting physical activity. Local hospitals and community centres are more likely than before to be identified as sponsors of these programs.

Rating of exercise facilities in community. This study sought to understand how First Nations on-reserve residents perceive their community exercise facilities, as the quality of these facilities might be proving a barrier to use and, thus, to increased physical activity.

Since this question was last asked in 2006, opinions of these facilities have improved, although overall ratings remain fairly low. When asked to rate the exercise facilities available in their community, such as walking or ski trails, arenas and swimming pools, there has been a slight increase in the proportion who rate them as excellent (17%, up 3), and a similar decline in the proportion who say they are poor (32%, down 5). Nonetheless, those who consider their local exercise facilities to be excellent or good remain in the minority (42%) compared to those who rate them as only fair or poor (52%).

Ratings of local exercise facilities have improved in all provinces, as well as among those aged 30 or older, and those who are overweight, whose ratings of local facilities are now similar to those of younger people and those of average weight. Ratings continue to be higher among those who say they are very physically active (54% excellent or good), and lower among those with a university education (32%); however, ratings no longer vary by gender. The fact that ratings are no better among those who might be assumed to take greater advantage of local exercise facilities (i.e., men, younger people, and those of average weight) suggests that the quality of these facilities is not a primary barrier to use.

Rating of community exercise facilities First Nations on-reserve 2006 - 2009



Q.58

What about the facilities in your community for exercise and physical activity, such as walking or ski trails, arenas and swimming pools. Would you say these facilities in your community are excellent, good, only fair or poor in terms of providing people with easy access and opportunities to be physically active?

Awareness of local physical activity programs. First Nations people living on a reserve were asked if they are aware of any community programs that promote regular physical activity. The overall level of awareness has increased since 2006, with more than one-half (54%, up 6) now reporting they are aware of this type of program.

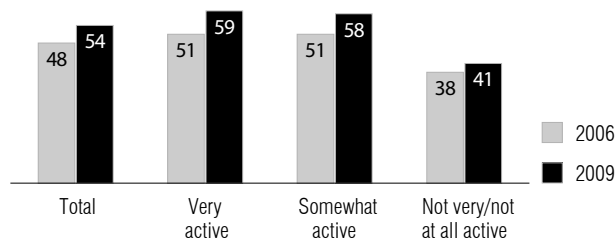
Awareness of physical activity programs has increased most notably among those who report being very or somewhat active, who were already more likely to be aware of such programs, and those who report being overweight, who are now somewhat more likely to be aware than those of average weight. Awareness levels have also increased among those with a college education (63%, up 17) and those aged 30 to 49 (57%, up 11). First Nations people on-reserve without a high school education are now least likely be aware of local physical activity programs, while as before, there continue to be no significant differences by age or gender.

Over the past three years, there have been some changes in perceptions of the sponsors associated with local physical activity programs. Among those aware of such programs, there has been a significant increase in the proportion who say their local hospital or community centre sponsors or funds them (28%, up 11), which are now as likely as the local Band Council (26%) to be identified as a sponsor. Notably fewer than before identify government as a sponsor, primarily due to a decline in mentions for local/municipal governments (1%, down 12). The small proportion (6%) who identify the federal government as a sponsor of physical activity programs in the community is essentially unchanged since 2006.

Aware of physical activity promotion programs

First Nations on-reserve By activity rating

2006 - 2009



Q.61

Are you aware of any programs in your community that promote regular physical activity?

Sponsor of physical activity promotion programs

First Nations on-reserve 2006 - 2009

	2006	2009
Local hospital/community centre	17	28
Local Band Council	28	26
Local schools	7	10
Government (any)	23	9
Federal government	8	6
Provincial/Territorial government	3	2
Local/municipal government	13	1
Community volunteers/groups/individuals	4	4
Sports teams/clubs/gyms	3	3
Local/private business	3	2
Walks/fundraisers/lotteries/volunteers	2	*
Other	5	5
dk/na	23	21

* Less than one percent

Q.62

Can you tell me who sponsors or funds these programs?

Subsample: Aware of any programs in their community that promote regular physical activity

NUTRITION AND HEALTHY EATING

Nutrition is an important part of maintaining a healthy lifestyle and preventing the development of chronic illnesses such as Type 2 diabetes; however, eating appropriately may be a challenge for residents of First Nations communities. As in 2006, this study assessed the food intake of respondents, their awareness of *Canada's Food Guide* and nutrition programs, and the extent to which they feel that generally healthy foods are available in local stores and that the cost of healthy foods is a problem in their community.

Nutrition

Reported daily consumption of food types has not changed in the past three years, and seven in ten First Nations people on-reserve say healthy foods are available locally either all or most of the time. However, a growing number think that the cost of these foods is a major problem in their community.

Frequency of eating specific foods. First Nations people living on a reserve were asked how frequently they eat each of eight types of foods. Reported consumption of these foods has remained stable over the past three years, with the exception of a slight increase in consumption for traditional foods. One-quarter (24%) now say they eat traditional foods on a daily basis, which is up four percentage points since 2006, and the proportion who say they rarely or never eat such foods has declined (35%, down 6). Unchanged from before, three-quarters continue to report eating grain products daily (75%), and close to two-thirds eat meat and fish (64%), vegetables (62%) and milk products (62%) daily. There also remains over half who eat fruit (55%) on a daily basis. As in 2006, one-quarter consume regular soda pop (25%), and just over one in ten (13%) eat chips and candy daily.

Frequency of eating specific foods First Nations on-reserve 2006 - 2009

	DAILY		WEEKLY		RARELY/NEVER	
	2006	2009	2006	2009	2006	2009
Grains	75	75	19	18	6	6
Meat and fish	61	64	28	28	10	7
Vegetables	64	62	25	25	11	12
Milk products	62	62	19	17	19	20
Fruit	57	55	28	29	16	15
Regular soda pop	26	25	25	25	49	48
Traditional foods	20	24	38	40	41	35
Chips and candy	12	13	31	33	58	52

Q.65

Please tell me whether you eat each type of food on a daily basis, a weekly basis, rarely or never ... Grains, such as bread, pasta, bannock, cereal and rice ... Fruit, including fresh, frozen and canned fruit ... Vegetables, including fresh, frozen and canned ... Milk products ... Meat and fish ... Traditional foods, such as wild meat, or fish and berries ... Chips and candy ... Regular soda pop.

The proportion who say they eat traditional foods daily increased across all demographic subgroups, except for those in the lowest income bracket, where it is essentially unchanged. As a result, the likelihood of eating traditional foods no longer varies by household income; however, these foods remain most likely to be consumed on a daily basis by those with less education (30% of those with less than a high school diploma), and by those of average weight (28% vs. 16% of those overweight).

Consistent with 2006, there remain some notable socio-economic differences in nutrition practices, as those in higher income and education groups report to have healthier diets. Fruit continues to be more likely to be eaten daily by those with a university education and those with household incomes of \$50,000 or more, compared to those without a high school diploma and those earning less than \$15,000. Daily consumption of milk products also remains higher among those with a post-secondary education and those with household incomes of \$25,000 or more. New in 2009, vegetables are now more likely to be consumed daily by those with a post-secondary education (71%) and those with household incomes of \$50,000 or more (73%). First Nations people without a high school diploma remain the most likely to consume regular soda pop daily (32%), while those with household incomes under \$15,000 remain most likely to admit they eat chips and candy every day (18%).

Women remain more likely than men to say they *rarely or never* consume traditional foods, regular soda pop, or chips and candy. While there are no age differences pertaining to daily consumption of fruits, vegetables, milk or traditional foods, those under the age of 40 remain twice as likely to eat candy and chips every day, and now regular soda pop as well. Those under the age of 50 are more likely to eat meat and fish daily, while those aged 50 or older are least likely to report daily consumption of grains.

Across Canada some notable changes in food intake are as follows:

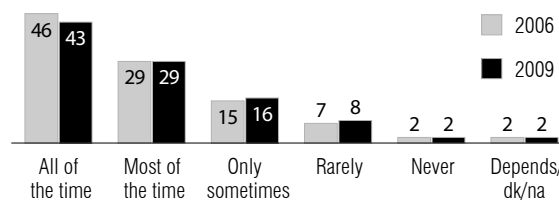
- Daily consumption of grains in Manitoba has gone from the highest to the lowest in the country (64%, down 11); this level is now highest in B.C. (83%, up 7). Manitoba residents also remain among the least likely to report daily consumption of fruit (51%) and vegetables (57%) (but are now as likely as in other provinces to eat meat or fish). New in 2009, they also report the highest daily consumption of chips and candy (20%, up 6), and one of the highest for regular soda pop (32%, up 9), similar to the Atlantic provinces (36%).
- Traditional foods continue to be eaten on a daily basis less often in Ontario (16%), while residents of Saskatchewan are now most likely to consume them daily (35%, up 7).
- Daily consumption of milk products has increased in Ontario (72%, up 11), and is now highest in the country together with Quebec (71%) and the Atlantic provinces (70%).

Availability of healthy foods. Many reserves are located in rural and often isolated areas where fresh and healthier food may be less reliably obtainable than elsewhere, so it is important to understand the extent to which residents believe that a lack of availability of healthy foods is a problem for their community. Most First Nations people living on a reserve continue to say that healthy foods are available locally all or most of the time. When asked how often foods that are generally considered to be healthy are available in local stores, seven in ten say such foods are available all (43%) or most (29%) of the time, essentially unchanged since 2006. As before, one-quarter say healthy foods are locally available only sometimes (16%), rarely (8%) or never (2%).

Despite the consistency of the national results in the past three years, there have been some changes at the provincial level. First Nations people living on a reserve in Saskatchewan (35%, down 12) and Alberta (37%, down 12) are less likely than before to feel that healthy foods are always locally available. These proportion are now among the lowest in the country, similar to Manitoba (35%, down 2), while residents of Quebec (53%) and Ontario (50%) are most likely to say that healthy foods are available in stores all of the time.

The proportion who believe that healthy foods are always available has increased among those aged 50 and over (52%, up 7), while declining among younger people (40%, down 6), resulting in an age gap in perceptions on this issue.

Extent that healthy foods are available locally
First Nations on-reserve 2006 - 2009



Q.66

Would you say that foods you consider to be generally healthy are available in local stores ...?

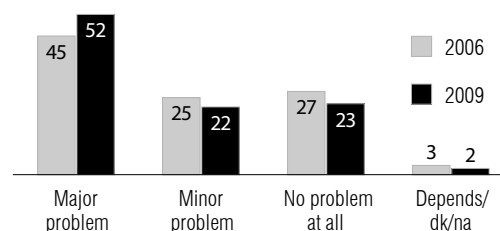
Cost of healthy foods. First Nations people living on a reserve have become increasingly concerned about the cost of healthy foods in their communities. One in two (52%) now say this is a major problem in their local area, up significantly since 2006 (45%). There have been corresponding declines in the proportions who say this is either a minor problem (22%, down 3) or not a problem at all (23%, down 4).

The perception that the cost of healthy foods is a major community problem has increased in all provinces and across all demographic subgroups, but most notably among men (50%, up 11), who are now as likely as women (54%, up 3) to hold this view.

As before, First Nations people with more education and higher household incomes remain more likely than those with less education and income to view the cost of healthy foods as a major community problem. Those with university education (66%) remain more likely than those with a high school diploma or less (46%) to think that the cost of such foods is problematic; as well, those with household incomes of \$50,000 and over (67%) continue to be more likely to think this than those with incomes under \$50,000 (50%).

Also unchanged from 2006, the cost of healthy foods remains most likely to be seen as a major community problem among those aged 30 and over (56%), those who have been diagnosed with (60%) or checked for (56%) diabetes, and those with family (55%) or friends (59%) with the disease.

Extent that cost of healthy foods is a problem
First Nations on-reserve 2006 - 2009



Q.67

Would you say that the cost of healthy foods is a major problem, a minor problem, or no problem in your community?

Familiarity with *Canada's Food Guide*

Unchanged since 2006, three-quarters of First Nations people on-reserve remain aware of Canada's Food Guide. However, there has been a decline in the proportion who report having a copy in their home.

First Nations people living on a reserve were asked if they are aware of something called *Canada's Food Guide*¹¹ and, if they are, whether they have a copy of the *Guide* in their home. The level of awareness has not changed in the past three years, with three-quarters (73%) who say they are aware of the *Guide*. As before, awareness of *Canada's Food Guide* remains higher among those with a university education (89%), those with household incomes of \$50,000 or more (86%), and women (83% vs. 64% of men), but does not vary by age.

Also consistent with 2006, those who are overweight remain more likely to be aware of *Canada's Food Guide* (79%) than are those of average weight (72%). Awareness of the *Guide* remains most likely among those with family (77%) or friends with diabetes (78%), compared to those who have neither (59%), and among those diagnosed with diabetes (80%) or who have been checked for it (78%), compared to those who have been neither diagnosed nor checked (58%).

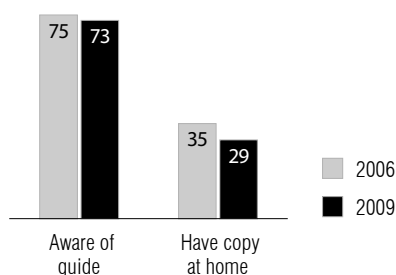
Of those aware of the *Guide*, half (50%, representing 37% of the total population) say they are aware there is a version of *Canada's Food Guide* for First Nations, Inuit and Métis. As with overall awareness, awareness of the First Nations, Inuit and Métis version is considerably higher among women (60%) than men (38%).

Three in ten (29%) First Nations people living on a reserve say they have a copy of *Canada's Food Guide* in their home, which represents a decline over the past three years (down 6 points). Half of this group (15%) have only the main version of *Canada's Food Guide*, while four percent have only the First Nations, Inuit and Métis version, and the remaining 10 percent have both versions.

The likelihood of having any version of the *Guide* at home has declined among those with a post-secondary education (35%, down 8), although they remain more likely to have a copy than those with a high school education (23%, up 2). Having a copy at home has also declined among those with household incomes between \$15,000 and \$50,000 (28%, down 11), and those aged 30 and over (30%, down 7).

Aware and have copy of *Canada's Food Guide*

First Nations on-reserve 2006 - 2009



Q.70

Are you aware of something called Canada's Food Guide?

Q.71

Do you have a copy of Canada's Food Guide in your home?

Q.71a

Do you have a copy of this food guide in your home?

11 Canada's first food guide, the *Official Food Rules*, was introduced in July 1942 to help improve the health of Canadians after WW2. Since that time, the *Food Guide* has been revised many times – most recently in 2007 – but maintained its original purpose of guiding food selection and promoting the nutritional health of Canadians.

Knowledge of nutrition programs

Unchanged from 2006, about six in ten First Nations residents on-reserve are familiar with local programs that promote good nutrition. The local hospital or community centre remains most frequently associated with these programs; fewer than before say they are sponsored by the Band Council.

On-reserve First Nations respondents were asked if they are aware of any community programs that promote good nutrition and healthy eating, and if so, who sponsors or funds these programs. There remains good awareness of this type of program, with just over six in ten (63%) who say they have heard of any, essentially unchanged since 2006 (60%). As before, awareness of local nutrition promotion programs remains highest among women (68%) than among men (58%), and older First Nations people (72% of those aged 50 or over). However, there are no longer significant differences in awareness by personal health status or by province.

Perceptions of the sponsors associated with these programs have changed little since 2006. Of those who are aware of such a nutrition promotion program, a strong plurality still believe that the sponsor is a local hospital or community centre (36%). As before, one in five (20%) think such programs are sponsored by some level of government. Fewer than before mention their local Band Council as the sponsor of these types of programs (13%, down 8). Other mentions continue to include local schools, Aboriginal health boards and local businesses.

Sponsor of nutrition promotion programs

First Nations on-reserve 2006 - 2009

	2006	2009
Local hospital/community centre	32	36
Governments (any)	21	20
Federal government	16	12
Health departments/ministries	1	6
Provincial/territorial government	2	2
Local governments	2	1
Local Band Council	21	13
Local schools	4	3
Aboriginal health boards	2	3
Local business	1	2
Health programs/Meals-on-Wheels/home care/food bank/nutrition	3	1
Other	6	5
dk/na	22	23

Q.69

Can you tell me who sponsors or funds this program or programs?

Subsample: Aware of nutrition programs

INUIT

HEALTH STATUS AND CHRONIC HEALTH PROBLEMS

To understand the health situation of Inuit and to develop health strategies for the future, it is important to gauge this population's current perceptions of their health and their understanding of potential health threats to themselves and their community. As in 2006, the survey enquired about health status and weight, and probed for the community and personal impacts of five specific chronic conditions (high blood pressure, chronic respiratory disease or asthma, diabetes, heart disease and cancer): whether they have been diagnosed with, tested for or anticipate developing any of these diseases, and what they believe are the causes of these chronic conditions. In the following chapter, diabetes is examined in detail.

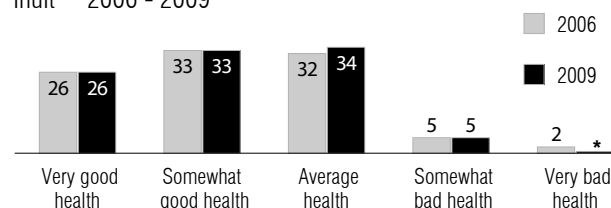
Perceptions of health and weight

Inuit remain generally positive about their personal health status, with six in ten continuing to say they are in very or somewhat good health. There also continues to be a similar proportion who says they are of average weight for their height and age.

Health status. Inuit perceptions of their current personal health status have remained very consistent over the past three years. Six in ten continue to say they are in very good (26%) or somewhat good (33%) health, while a further one in three feel their health is average (34%), essentially unchanged since 2006. As before, very few say their health is somewhat bad (5%) or very bad (fewer than 1%). These self-reported results are best interpreted as an indicator of how people perceive their health rather than as an objective measure of population health status.¹²

Perception of own health

Inuit 2006 - 2009



* Less than one percent

Q.5

How would you describe your personal health? Would you say: very good health, somewhat good, average health, somewhat bad or very bad health?

Despite the consistency in overall self-ratings of personal health, there have been some changes since 2006 among demographic groups. For instance, the gender gap has closed, as men are more likely than before (57%, up 6 points) and women are less likely than before (60%, down 7) to report good health. Residents of Nunavut (64%) are now as likely as residents of Nunavik and NWT (59%) to say their health is at least somewhat good.

As before, perceptions of personal health status do not vary noticeably by socio-economic circumstances (education and income). In addition, better health continues to be more commonly reported by those under 40 years of age, those of average weight and those who report being very physically active.

¹² Such self-perceptions are based in part on the presence or absence of specific health conditions (e.g., diabetes, physical ailments), but are also influenced by personality, and social and cultural influences. For instance, self-ratings may be based in part on who one compares oneself to (e.g., one's parents or friends), or against expectations (i.e., if one's health is better or worse than would be expected).

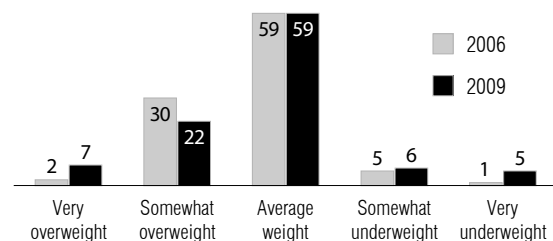
Weight. As with personal health status, self-perceptions of weight among Inuit have changed little in the past three years. Six in ten (59%) Inuit continue to say they are of average weight for their height and age. A substantial minority also continues to describe themselves as overweight, although there has been a slight shift away from describing this as somewhat overweight (22%, down 8) towards very overweight (7%, up 5). As before, only a very small proportion (11%) say they are underweight.

Since 2006, weight perceptions among men and women have become more similar, as women are less likely than before to report themselves as being overweight (33%, down 8) and more apt to say they are of average weight (54%, up 5) or even underweight (11%, up 5).

Otherwise, differences in weight perceptions by demographic group remain similar to before. Those who describe themselves as at least somewhat overweight are more likely to be aged 30 or over (36%, compared to 14% of 18 to 29 year olds), to have a post-secondary education (37%, compared to 21% of those with less education), and to have a household income of \$25,000 or more (36%, compared to 22% of those in lower income households).

Perception of own weight

Inuit 2006 - 2009



Q.64

And would you say that you are very overweight, somewhat overweight, average weight for your height and age, somewhat underweight or very underweight?

Perceptions of most serious health problems

Inuit are increasingly focusing on chronic diseases, particularly cancer, diabetes and chronic respiratory disease, as the top-of-mind health concern for their community. This trend is most evident among those with less education and income.

Top-of-mind health concern. Inuit respondents were asked (unprompted) what they consider to be the most serious health problems facing their community today. The proportion who mention a specific illness or disease has increased substantially since 2006, to almost six in ten (57%, up 19). This is due to increased concerns about cancer (24%, up 6), diabetes (16%, up 7) and chronic respiratory disease (8%, up 5). Lifestyle-related concerns continue to be mentioned by one in five (18%, unchanged), including smoking (7%), problems with

Perception of most serious health problem

Inuit 2006 - 2009

	2006	2009
Specific illness/disease (any)	38	57
Cancer (all types)	18	24
Diabetes	9	16
Colds and flu	8	10
Chronic respiratory disease/breathing problems	3	8
Heart disease/stroke	4	5
Lifestyle issues (any)	18	18
Smoke/smoking	8	7
Alcohol/alcohol abuse	4	6
Drugs/drug abuse	3	5
Obesity*	3	3
Malnutrition	2	2
STD or infection	2	—
Other	15	8
dk/na**	35	26

* Obesity has been classified as a lifestyle issue for the purpose of this report, although others may classify it as a specific illness

** Throughout this report, dk/na is used to represent responses of "don't know" or "no answer"

Q.7

What would you consider to be the most serious health problems facing your community today?

alcohol (6%) and drugs (5%), obesity (3%) and malnutrition (2%). The proportion of Inuit who are unable to name any serious community health problems has declined (26%, down 9).

The increase in the proportion who identify a specific disease as their community's most serious health problem is evident in Nunavut, and in NWT and Nunavik, and among all demographic groups. However, this increase has been greatest among those without a post-secondary education (54%, up 22) and those with household incomes under \$25,000 (60%, up 34), who are now just as likely to mention a specific disease as those with more education or higher incomes.

Specific mentions of diabetes have increased most notably among those with household incomes under \$25,000 (24%, up 20), who are now more likely to cite it than are Inuit with higher household incomes (13%, unchanged), reversing the pattern observed in 2006. Men are also more likely than in the past to mention diabetes (16%, up 11), and are now as likely as women (16%, up 2) to identify it as a serious community health problem. The growth in mentions of diabetes has occurred almost entirely among those who have friends or family with the disease (27%, up 11), and concern about this illness remains much lower among those without such a connection (5%, up 1). As before, those who have been diagnosed with or checked for diabetes remain more likely than others to mention diabetes as a top-of-mind major local health issue, although both groups are more likely than in 2006 to cite this illness.

The proportion of Inuit who cannot identify any serious health problems facing their community remains higher among those under age 30 (36% vs. 22% of those 30 and over), those without a post-secondary education (30% vs. 18% of those with at least some), and those with household incomes under \$25,000 (32% vs. 15% of households earning \$25,000 or more). However, this proportion has declined in all of these subgroups since 2006.

Most serious chronic diseases. Inuit were also asked specifically about what types of chronic diseases or illnesses are the most serious in their community today (again, unprompted). There has been little change since 2006 in the chronic diseases mentioned. The one exception is a slight increase in the proportion who identify diabetes as the most serious chronic disease facing their community (13%, up 5). The most frequently cited chronic disease continues to be cancer (31%), while about one in ten each continue to mention chronic respiratory disease (11%), heart disease/stroke (10%), and colds, flu or pneumonia (8%). Four in ten (40%) remain unable to mention any serious chronic illness facing their community. The lack of change in these responses, in direct contrast to the increase in mentions of specific chronic diseases when Inuit were asked about the most serious health problems facing their community, likely reflect a lack of familiarity with the term "chronic disease" compared to the more generic "health problems."

Most serious chronic diseases

Inuit	2006 - 2009	
	2006	2009
Cancer (all types)	30	31
Diabetes	8	13
Chronic respiratory disease/breathing problems	8	11
Heart disease/stroke	9	10
Colds/flu/pneumonia	10	8
Arthritis	2	3
Asthma	2	3
Obesity	1	3
Alcohol/alcohol abuse	2	2
Depression/suicide	—	2
AIDS/HIV/STD	3	1
High cholesterol	2	*
TB/tuberculosis	2	*
Other	14	5
dk/na	39	40

* Less than one percent

Q.8

And thinking now about specific types of chronic diseases or illnesses, which do you think are the most serious in your community today?

As in 2006, cancer remains the most frequently cited chronic disease, for all subgroups. However, mentions have increased among those without a post-secondary education (30%, up 13) and declined among those with a post-secondary education (31%, down 11); as a result, there is no longer significant difference between the two groups. As before, residents of Nunavut (11%) remain more likely than those in Nunavik or the NWT (3%) to mention colds, flu or pneumonia as being a serious local illness; the same is now also true for chronic respiratory disease (15% in Nunavut vs. 5% in Nunavik and the NWT).

Mentions of diabetes have increased most notably since 2006 among those without a post-secondary education (14%, up 10) and those with household incomes under \$25,000 (13%, up 8), who are now as likely to cite this illness as are Inuit with more education or higher incomes. Diabetes remains more frequently cited by those with second-hand experience of the disease through family or friends who have diabetes (23% vs. 2% without such a connection).

Chronic disease prevalence and perceived risk

Since 2006, there has been a slight increase in both the self-reported prevalence of most chronic diseases, and in the proportion who think they are candidate for most of these diseases in the future.

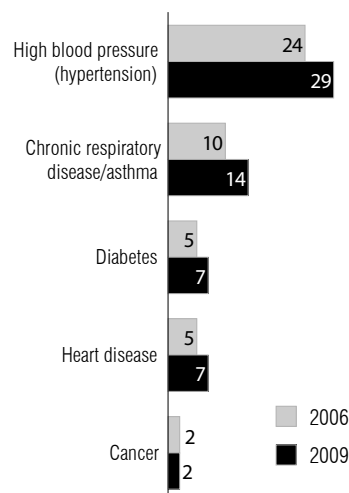
Inuit were asked about their personal experience with each of five chronic diseases, in terms of whether they have ever been diagnosed with it and, if not, if they feel they would be likely candidate to develop it at some point.

Ever diagnosed with a chronic disease. Since 2006, the general trend indicates a marginal, but not statistically significant, increase in the proportion of Inuit who report being diagnosed with four of five chronic diseases. As before, Inuit are most likely to say they have ever been diagnosed with high blood pressure (29%, up 5), followed by chronic respiratory or breathing disease or asthma (14%, up 4), while fewer have been diagnosed with diabetes (7%, up 2), heart disease (7%, up 2) or cancer (2%, unchanged).

Age remains the most important demographic factor influencing incidence rates, with those aged 40 and over more likely than younger Inuit to report a diagnosis of diabetes, chronic respiratory disease, or heart disease, and those aged 30 and over more likely than others to report a diagnosis of high blood pressure.

Ever diagnosed with a chronic disease

Inuit 2006 - 2009



Q.9, Q.14, Q.29, Q.29, Q.35

Have you ever been diagnosed with {disease}?

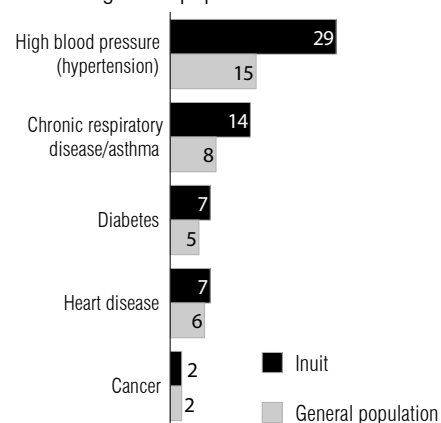
Since 2006, the incidence of a high blood pressure diagnosis has increased sharply among those with household incomes under \$25,000 (41%, up 23), and is now substantially higher than among Inuit with higher incomes (25%, down 3).

While in 2006, being overweight was previously a common factor among those reporting a diagnosis of high blood pressure, heart disease, chronic respiratory disease or diabetes, those who are overweight are now more likely to report a diagnosis only for chronic respiratory disease (26% vs. 8% of those of average weight). Finally, there is no longer a gender gap when it comes to diabetes, with men now as likely as women to report a positive diagnosis.

The graphic below is for general comparative purposes only, to illustrate that the prevalence of high blood pressure and diabetes self-reported in this study is somewhat higher among the Inuit population than among the Canadian population in general.¹³

Self-reported prevalence of chronic diseases

Inuit and general population 2009



Q.9, Q.14, Q.29, Q.29, Q.35

Have you ever been diagnosed with {disease}?

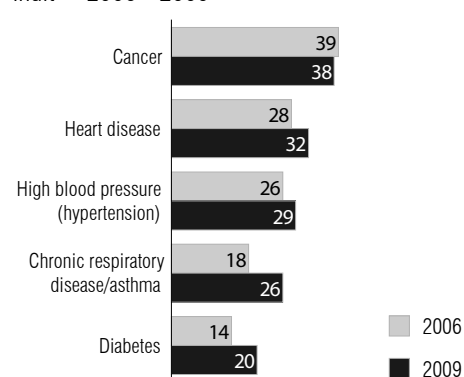
Perceived risk to get chronic diseases. For each chronic disease they do not have, Inuit were asked if they think they might be a likely candidate to develop it in the future. As with incidence rates of chronic diseases, perceptions of the risk of developing a chronic disease generally appear to be trending upward (with the exception of cancer), although the changes are not statistically significant. The perceived risk remains highest for cancer, with four in ten (38%) Inuit continuing to think they might be a candidate for the disease at some point. About three in ten of those who do not have heart disease (32%) or high blood pressure (29%) now feel they could develop these diseases in the future. One-quarter (26%) of those who do not have chronic respiratory disease and one in five (20%) of those without diabetes anticipate that they will get these diseases.

Consistent with 2006, Inuit with family or friends who have diabetes (31%) remain more likely than those without second-hand experience (10%) to believe they will get this disease in the future. Also as before, the perceived risk of developing heart disease remains higher among those aged 30 and over.

However, the belief that they will get chronic respiratory disease has increased among those aged 40 and

At risk to get a chronic disease

Inuit 2006 - 2009



Q.11, Q.16, Q.21, Q.32, Q.40

Do you consider yourself to be someone who is likely to get {disease} at some point in your life?

Subsample: Those who have not been diagnosed with {disease} or who are unsure

¹³ General population figures are from Statistics Canada, Health Indicators 2005, except for heart disease (Heart and Stroke Foundation, 2003). It should be noted that the Heart and Stroke Foundation data cover the Canadian population aged 20 and over. The asthma figure shown for the general population may not include other chronic respiratory or breathing diseases.

over (40%, up 20), for whom this perception is now more common than for younger Inuit. The perception that they are a candidate for chronic respiratory disease is also up among men (36%, up 14), who are now more likely to believe this than are women (17%, up 4). Those who report they are of average, somewhat bad or very bad health are now more likely than others to think they might develop chronic respiratory disease or high blood pressure (but no longer heart disease or cancer, as in 2006).

Causes of chronic diseases

Perceptions of the major causes of most chronic diseases remain essentially unchanged since 2006, except for an increase in the proportion who associate poor diet with Type 2 diabetes.

Reasons for expecting to develop chronic diseases. Inuit who consider themselves to be likely to get any chronic disease at some point were asked why they believe this is so. Family history or genetics remains the main reason given for anticipating heart disease and diabetes, and one of the main reasons mentioned by people who think they might get high blood pressure and cancer. These reasons cited are consistent with 2006.¹⁴

In the case of chronic respiratory disease, many continue to believe they are a candidate because they smoke or are exposed to smoking. Smoking also remains a major reason given by those expecting to get cancer and heart disease.

Diet continues to be considered a primary risk factor by a significant proportion of Inuit who feel they might develop diabetes (particularly in terms of their sugar consumption) and high blood pressure in the future.

Perceived main causes of chronic diseases. Respondents were asked (unprompted) what they consider to be the main causes of each of these five chronic diseases. Perceptions of what causes these diseases have remained largely consistent over the past three years, with one notable exception. Since 2006, an increasing proportion of Inuit identify diet/nutrition as the primary cause of Type 2 diabetes (45%, up 8), while the number who are unable to give any cause for the disease has declined (44%, down 11). Nonetheless, diabetes remains the chronic disease for which the highest proportion of Inuit are unable to identify a cause (by comparison to between 26% and 34% for the other diseases).

Smoking/tobacco continues to be identified as the primary cause of cancer (55%) and chronic respiratory disease, breathing problems and asthma (50%), and as well as one of the main causes of heart disease (35%), together with diet/nutrition (32%). Diet also remains the most mentioned cause of high blood

¹⁴ This is due in part to the fact that there are too few respondents to these questions to provide a detailed analysis.

pressure (34%), while a significant proportion continue to identify stress, anxiety or depression as a leading cause of this disease (25%).

The proportion of Inuit who identify diet/nutrition as the leading cause of Type 2 diabetes has increased across the population, but particularly in the NWT and Nunavik (53%, up 17), and among those who are overweight (63%, up 20) or who consider their health to be average or worse (52%, up 16). As a result, these

groups are now more likely than Inuit in Nunavut (40%, up 5), those of average weight (42%, up 7) and those in good health (41%, up 3) to consider diet a main cause of Type 2 diabetes. This perception has also increased notably among those aged 30 and over (53%, up 11), further widening the gap between older and younger Inuit (26%, down 1).

As in 2006, responses to these questions continue to vary primarily by socio-economic status and age. For

Main causes of chronic diseases Inuit 2006 - 2009

CAUSE	HEART DISEASE		HIGH BLOOD PRESSURE		CHRONIC RESPIR./ASTHMA		CANCER		DIABETES	
	2006	2009	2006	2009	2006	2009	2006	2009	2006	2009
Smoking/tobacco/second-hand smoke	37	35	7	11	52	50	57	55	1	2
Diet/nutrition/sugar	27	32	35	34	2	3	10	15	37	45
Lack of exercise/physical activity	17	12	11	6	2	3	3	3	8	10
Obesity/being overweight	8	6	5	6	1	1	—	1	8	7
Family history/genetics	7	9	4	4	5	7	7	11	7	7
High blood pressure/high cholesterol	7	8	—	—	—	2	—	1	2	1
Stress/anxiety/depression/fatigue	3	4	27	25	—	1	4	7	—	2
Alcohol/drinking/drugs	3	4	3	4	2	1	5	4	1	—
Lifestyle (general)	2	5	1	2	—	—	1	2	1	—
Environmental/air/water quality/pollution/mould/toxic substances	1	*	—	*	19	17	11	12	—	—
Diabetes/blood sugar	1	2	2	1	—	—	—	—	9	10
Poverty/poor living conditions	1	—	—	—	1	3	—	—	—	—
Allergies/colds/pneumonia/dust mites	—	—	—	—	7	4	—	—	—	—
Other reasons (any)	4	2	7	3	7	2	11	2	4	4
dk/na	32	28	29	26	36	34	32	26	55	44

* Less than one percent

Q.13, Q.18, Q.23, Q.34

What would you consider to be the main causes of {disease}? Anything else?

Q.44

As you may know, there are two types of diabetes, Type 1 and Type 2. Type 2 diabetes is the type that does not require regular insulin.

From what you know or have heard, what are the main causes of Type 2 diabetes? Anything else?

example, Inuit with household incomes of \$25,000 or more are more likely than those with lower incomes to identify multiple causes of heart disease (diet, obesity, lack of exercise), high blood pressure (diet, obesity) or chronic respiratory disease (smoking, environmental causes). As people get older, they are more likely to know that diet is a cause of heart disease and cancer, that stress is connected to high blood pressure, or that smoking is a cause of chronic respiratory disease. However, self-reported health status and weight no longer influence responses to these questions as they did three years ago.

Consistent with 2006, it remains notable that what people perceive as the main causes of chronic diseases differ in order of mention from the reasons given by those who personally anticipate getting the diseases. In particular, while family history and genetics continues to be considered a main reason why someone might think they personally may be a candidate for a specific chronic disease, it remains far down the list of main causes of chronic diseases generally.

As before, those who are unable to name a cause of a chronic disease are younger (18-29) and have lower incomes. Those least able to cite a cause of Type 2 diabetes continue to be Inuit aged 18 to 29 (60%), compared to 38 percent of those aged 30 and over; those who have not been diagnosed or checked for diabetes (57% vs. 31%); and those who have no second-hand experience of the disease through friends or family (59% vs. 28%).

Testing for chronic diseases

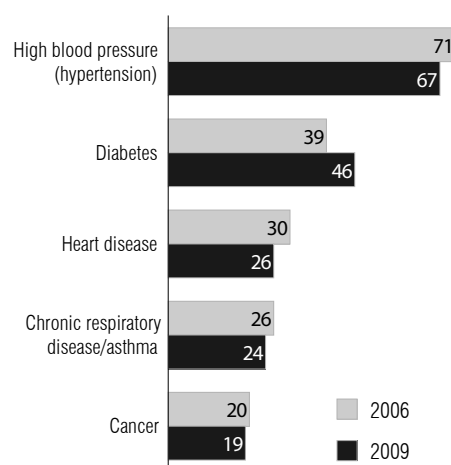
Since 2006, the proportion of Inuit who report being tested for diabetes has increased slightly, while checking for the other chronic diseases remains stable. As before, half of Inuit say they have had their blood sugar verified by a medical professional in the past year.

Ever checked for chronic diseases. Inuit who have not been diagnosed with specific chronic conditions were asked if they have ever been checked for those conditions. Overall, the incidence of these tests remains largely consistent with 2006, except for a slight increase in the proportion who have been tested for diabetes. Almost half (46%) of Inuit now say they have been checked for diabetes, up seven points since 2006. Reported testing remains most common for high blood pressure (67%), and considerably lower for heart disease (26%), chronic respiratory/breathing disease or asthma (24%), or cancer (19%).

The proportion who report being checked for diabetes has increased most notably among Inuit with a high school education or less (47%, up 20), who are now *as* likely as those with a post-secondary education to have been tested, and among Inuit with household incomes of \$25,000 or more (55%, up 11), who are now *more* likely than those with lower incomes to have been tested.

Ever checked for a chronic disease

Inuit 2006 - 2009



Q.10, Q.15, Q.20, Q.31, Q.38

Have you ever been checked for {disease}?

Subsample: Those who have not been diagnosed with {disease} or who are unsure

As in 2006, the incidence of having been tested for heart disease remains higher among those aged 40 and over (38%). Reported testing for diabetes has increased since 2006 among 30- to 39-year-olds (up 23), and accordingly this rate is now higher among those aged 30 and over (53%) compared to younger Inuit (31%).

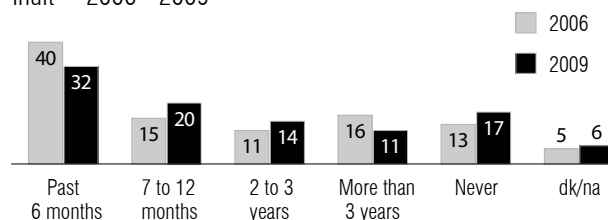
Although the likelihood of being checked for heart disease, diabetes and cancer was linked to excess weight in 2006, this now remains true only for heart disease, which continues to be more common among those who are overweight (44% vs. 22% of average weight). As before, socio-economic status continues to have little influence on the likelihood of being checked for chronic diseases, except in the case of diabetes (discussed earlier).

Last time blood sugar was checked. All Inuit respondents, including those diagnosed with diabetes, were asked when they last had their blood sugar levels checked by a doctor or nurse. Since 2006, the overall proportion who have had their blood sugar verified in the past year has remained stable, although within that time period there has been a small shift away from more recent to less recent testing. Half (52%, down 3) of Inuit continue to report a blood sugar test in the past year, although fewer than before say it fell within the last six months (32%, down 8), and slightly more say it occurred between seven and 12 months ago (20%, up 5).

Blood sugar testing – within the past year – remains more common among older Inuit (55% of those aged 30 and over, compared to 45% of younger Inuit); women (64% vs. 41% of men); and among those with family members or friends with diabetes (58% vs. 45% of others). However, those who are of average weight are now as likely as those who are overweight to report having their blood sugar tested. As before, men (23%) remain more likely than women (12%) to say their blood sugar has never been checked by a doctor or nurse.

Last time blood sugar levels checked

Inuit 2006 - 2009



Q.39

When was the last time you had your blood sugar levels checked by a doctor or nurse ...?

DIABETES

As prevalence rates of diabetes are considerably higher among First Nations people than among Canadians in general, and the potential exists for rates to also increase among the Inuit population, it is important to gain information about the impacts and level of knowledge about the disease among Inuit. As in 2006, the survey asked about people's experience with diabetes, either first- or second-hand; about its effects on the body, how it can be prevented, and awareness of diabetes prevention programs.

Prevalence and impacts of diabetes

Since 2006, the proportion of Inuit with either a friend or family member with diabetes has increased. This trend is most evident among those aged 30 to 39, and those with less income and education.

Prevalence of diabetes. As mentioned in the previous section, seven percent of Inuit report they have been diagnosed with diabetes, which is about the same prevalence rate as in the general Canadian population. One in five (20%) of those who have not been diagnosed with diabetes feel they might be a candidate for the disease in the future.

In addition to these personally directed questions, respondents were asked about their second-hand experience with the disease, in terms of knowing family or friends with diabetes. In the past three years, an increasing number of Inuit have experience with diabetes through family or friends. One in three report having a friend with diabetes (32%, up 6), and three in ten say they have a family member with diabetes (29%, up 4). Taken together, half (50%) of the Inuit population now has either a family member or friend with diabetes, an increase of eight percentage points since 2006. As before, one in ten (10%) have both a friend and family member with diabetes; one in two (50%) now have neither.

If family or friends have diabetes

By age, education and income

Inuit 2006 - 2009

	FAMILY MEMBER WITH DIABETES		FRIEND WITH DIABETES	
	2006	2009	2006	2009
Total	25	29	26	32
Age				
18 - 29	25	27	22	17
30 - 39	25	36	18	39
40 +	27	25	38	40
Education				
High school graduate or less	21	34	22	28
Post-secondary	28	24	32	41
Income				
<\$25K	20	37	18	33
\$25K +	30	26	35	40

Q.42a

Do any of your family members have diabetes?

Q.42b

Do any of your friends have diabetes?

The likelihood to have a family member (up 11) or friend (up 21) with the diabetes has increased primarily among Inuit aged 30 to 39; this age group is now as likely as older Inuit to have a friend with diabetes. Having a family member (up 17) or friend (up 15) with the disease has also risen considerably among those with household incomes under \$25,000, and in the case of a family member (up 13), among those with a high school education or less. Those with a post-secondary education remain more apt to have a friend with diabetes (41% vs. 28% of those with less education).

Lifestyle impacts of diabetes. Inuit who have been diagnosed with diabetes (7%) were asked if they had been diagnosed with Type 1 or Type 2 diabetes,¹⁵ and then asked in what ways diabetes has affected their life or lifestyle. The number of Inuit in this sample who have been diagnosed with diabetes is too small (14 people) to allow for detailed analysis of these questions. As in 2006, most have Type 2 diabetes, and most mention a lifestyle change related to a change in diet or sugar consumption.

Level of knowledge about diabetes

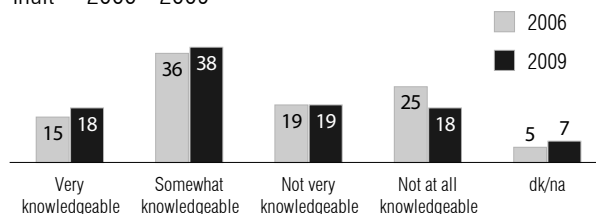
As in 2006, more than half of Inuit continue to believe they are at least somewhat knowledgeable about diabetes. The large majority also continue to feel it is personally important for them to learn more.

Current knowledge. A majority of Inuit continue to consider themselves knowledgeable about diabetes, and this proportion has grown slightly since 2006. More than half (56%, up 5) now consider themselves to be either very (18%, up 3) or somewhat (38%, up 2) knowledgeable about the disease.

Self-rated knowledge level (very or somewhat knowledgeable) has increased most notably among Inuit without a post-secondary education (53%, up 11) and household incomes under \$25,000 (49%, up 13), and among those aged 30 to 39 (57%, up 10). Despite these changes, Inuit with a post-secondary education (67%), those with household incomes of \$25,000 or more (67%), and those aged 40 and over (67%) remain more likely to consider themselves at least somewhat knowledgeable about diabetes. As before, those who have either been diagnosed or checked for diabetes (69%), and those with either friends or family members with diabetes (65%) remain more likely to say they are knowledgeable than those who have not been diagnosed or checked (42%) or those with no second-hand connection (47%).

Level of knowledge about diabetes

Inuit 2006 - 2009



Q.43

Do you consider yourself to be very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable about diabetes?

15 A description of Type 1 and Type 2 diabetes was not provided.

Additional analyses conducted in 2006 revealed that higher self-rated knowledge of diabetes is associated with a better understanding of the major causes of diabetes, as well as of the signs and symptoms of the disease, the effects that Type 2 diabetes has on the human body, and ways to prevent or reduce the chances of developing it. These patterns continue to exist three years later.

For instance, those claiming to be at least somewhat knowledgeable about diabetes remain twice as likely to be able to cite a major cause of the disease than those who say they are not very or not at all knowledgeable.

As well, their knowledge of the link between physical activity and diabetes, although relatively low, continues to far outstrip that of those who claim less knowledge. They also remain more likely to mention diet and genetics as a main cause of diabetes (but no longer obesity).

However, as before, there remain substantial proportions of Inuit who claim to be somewhat knowledgeable about diabetes but who could not identify any causes of this disease (30%), who could not name a sign or symptom (39%), or who could not cite any way that Type 2 diabetes affects the human body (42%).

Main causes of Type 2 diabetes

Inuit By self-reported diabetes knowledge 2009

CAUSE	TOTAL		VERY/SOMEWHAT KNOWLEDGEABLE		NOT VERY/AT ALL KNOWLEDGEABLE	
	2006	2009	2006	2009	2006	2009
Lifestyle issues (any)	37	45	53	61	19	25
Diet/nutrition	19	25	32	37	6	12
Eating too much sugar	18	20	22	26	11	12
Lack of exercise/physical activity	8	10	12	15	2	4
Obesity/being overweight	7	7	13	8	1	7
Blood sugar levels	9	10	11	9	7	11
Family history/genetics	7	7	10	10	4	3
dk/na	55	44	37	30	76	60

* Less than one percent

Q.43

Do you consider yourself to be very knowledgeable, somewhat knowledgeable, not very knowledgeable or not at all knowledgeable about diabetes?

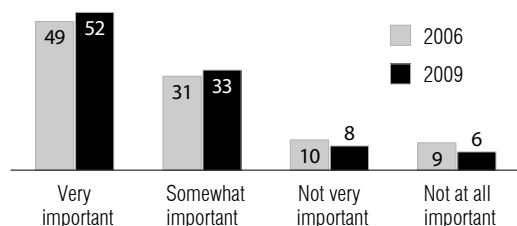
Q.44

As you may know, there are two types of diabetes, Type 1 and Type 2. Type 2 diabetes is the type that does not require regular insulin. From what you know or have heard, what are the main causes of Type 2 diabetes? Anything else?

Importance of learning more. As was the case in 2006, most Inuit continue to say it is personally important to them to learn more about diabetes, and this proportion has increased marginally over the past three years. More than eight in ten (85%, up 5) say it is either very (52%, up 3) or somewhat (33%, up 2) important that they learn more.

The belief that it is at least somewhat important to learn more about diabetes has increased the most among residents of Nunavut (89%, up 6) and among women (90%, up 9), who are now more likely to say this than are residents of NWT and Nunavik (76%, unchanged) and men (80%, down 1). As before, those who have friends or family with diabetes remain more likely to feel it is very important to personally learn more (60% vs. 44% of those without such a connection).

Importance of learning more about diabetes
Inuit 2006 - 2009



Q.54

How important is it for you personally to learn more about diabetes? Is it ...?

Knowledge of symptoms and effects

Since 2006, increasing proportions of Inuit can name at least one sign or symptom of Type 2 diabetes, as well as at least one effect the disease has on the human body.

Signs and symptoms. As a further measure of knowledge about the disease, Inuit respondents were asked (unprompted) if they could name the signs or symptoms of Type 2 diabetes. Results show that just under one-half of Inuit can cite a possible sign or symptom of diabetes, which represents a slight improvement since 2006. However, there is little change in the types of signs mentioned, of which the most common remain a lack of energy (16%) and frequent thirst (16%). Other symptoms include dizziness (8%), frequent urination (7%), blurred vision (5%) and high blood pressure (5%). More than half (54%) say they cannot identify any signs or symptoms of the disease, which is down marginally since 2006 (62%).

Signs/symptoms of diabetes
Inuit 2006 - 2009

	2006	2009
You do not have much energy	16	16
You are often thirsty	13	16
Dizziness	2	8
You go to the bathroom a lot (frequent urination)	5	7
You cannot see well (blurred vision)	4	5
High/low blood pressure	2	5
You lose weight without knowing why	4	4
High/low sugar levels	2	4
You feel tingling or numbness in your hands or feet	3	3
Obesity	2	3
Dry mouth/skin	–	3
Tremors/shakes	3	1
Mood swings (high and low)	2	–
Other	15	7
Nothing	1	3
dk/na	62	54

Q.45

From what you know or have heard, what are the signs or symptoms of Type 2 diabetes? Anything else?

The proportion least able to identify a sign or symptom of Type 2 diabetes has declined most notably among Inuit with a high school education or less (53%, down 20), and those with household incomes under \$25,000 (59%, down 16), who are now as likely as those with more education and higher incomes to be able to name at least one sign or symptom. Men (62% vs. 47% of women) and those aged 18 to 29 (67% vs. 43% of those aged 40 or over) remain less apt to be able to identify any sign or symptom of the disease.

Effects of Type 2 diabetes. Another (unprompted) question designed to further assess knowledge of diabetes was how Type 2 diabetes affects the human body. There has been improvement in this type of knowledge over the past three years, with just under half (45%) of Inuit who can now cite at least one physical effect of diabetes, up from three in ten (31%) in 2006. However, there continues to be no physical effects that stand out as being well-understood. One in ten or fewer each mention effects such as sugar levels (8%), fatigue (6%), problems with the body's ability to produce or use insulin (6%), limb problems/amputation (5%), sight problems/blindness (5%) or weight problems (4%). Moreover, there remains a significant proportion of the Inuit population who cannot identify any ways in which Type 2 diabetes affects the human body (55%, down 14).

As with knowledge of the signs and symptoms of the disease, the proportion least able to identify any physical effects of Type 2 diabetes has declined most notably among Inuit with a high school education or less (55%, down 22), and those with household incomes under \$25,000 (56%, down 21), who are now as likely as those with more education and higher incomes to be able to name at least one physical effect. As before, those aged 18 to 29, and those with no personal experience – either through being diagnosed with or checked for diabetes, or by having a family member or friend with the disease – also remain less apt to be able to identify any way that Type 2 diabetes affects the body, while the same is now true of men (63%) compared to women (46%).

How diabetes affects the human body

Inuit 2006 - 2009

	2006	2009
Affects sugar levels	8	8
Tiredness/fatigue	4	6
Interferes with body's ability to produce/use insulin	3	6
Affects variety of limbs/amputation	5	5
Problems with eyesight/blindness	5	5
Weight problems	3	4
Cause poor circulation/heart or vascular problems	5	3
Problems with kidneys	2	3
Requires medications (including insulin)	1	3
Decreased physical mobility/activities	–	2
Diet	1	2
Alters immune system/can't fight infection	1	2
Leads to an excess of a type of sugar called glucose	1	2
May cause death	3	1
Other	7	9
dk/na	69	55

Q.46

And how does Type 2 diabetes affect the human body? Anything else?

Preventive measures

Inuit are more knowledgeable than before about ways to prevent or reduce the risk of diabetes. However, the perceived effectiveness of a nutritious diet, being physically active and avoiding becoming overweight remains far from universal.

Awareness of prevention methods. Given the potential for an increase in prevalence of diabetes among this population, it is important to assess the level of understanding about how to prevent the disease. Since 2006, Inuit have become more aware of ways to prevent or reduce the chances of developing Type 2 diabetes. The most frequently cited preventive methods continue to be eating a healthy diet (45%, up 6), being physically active and exercising (28%, up 5), and limiting sugar intake (18%, up 4), and mentions of each of these have trended upwards in the past three years. There continues to be fewer than one in ten who can identify any other ways of preventing diabetes. One-quarter (26%) cannot identify any way to prevent or reduce the risk of developing the disease, down from four in ten (40%) in 2006.

The proportion least able to identify any ways to prevent or reduce the risk of developing Type 2 diabetes has declined most notably among those with a high school education or less (24%, down 22), who are now *as* likely as Inuit with a post-secondary education to be able to name at least one preventive approach, and among women (19%, down 22), who are now *more* likely than men to be able to identify such a measure. As before, those aged 18 to 29, those with lower household incomes, and those with no personal experience with the disease (i.e., those who do not have diabetes, or who do not have a friend or family member with the disease) remain less apt to be able to identify any prevention measures. Inuit who are overweight continue to be more likely than those of average weight to cite nutrition or exercise, and new in 2006, maintaining a healthy weight, as ways to prevent the disease.

Top-of-mind ways to prevent diabetes
Inuit 2006 - 2009

	2006	2009
Eat a healthy diet	39	45
Be physically active/exercise	23	28
Limit intake of sugar	14	18
Maintain a healthy weight	4	6
Get blood sugar checked	7	5
Regular medical check-ups/follow advice	—	5
Lead a healthy lifestyle	2	3
Education	2	3
Drink water	2	2
Other	6	2
dk/na	40	26

Q.47
What, if anything, can one do to prevent Type 2 diabetes, or at least reduce the chances of developing it?

Effectiveness of diabetes prevention methods. Survey respondents were asked to rate the effectiveness of each of three potential ways to prevent or reduce the chance of developing diabetes (nutritious food consumption; regular physical activity; avoiding becoming overweight). When prompted, a majority recognize each of the three prevention methods as effective, which has not changed significantly over the past three years. Essentially unchanged from 2006, more than six in ten Inuit say that a nutritious diet (64%) and regular exercise (62%) are very effective prevention methods, while just over half (53%) say this about avoiding becoming overweight.

As in 2006, those most likely to consider a nutritious diet and regular physical activity very effective prevention methods are those with a post-secondary education; Inuit aged 18 to 29 are least likely to feel that either of these methods are very effective. There are no longer any differences by education level or age in how effective people think it is to avoid becoming overweight.

All three prevention methods remain most likely to be considered at least somewhat effective by those with greater connection to the diabetes: those who have been diagnosed or checked for diabetes, or who have a friend or family member with the disease.

Sources of information

Unchanged from 2006, four in ten Inuit are aware of community programs to help prevent and manage diabetes, and remain most likely to identify local hospitals or community centres as the sponsor. Most Inuit would turn first to their local health clinic if they were looking for information about diabetes.

Awareness of community diabetes programs. Inuit were asked if they are aware of any programs in their community to help residents prevent or manage diabetes. The level of awareness is unchanged from 2006, with four in ten (39%) who say they are aware of such programs.

As before, there continue to be no significant differences in awareness of diabetes programs by socio-economic or demographic factors. As expected, awareness of community diabetes prevention programs remains highest among those with first-hand experience with the disease (i.e., either diagnosed with or checked for diabetes), although such awareness is no longer higher among those with friends or family members with diabetes (44%, down 6) than among those without a second-hand connection (34%, up 3).

Effectiveness of diabetes prevention methods

Inuit 2006 - 2009

	VERY EFFECTIVE		SOMEWHAT EFFECTIVE		NOT VERY/ AT ALL EFFECTIVE	
	2006	2009	2006	2009	2006	2009
Nutritious diet	64	64	17	21	15	10
Regular physical activity	57	62	21	21	16	12
Avoiding becoming overweight	57	53	24	29	13	10

Q.48

Would you say each of the following steps is very effective, somewhat effective, not very effective or not at all effective as a way to prevent or reduce the chances of developing diabetes ...?

Sponsors of community diabetes programs. When those who indicate they are aware of a community-level diabetes prevention program are asked (unprompted) who sponsors or funds these programs, the most commonly mentioned sponsor continues to be the local hospital or community centre (35%). However, the proportion of Inuit who say the provincial or territorial government sponsors the program has declined considerably since 2006 (6%, down 13), and a wider range of sponsors are now cited, although none at particularly high levels. These include health boards, committees or directors (8%), doctors, nurses or the nursing station (5%), the North West Company (4%), their local Band Council (4%), Makivik Corporation (2%) or the CLSC (2%). Seven percent mention the federal government as a sponsor, essentially unchanged since 2006. As before, there continues to be a substantial minority (24%) who say they do not know the program sponsor(s).

Sponsor of community diabetes programs

Inuit 2006 - 2009

	2006	2009
Local hospital/community centre	38	35
Health board/committee/director	—	8
Federal government	4	7
Provincial/territorial government	19	6
Doctors/nurses/nursing station	—	5
Local Band Council	6	4
The North West Company	—	4
Makivik Corporation	—	2
CLSC (Centres locaux de services communautaires)	—	2
Diabetes associations	1	—
Other	6	5
dk/na	30	24

Q.50

Can you tell me who sponsors or funds this program or programs?

Subsample: Those who are aware of any programs in their community to help residents prevent or manage diabetes

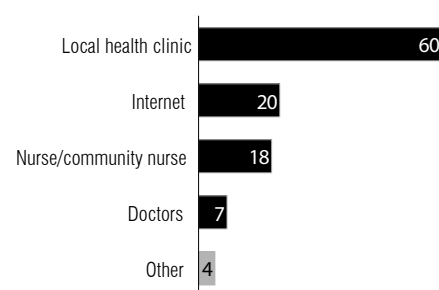
Where would look for diabetes information. Inuit were asked (unprompted) where they would go if they were looking for information about diabetes today. The local health clinic is by far the most commonly preferred source of information, for six in ten (60%). About one in five each mention the Internet (20%) and the community nurse (18%), while fewer would turn to a doctor (7%) for diabetes information.

The local health clinic is the preferred source of diabetes information in all regions and among all demographic and socio-economic groups, but more so in Nunavut (66%) than in NWT or Nunavik (50%), who in turn are more likely to say they would consult a nurse or doctor. Those with household incomes of \$25,000 or more (30%) are three times as likely as those with lower incomes (10%) to say they would use the Internet to find information about diabetes.

Interestingly, although younger people in the general population typically express a greater preference for the Internet, this is not the case for younger Inuit (18-29) when it comes to finding information about diabetes. It cannot be determined from these findings to what extent this reflects a lack of access to the Internet or simply a preference for getting the information from another source.

Where would look for diabetes information

Inuit 2009



Q.51

If you were looking for information about diabetes today, where would you go?

PHYSICAL ACTIVITY

As fitness and exercise are strongly connected with health status and also with diabetes prevention, a primary aim of this study was to understand how active Inuit are, if they are familiar with exercise facilities and fitness promotion programs in their community, and whether lack of knowledge about programs or the perceived quality of local facilities are acting as barriers to physical activity.

Physical activity habits

While there continues to be seven in ten Inuit who say they are least somewhat active, the proportion who describe themselves as not at all active has increased slightly over the past three years.

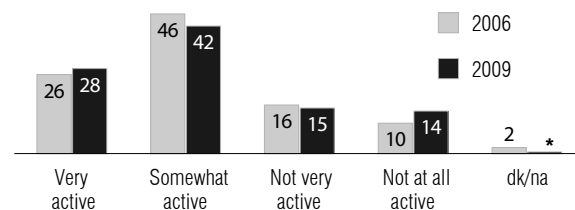
Self-reported physical activity level. While Inuit remain generally positive about their level of physical activity, these perceptions have worsened somewhat over the past three years. When asked to describe their self-reported level of physical activity, a majority (70%) continue to say they are at least somewhat active, essentially unchanged from 2006 (72%). However, the proportion who say they are somewhat active has declined slightly (42%, down 4), with a corresponding increase in those who admit they are not at all active (14%, up 4).

The proportion who say they are not at all physically active has increased most notably among those with a post-secondary education (14%, up 8), those aged 30 to 39 (24%, up 16) and those who are overweight (25%, up 12). As in 2006, the Inuit most likely to describe themselves as very active continue to be those of better health (35% vs. 19% with average or bad health) and of average weight (35% vs. 12% of those overweight). However, there are no longer significant differences by gender, with women as likely as men to say they are very active (25% vs. 31%). Instead, age

has now become a factor, with younger Inuit (18-29) more likely than older people to say they are very active (41% vs. 22%).

Perceived level of physical activity

Inuit 2006 - 2009



* Less than one percent

Q.63

Would you describe yourself as very, somewhat, not very or not at all physically active?

Physical activity habits. The public health benefits of active lifestyles have been well-established. Inuit respondents were asked on how many days in the last seven they did vigorous or moderate physical activities for at least 10 minutes at a time, and how many days they walked.¹⁶ These results were then calculated to assign respondents to one of three levels of activity: high, moderate and low.¹⁷ The proportion who fall into each of these calculated levels of activity are unchanged from 2006. Based on these specifications, in the previous seven days, more than one-third (35%) of the Inuit population continues to engage in a high level of physical activity, 20 percent remain moderately active, while more than four in ten (45%) continue to have a low level of physical activity.

As was the case in 2006, there remains a less than perfect correlation between these calculated levels of activity and the activity levels that respondents self-report.¹⁸ For example, half (49%) of those saying they are very physically active remain in the “high” level on the calculated scale, compared to 35 percent of those saying they are somewhat active, and 22 percent of those who are not very or not at all active. However, a quarter (27%) of those claiming to be very physically active remain “low” on the calculated scale, and 22 percent who say they are not very or not at all active actually reported vigorous activity on at least four days of the previous seven. As explained in the 2006 report, these findings suggest continued over- or under-estimating of personal activity level, or that the activity level undertaken in the seven days prior to the survey may not have been typical for these respondents.

In addition to using the IPAQ questions in the survey to calculate physical activity rates, the responses can also be examined separately to determine the average number of days in the previous seven that Inuit did vigorous or moderate physical activities, or walked, for at least 10 minutes at a time. Almost identical to the averages reported in 2006, vigorous activities were undertaken on an average of 2.9¹⁹ days of the previous seven, moderate activity on an average of 3.0 days and walking on 4.9 days.

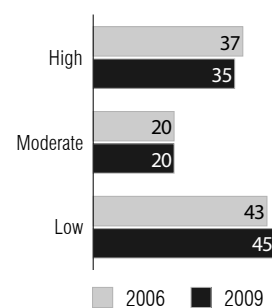
16 This study used selected questions from the International Physical Activity Questionnaires (IPAQ) to assess the physical activity levels of the Inuit population.

17 The levels were defined as follows: High = vigorous physical activity four or more days per week; Moderate = one to three days per week vigorous AND (four or more days per week moderate OR seven days per week walking); Low = does not meet either high or moderate qualifications.

18 It should be noted that the bases are small for some of these sub-populations.

Physical activity levels

Inuit 2006 - 2009



Q.55

I would now like to ask you about the time you spent being physically active in the last seven days. Think about activities you might do at work, for your house and yard work, to get from place to place, and in your spare time for recreation or exercise.

First, think about all the vigorous activities which take hard physical effort that you did in the last seven days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics or playing hard at a sport like basketball or hockey. Think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do vigorous physical activities?

Q.56

Now think about activities which take moderate physical effort that you did in the last seven days. Moderate physical activities make you breathe somewhat harder than normal, and may include carrying light loads, jogging at an easy pace, or playing sports at a moderate pace. Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do moderate physical activities?

Q.57

Now think about the time you spent walking in the last seven days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, exercise or leisure. During the last seven days, on how many days did you walk for at least 10 minutes at a time?

Physical activity levels

Inuit By self-reported activity level 2009

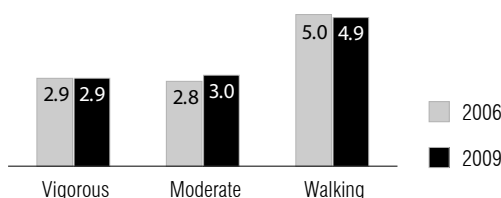
IPAQ activity level	2009		
	VERY ACTIVE N=56	SOMEWHAT ACTIVE N=84	NOT VERY/ AT ALL ACTIVE N=59
High	49	35	22
Moderate	24	24	11
Low	27	42	66

Over the past three years, the gender and age gaps in vigorous physical activity have increased, as the proportion of women, and people aged 30 and over who report vigorous physical activity has declined, while the proportion among 18- to 29-year-olds has increased. Similar trends are evident for moderate activities, with women and older people less likely than before to report this type of activity. The table on the following page shows, by gender and age, the percentage who: a) did *not* perform each type of activity; and b) the average number of days in the previous seven that *were* spent on each activity.

The link that previously existed in 2006 between the level of physical activity and health is no longer evident, with those in better health and those in worse health reporting a similar average number of days of physical activity. However, those who are of average weight are now more likely than those who are overweight to have spent time doing vigorous or moderate physical activities, or walking in the past seven days.

Average number of days of activity in past week

Inuit Mean 2006 - 2009



Q.55

I would now like to ask you about the time you spent being physically active in the last seven days. Think about activities you might do at work, for your house and yard work, to get from place to place, and in your spare time for recreation or exercise. First, think about all the vigorous activities which take hard physical effort that you did in the last seven days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics or playing hard at a sport like basketball or hockey. Think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do vigorous physical activities?

Q.56

Now think about activities which take moderate physical effort that you did in the last seven days. Moderate physical activities make you breathe somewhat harder than normal, and may include carrying light loads, jogging at an easy pace, or playing sports at a moderate pace. Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last seven days, on how many days did you do moderate physical activities?

Q.57

Now think about the time you spent walking in the last seven days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, exercise or leisure. During the last seven days, on how many days did you walk for at least 10 minutes at a time?

Days of activity in past week

Inuit 2009

	VIGOROUS		MODERATE		WALKING	
	% 0 DAYS	AVERAGE #	% 0 DAYS	AVERAGE #	% 0 DAYS	AVERAGE #
Total	24	2.9	21	3.0	7	4.9
Men	21	3.2	18	3.3	9	4.8
Women	26	2.6	23	2.6	6	5.0
18-29	12	3.4	17	2.9	1	5.4
30-39	33	2.6	23	3.2	8	4.9
40+	26	2.8	22	2.8	12	4.5

19 Averages include those responding zero.

Familiarity with *Physical Activity Guide*

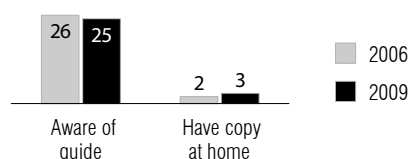
Since 2006, there has been no change in the proportion of Inuit aware of Canada's Physical Activity Guide, or in the proportion who have a copy in their home.

Inuit respondents were asked if they are aware of something called *Canada's Physical Activity Guide*.²⁰ The level of awareness has not changed in the past three years, with one-quarter (25%) who say they are aware of the *Guide*. As before, this level of awareness remains consistent across subgroups of the Inuit population.

Of those who are aware of the *Guide*, few (11%, or 3% of the total population) indicate they have a copy of it in their home, which is also unchanged since 2006.

Aware of and have copy of *Canada's Physical Activity Guide*

Inuit 2006 - 2009



Q.59

Are you aware of something called Canada's Physical Activity Guide?

Q.60

Do you have a copy of this guide in your home?

Subsample: Those who are aware of Canada's Physical Activity Guide

Adequacy of local physical activity facilities and programs

Since 2006, opinions remain divided about the quality of local exercise facilities. There has been a slight increase in awareness of local programs promoting physical activity; local hospitals, community centres and schools are more likely than before to be associated with these programs.

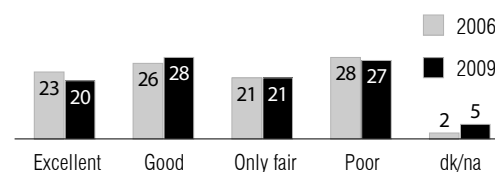
Rating of exercise facilities in community. This study sought to understand how local exercise facilities are perceived, as the quality of these facilities might be proving a barrier to use and, thus, to increased physical activity.

As they were in 2006, Inuit remain divided in their opinions about the quality of exercise facilities in their community. Half of the Inuit population say the facilities are excellent (20%) or good (28%), while the other half say they are only fair (21%) or poor (27%); these ratings have not changed significantly over the past three years.

As in 2006, residents of NWT and Nunavik (56%) remain somewhat more likely to rate their exercise facilities as at least good than are those in Nunavut (43%). Despite the consistency of these ratings among the total Inuit population, the proportion who say their local facilities are excellent or good has declined

Rating of community exercise facilities

Inuit 2006 - 2009



Q.58

What about the facilities in your community for exercise and physical activity, such as walking or ski trails, arenas and swimming pools. Would you say these facilities in your community are excellent, good, only fair or poor in terms of providing people with easy access and opportunities to be physically active?

20 The Public Health Agency of Canada and the Canadian Society for Exercise Physiology developed *Canada's Physical Activity Guide* to Healthy Active Living in partnership, as research indicated Canadians were unaware that physical inactivity is a serious risk factor for premature death, chronic disease and disability. It is a one-page, practical guide, similar to *Canada's Food Guide to Healthy Eating*, to help Canadians judge how much physical activity they need to achieve better health.

considerably among those who are in average or bad health (34%, down 18) and those who report being least physically active (34%, down 15); as a result, these two groups now give lower ratings than those in good health and those who are more physically active. The fact that ratings have declined among those who might be assumed to take less advantage of local exercise facilities (i.e., those in average or poor health, those who are least physically active) suggests that the quality of these facilities may be becoming a greater barrier to use.

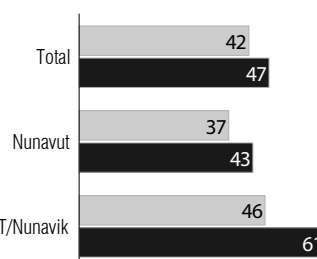
Awareness of local physical activity programs. Inuit respondents were asked if they are aware of any community programs that promote regular physical activity. Almost half (47%) of Inuit say they are aware of this type of program, which represents a slight, but not statistically significant, improvement in awareness since 2006.

Since 2006, awareness of local physical activity programs has increased considerably in NWT and Nunavut (61%, up 15), and is now higher than in Nunavut (43%, up 6). Awareness has also grown among those with a high school education or less (49%, up 19) and men (44%, up 10), who are now as likely as those with a post-secondary education and women to be aware of such programs. However, variations by income and self-reported weight continue to exist; as before, those most likely to be aware of these programs have household incomes of \$25,000 or more (60% vs. 32% with lower incomes) and those who are overweight (57% vs. 43% of average weight). New in 2009, awareness is higher among those with a higher rate of physical activity (52% of those very or somewhat active vs. 36% not very or not at all active).

Over the past three years, there have been some changes in perceptions of the sponsors associated with local physical activity programs. Among those aware of such programs, there has been a significant increase in the proportion who say their local hospital or community centre sponsors or funds them (29%, up 16), which are now as likely as governments (local or provincial/territorial: 27% combined) to be identified as a sponsor. A growing number also say these programs are funded by local schools (12%, up 7), while fewer than before mention community volunteers, groups or individuals (3%, down 12).

Aware of physical activity promotion programs in community

Inuit 2006 - 2009



Q.61

Are you aware of any programs in your community that promote regular physical activity?

Sponsor of physical activity promotion programs

Inuit 2006 - 2009

	2006	2009
Local hospital/community centre	13	29
Government (any)	29	27
Local/municipal government	23	20
Provincial/territorial government	7	8
Local schools	5	12
Local Band Council	8	7
Sports teams/clubs/gyms	6	4
Community volunteers/groups/individuals	15	3
Local/private business	6	1
Other	2	1
dk/na	25	22

Q.62

Can you tell me who sponsors or funds these programs?

Subsample: Those aware of any programs in their community that promote regular physical activity

NUTRITION AND HEALTHY EATING

Nutrition is a vitally important part of the health equation, and eating appropriately may be a challenge for residents of Inuit communities. This study assessed the intake of different types of foods, awareness of *Canada's Food Guide* and nutrition programs, and the extent to which they feel that the lack of availability or the cost of healthy foods are concerns in their community.

Nutrition

Since 2006, there has been little change in the reported daily consumption of food types. Yet fewer Inuit than before say that healthy foods are always locally available, and a growing number think that the cost of healthy foods is a major problem in their community.

Frequency of eating specific foods. Inuit were asked how frequently they eat each of eight types of foods. Since 2006, there has been a general upward trend in the

proportion of Inuit who report eating many of these foods on a daily basis, although the changes are not statistically significant. As a result, the relative ranking of fruit compared to the frequency of eating other foods is lower than it was three years ago. As before, Inuit remain most likely to report eating grain products (70%, down 7), and meat and fish (66%, up 6) daily. However, reported daily consumption of fruit (49%, down 4) has fallen behind that of vegetables (59%, up 7), milk products (56%, up 7) and traditional foods (52%, up 4), all of which have increased slightly since 2006. Unchanged from before, close to four in ten (37%) drink regular soda pop on a daily basis, and two in ten (20%) admit to being daily consumers of chips and candy.

As can be expected, reported daily consumption of these foods continues to vary by socio-economic status, although for somewhat different types of foods than in 2006. Those with a post-secondary education remain

Frequency of eating specific foods Inuit 2006 - 2009

	DAILY		WEEKLY		RARELY/NEVER	
	2006	2009	2006	2009	2006	2009
Grains	77	70	17	22	5	8
Meat and fish	60	66	33	26	7	6
Vegetables	52	59	34	27	14	13
Milk products	49	56	28	20	23	24
Traditional foods	48	52	41	32	9	13
Fruit	53	49	35	37	12	13
Regular soda pop	37	37	28	25	35	36
Chips and candy	20	20	30	35	51	44

Q.65

Please tell me whether you eat each type of food on a daily basis, a weekly basis, rarely or never ... Grains, such as bread, pasta, bannock, cereal and rice ... Fruit, including fresh, frozen and canned fruit ... Vegetables, including fresh, frozen and canned ... Milk products ... Meat and fish ... Traditional foods, such as wild meat, or fish and berries ... Chips and candy ... Regular soda pop.

more likely than those with high school or less to eat fruit every day (62% vs. 40%), but daily consumption of grains and vegetables is now similar for the two groups. Inuit with household incomes of \$25,000 or more remain more likely than those with lower incomes to eat meat or fish (72% vs. 59%) and vegetables (63% vs. 52%) daily, while the same is now also true of grains (75% vs. 63%) and fruit (55% vs. 39%).

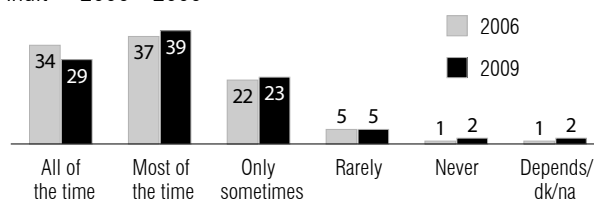
Notably, while the proportion of Inuit who consumed traditional foods on a daily basis varied in 2006 by socio-economic status, region, gender and health status, this is no longer the case three years later. The only consistent subgroup difference since 2006 is that those of average weight (58%) remain more likely than those who are overweight (41%) to eat traditional foods every day.

Finally, younger Inuit (18-29) remain more likely than older people to report daily consumption of “junk foods” such as chips/candy or regular soda pop.

Availability of health foods. As many Inuit live in rural, often remote, areas where fresh food is less reliably obtainable than elsewhere, it is important to understand the extent to which residents believe that a lack of availability of healthy foods is a problem for their community. Most Inuit continue to say that healthy foods are available locally all or most of the time, although the perception that they are *always* available has declined slightly. When asked how often foods that are generally considered to be healthy are available in local stores, seven in ten Inuit continue to say healthy foods are available all (29%, down 5) or most (39%, up 2) of the time. As before, most of the remainder say such foods are locally available only sometimes (23%), and few say rarely (5%), never (2%) or that it depends.

The perception that healthy foods are *always* available has declined notably among those with a post-secondary education (20%, down 17), who are now less likely than those with high school or less (35%, up 4) to say such foods can be found all the time. This belief has also declined considerably among those who are overweight (31%, down 19), who are no longer more likely than those of average weight (28%, up 1) to say that healthy foods are always available. As before, women (74%) remain slightly more likely than men (62%) to think that healthy foods are available all or most of the time.

Extent that healthy foods available locally
Inuit 2006 - 2009



Q.66

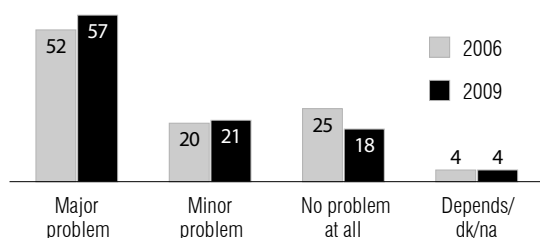
Would you say that foods you consider to be generally healthy are available in local stores ...?

Cost of healthy foods. Inuit are increasingly concerned about the cost of healthy foods in their communities. Almost six in ten (57%) say that the cost of healthy foods is a major problem in their local area, up slightly from 2006 (up 5), while the proportion who say it is no problem at all has declined (18%, down 7).

The perception that the cost of healthy foods is a major community problem has increased primarily among Inuit residing in NWT and Nunavik (59%, up 25), and those aged 18 to 29 (52%, up 17), who are now as likely to believe this as those living in Nunavut (62%, up 1) and older Inuit (59% of those aged 30 and over, down 1). As in 2006, those with a post-secondary education (70% vs. 53% of those with high school or less) and those with household incomes of \$25,000 or more (74% vs. 41% with lower incomes) remain more likely to think that the cost of foods is a problem.

Extent that cost of healthy foods a problem

Inuit 2006 - 2009



Q.67

Would you say that the cost of healthy foods is a major problem, a minor problem, or no problem in your community?

Familiarity with *Canada's Food Guide*

Unchanged since 2006, almost six in ten Inuit are aware of Canada's Food Guide, and two in ten have a copy in their home.

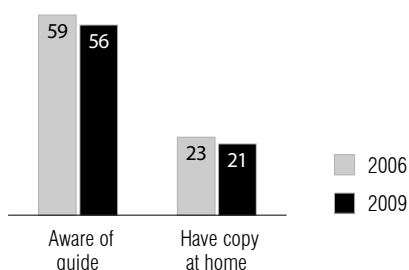
Inuit respondents were asked if they are aware of something called *Canada's Food Guide*.²¹ The level of awareness has not changed in the past three years, with almost six in ten (56%) who say they are aware of the *Guide*. As before, awareness of *Canada's Food Guide* remains highest among those with a post-secondary education (74% vs. 44% with less), and among women (67%) rather than men (45%). However, there are no longer variations in awareness by household income or self-reported weight. Awareness of the *Guide* also remains consistent across age groups.

Of those aware of the *Guide*, the large majority (74%, representing 42% of the total population) say they are aware there is a version of the *Guide* for First Nations, Inuit and Métis.

Two in ten (21%) Inuit say they have a copy of either *Canada's Food Guide* or *Canada's Food Guide* for First Nations, Inuit and Métis in their home, a proportion which is also unchanged since 2006. Half of this group (10%) have only the main version of *Canada's Food*

Aware of and have copy of *Canada's Food Guide*

Inuit 2006 - 2009



Q.70

Are you aware of something called Canada's Food Guide?

Q.71

Do you have a copy of Canada's Food Guide in your home?

21 Canada's first food guide, the *Official Food Rules*, was introduced in July 1942 to help improve the health of Canadians after WW2. Since that time *Canada's Food Guide* has been revised many times – most recently in 2007 – but maintained its original purpose of guiding food selection and promoting the nutritional health of Canadians.

Guide, while six percent have only the First Nations, Inuit and Métis version, and the remaining five percent have both versions. Women (31%) are more likely than men (11%) to say they have any version of the *Guide* in their home.

Knowledge of nutrition programs

Unchanged from 2006, a majority of Inuit are aware of local programs that promote good nutrition. Local hospitals and community centres remain most frequently associated with these programs; fewer than before say that they are sponsored by territorial or provincial governments.

Inuit respondents were asked if they are aware of any community programs that promote good nutrition and health eating, and if so, who sponsors or funds these programs. There remains good awareness of this type of program, with just over six in ten (63%) who say they have heard of any, essentially unchanged from 2006. Awareness of local nutrition promotion programs is higher among younger Inuit (73% of 18- to 29-year-olds vs. 58% of older Inuit), but otherwise remains quite uniform across population subgroups.

Perceptions of the sponsors associated with these nutrition promotion programs have changed somewhat since 2006. Of those who are aware of such a program, the most frequently identified sponsor remains local hospitals or community centres (28%). However, the proportion who think the programs are funded by some level of government has declined (15%, down 8), mostly due to fewer mentions of territorial and provincial governments (4%, down 10). Since 2006, there are slightly more mentions of schools as sponsors of these types of programs (11%, up 5).

Sponsor of nutrition promotion programs

Inuit	2006 - 2009	
	2006	2009
Local hospital/community centre	29	28
Governments (any)	23	15
Federal government	4	5
Provincial/territorial government	14	4
Local governments	6	3
Health departments/ministries (unspecified)	—	3
Local schools	6	11
Local business	6	4
Neo/prenatal programs	5	3
Aboriginal health boards	2	2
Health programs/Meals-on-Wheels/home care/food bank	2	2
Local Band Council	1	2
CLSC (Centres locaux de services communautaires)	—	2
Makivik Corporation	—	2
Other	5	6
dk/na	33	27

Q.69

*Can you tell me who sponsors or funds this program or programs?
Subsample: Those who are aware of programs in their community that promote good nutrition and healthy eating*

CONCLUSIONS AND RECOMMENDATIONS

First Nations people living on a reserve. The results from this survey reveal several small but important changes in the past three years in knowledge and awareness of Type 2 diabetes among the First Nations on-reserve population. Since 2006, the proportion who feel knowledgeable about diabetes has grown, which is supported by the increased number who agree (when prompted) that a nutritious diet, regular physical activity and avoiding becoming overweight are very effective ways to prevent the disease. Moreover, there has been an increase in the proportion of those not diagnosed with diabetes who say they have been tested for the disease. While there has been an increase since 2006 in the proportion of First Nations people on-reserve who report being overweight, this could well signify progress in that it may represent a growing acknowledgement of this risk factor.

Despite these positive indicators, fewer First Nations people living on a reserve are now placing a priority on learning more about the disease, which is concerning since notable minorities of this population remain uninformed about Type 2 diabetes (e.g., causes, signs or symptoms, effects on the human body). In particular, there has been little improvement in knowledge among those First Nations people aged 18 to 29, who remain the least aware of the facts about diabetes. Finally, the lack of affordability of healthy foods has become of greater concern for the on-reserve population in the past three years, which could be a substantial barrier (in perception if not in reality) to healthy eating in these communities.

Inuit. There has been modest progress in the past three years among the Inuit population in their knowledge and awareness of diabetes. They are now more likely than in 2006 to identify diabetes as a serious health problem facing their community; are more aware of the link between diabetes and the risk factor of poor

nutrition, and are increasingly able to name a sign or symptom of the disease, and its effect on the human body. As well, a greater proportion of Inuit now feel they are at risk to develop diabetes in the future, and accordingly, feel it is important for them to learn more about the disease. Some of these changes are likely due to personal experience with the disease, as more people than before say they have family members or friends with diabetes.

These changes notwithstanding, the overall level of knowledge and awareness of diabetes among Inuit remains low. Since 2006, there has been no change in reported lifestyle patterns related to physical activity or diet, and concerns about the availability and cost of healthy foods in Inuit communities have increased slightly. All of these issues continue to need to be addressed to prevent a rise in prevalence of diabetes in this population.

Based on the findings and conclusions of this research, the following recommendations are provided to Health Canada for consideration:

1. Diabetes continues to be a very salient health issue among on-reserve First Nations communities, and there has been some improvement in people's appreciation of the risk factors. Yet the research also suggests there may be growing complacency about the disease, reflected in declining views about the importance of learning more about diabetes. To ensure this trend does not build, communications and education initiatives should focus on highlighting the relevance of this health issue to individuals. Following from the recommendations of the 2006 report, it continues to be important to actively draw attention to diabetes as both a community problem and also one that needs to be taken seriously at the individual level to protect one's own health.

2. Confronted with the growing impact of diabetes on friends and family, Inuit are increasingly paying attention to this disease and recognizing the importance of learning about it. This means there is a receptive audience for the active communication of key information about diabetes, which is encouraging since there is still a way to go in building knowledge and encouraging action among this population. It would be particularly worthwhile to focus messages on constructive and culturally-sensitive ways to mitigate the risk of developing diabetes (e.g., recipes, reading nutrition labelling, incorporating physical activity into daily lifestyles, getting tested).
3. Despite the overall positive trends documented in the research, there has been very limited progress since 2006 among youth, who continue to stand out as having the least understanding of diabetes and other chronic health diseases. Communications tailored to this age group (18- to 29-year-olds) remain important, given the impact this could have at this early point in their lives (and potentially their influence on younger generations as they enter their child-bearing years).
4. Both the First Nations on-reserve and the Inuit populations express growing concern about the cost of healthy foods in their communities. Regardless of the extent to which this is a perceived and/or an actual barrier, future communications and policy initiatives need to explicitly address the cost of healthy foods to ensure it does not impede individual efforts to improve eating habits.

METHODOLOGY

The results of the survey are based on telephone interviews conducted with 703 First Nations people living on a reserve and 200 Inuit during the period March 4 to 30, 2009. The margin of error for a sample of 703 is ± 3.7 percentage points, 19 times in 20, and for a sample of 200 is ± 6.9 percentage points, 19 times in 20. The margin of error is greater for results pertaining to regional or socio-demographic subgroups of the total sample.

Sample design

The sampling method was designed to complete interviews with a representative sample of 700 First Nations people living on a reserve and 200 Inuit, aged 18 and over, in a manner consistent with the 2006 survey.

The sample for the First Nations on-reserve population was generated by targeting postal codes for all known reserves in Canada and collecting available telephone numbers for the appropriate postal codes. The sample was stratified across the 10 provinces to provide for analysis within region. Within this sample frame, households were randomly selected for inclusion in the study, and respondents were screened to ensure that they live on a reserve, are of First Nations ancestry and meet the age requirements.

The sample for the Inuit population was drawn from listed telephone numbers in the most recently published directories for the Northwest Territories, Nunavut and Nunavik (Quebec). In this case, a sample proportionate to the population was used. Within this sample frame, households were randomly selected for inclusion in the study, and respondents were screened to ensure that they are of Inuit ancestry and meet the age requirements. A number of Inuit in other provinces were also interviewed (15).

The table on this page outlines the final sample distribution and the margin of sampling error for both the First Nations on-reserve and the Inuit groups.

For the First Nations on-reserve sample, the final data were weighted by province, age and gender to ensure the results are fully proportionate to the actual distribution of the on-reserve population in Canada. The final data for the Inuit sample were weighted by gender and territory (region) to ensure the results are fully proportionate to the actual distribution of the target population in those regions.

Final sample distribution by region

REGION	TOTAL UNWEIGHTED SAMPLE	MARGIN OF ERROR*
First Nations on-reserve		
Atlantic Canada	50	+/- 13.9
Quebec	101	+/- 9.8
Ontario	128	+/- 8.7
Manitoba	125	+/- 8.8
Saskatchewan	101	+/- 9.8
Alberta	100	+/- 9.8
British Columbia	98	+/- 9.9
CANADA	703	+/- 3.7
Inuit		
Nunavut	115	+/- 9.1
Northwest Territories/Nunavik	70	+/- 11.7
Other	15	+/- 25.3
CANADA	200	+/- 6.9

* Described in percentage points, 19 times in 20.

Questionnaire design

The questionnaire used for this survey was based to a large extent on the 2006 survey, with minor adjustments made to ensure it is relevant to the current environment. As in 2006, the questionnaire was identical for both the First Nations on-reserve and Inuit populations.

Once the questionnaire was finalized and approved by Health Canada, it was then translated into both French and Inuktitut using the company's professional translators. A copy of the French language version of the questionnaire is attached as an appendix.

Pre-test. Prior to finalizing the survey for field, Environics conducted a full pre-test with "live" respondents. This consisted of telephone interviews in the same manner as for the full survey, but with a small sample of respondents. The interviews were monitored by Environics' senior research consultant and a representative from Health Canada. There were no questionnaire changes required following the pre-test.

Fieldwork

Telephone interviewing. The interviewing was conducted from Environics' central facilities in Toronto and Montreal, between March 4 and 30, 2009. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. Ten percent of each interviewer's work was unobtrusively monitored for quality control in accordance with the standards set out by the Marketing Research and Intelligence Association (MRIA). The average length of time required to complete an interview was 20 minutes.

Up to eight callbacks were made to reach each household selected in the sample, and such calls were made at different times of the day and days of the week, to maximize the chances of catching someone at home.

All surveys were conducted in respondents' official language of choice, or in Inuktitut. This survey was registered with the Marketing Research and Intelligence Association (MRIA)'s registration system, which permits the public to verify a survey call, inform themselves about the industry and/or register a complaint.

Completion results

The effective response rate for the survey is 22 percent.²² This is calculated as the number of responding participants (completed interviews, disqualifications and over-quota participants – 3,872), divided by unresolved numbers (busy, no answer – 5,531) plus non-responding households or individuals (refusals, language barrier, missed callbacks – 8,232) plus responding participants (3,872) $[R/(U + IS + R)]$. The following table presents the final disposition of all numbers dialled.

Completion results

Total sample dialled	23,475
UNRESOLVED NUMBERS (U)	5,531
Busy	119
No answer	2,711
Answering machine	2,701
RESOLVED NUMBERS (Total minus Unresolved)	17,944
OUT OF SCOPE (Invalid/non-eligible)	5,978
Non-residential	218
Not-in-service	5,439
Fax/modem	321
IN SCOPE NON-RESPONDING (IS)	8,232
Refusals – household	5,502
Refusals – respondent	712
Language barrier	265
Callback missed/respondent not available	1,669
Break-offs (interview not completed)	84
IN SCOPE RESPONDING (R)	3,872
Disqualified	2,953
Quota filled	16
Completed	903
RESPONSE RATE $[R / (U + IS + R)]$	22%

22 This response rate calculation is based on a formula developed by MRIA in consultation with the Government of Canada (Public Works and Government Services).

Sample profile

The following table presents a profile of the final weighted samples for the First Nations on-reserve and Inuit populations, by province/territory/region and demographic characteristics, compared to the 2006 profiles.

Sample profile

	FIRST NATIONS ON-RESERVE		INUIT	
	2006 N=700 %	2009 N=703 %	2006 N=204 %	2009 N=200 %
REGION				
Atlantic Canada	5	6	11*	6[†]
Quebec	12	12	2	2
Ontario	21	17	1	*
Manitoba	18	18	1	1
Saskatchewan	14	15	—	*
Alberta	15	13	1	—
British Columbia	15	19	—	—
Nunavut	—	—	54	60
Nunavik	—	—	22	23
Northwest Territories	—	—	10	8
GENDER				
Men	51	50	50	49
Women	49	50	50	51
AGE				
18-29	23	25	32	31
30-39	22	23	35	29
40-49	20	22	18	21
50+	30	28	15	19
LANGUAGE OF INTERVIEW				
English	91	93	98	89
French	9	7	2	2
Inuktitut	—	—	—	8
EDUCATION				
Elementary or some high school	32	31	37	39
Completed high school diploma	14	13	11	16
College	30	29	40	30
University	22	23	9	7
HOUSEHOLD INCOME				
Less than \$15,000	25	18	17	18
\$15,000 to \$24,999	22	23	15	17
\$25,000 to \$49,999	26	27	19	16
\$50,000 to \$74,000	11	11	14	16
\$75,000 or more	6	9	18	18
Don't know/declined	11	13	16	14

[†] Labrador * Less than one percent

QUESTIONNAIRES

**Health Canada
2009 Chronic Diseases Follow-up Survey among
First Nations On-reserve and Inuit in the North**

FINAL Questionnaire

Introduction

Good morning/afternoon/evening. My name is _____ and I am calling from Environics Research Group, a public opinion research company. Today we are conducting a survey about health issues among Aboriginal people 18 years and over living in First Nation, Métis and Inuit communities on behalf of the First Nations and Inuit Health Branch of Health Canada.

We are not selling or soliciting anything. Your opinion is important to us and your answers will be kept strictly confidential and anonymous.

IF ASKED: The survey will take about 25 minutes to complete

IF ASKED: The results of the survey will be used by the First Nations and Inuit Health Branch to enhance programs designed to improve Aboriginal health throughout Canada.

IF ASKED: The results of this survey will be made publicly available once it has been completed. I can provide you with contact information at the end of the survey.

IF ASKED: This survey is registered with the National Survey Registration System, under the registration number **xxxx**

CONFIRM WHETHER RESPONDENT WOULD LIKE TO BE INTERVIEWED IN ENGLISH OR FRENCH (FOR INUIT SAMPLE ONLY: OR IN INUKTITUT)

A. Respondent Selection

Before we begin . . .

1. Are you an Aboriginal person?

CLARIFY IF NECESSARY: A First Nations, Métis or Inuit person?

01 - Yes

02 - No THANK AND TERMINATE

03 - DK/NA THANK AND TERMINATE

2. Would you identify yourself as First Nations, Métis or Inuit?

01 - First Nations

02 - Métis

03 - Inuit

VOLUNTEERED

04 - Inuk

05 - Inuvialuit

98 - Other (SPECIFY _____)

3. (IF FIRST NATIONS OR METIS OR OTHER IN Q.2) Over the last twelve months, have you been living primarily on reserve or off reserve?

01 - On reserve

02 - Off reserve

03 - DK/NA

THANK AND TERMINATE

THANK AND TERMINATE

4. Since health concerns can sometimes be related to age, in what year were you born?

_____ Year

VOLUNTEERED

97 - Refuse/NA

IF UNDER 18; ASK TO SPEAK TO SOMEONE IN HOUSEHOLD 18 AND OVER
IF REACH ANOTHER INDIVIDUAL, REINTRODUCE SURVEY AND START WITH Q.1

B. Health Status and Chronic Health Problems

5. How would you describe your personal health? Would you say: very good health, somewhat good, average health, somewhat bad or very bad health?

01 - Very good health

02 - Somewhat good health

03 - Average health

04 - Somewhat bad health

05 - Very bad health

VOLUNTEERED

99 - DK/NA

7. What would you consider to be the most serious health problems facing your community today?
DO NOT READ – CODE FIRST THREE MENTIONS IN ORDER

01 – Cancer (all types)

02 – Heart disease/stroke

03 – Diabetes

04 – Alcohol/Alcohol abuse

05 – Drugs/drug abuse

06 – Accidental poisoning

07 – Asthma

08 – Chronic respiratory disease/breathing problems

09 – Stomach ulcers

10 – Kidney disease

11 – Liver disease

12 – Obesity

13 – Malnutrition

14 – Unhealthy lifestyles

15 – Motor vehicle/traffic accidents

16 – Lack of exercise/physical activity

33 – Depression/suicide

98 – Other (SPECIFY _____)

99 – DK/NA

8. And thinking now about specific types of chronic diseases or illnesses, which do you think are the most serious in your community today?
DO NOT READ – CODE FIRST THREE MENTIONS IN ORDER – INCLUDE IF ALSO MENTION IN Q.7
PROBE: Any others?

01 – Cancer (all types)
02 – Heart disease/stroke
03 – Diabetes
04 – Alcohol/Alcohol abuse
05 – Drugs/drug abuse
06 – Accidental poisoning
07 – Asthma
08 – Chronic respiratory disease/breathing problems
09 – Stomach ulcers
10 – Kidney disease
11 – Liver disease
12 – Obesity
13 – Malnutrition
14 – Unhealthy lifestyles
33 – Depression/suicide
98 – Other (SPECIFY _____)
99 – DK/NA

I would now like to ask you about several types of chronic disease that affect some people . . .

Heart Disease

9. Have you ever been diagnosed with heart disease?

01 – Yes SKIP TO Q.13
02 – No
99 – DK/NA

10. (IF NO/DK/NA TO Q.9) Have you ever been checked for heart disease?

01 – Yes
02 – No
99 – DK/NA

11. Do you consider yourself to be someone who is likely to get heart disease at some point in your life?

01 – Yes
02 – No SKIP TO Q.13
99 – DK/NA SKIP TO Q.13

12. (IF YES TO Q.11) And why do you say that?
DO NOT READ – CODE ALL THAT APPLY

01 – Family history/genetics/others in family have heart disease
02 – Lifestyle (PROBE FOR SPECIFICS)
03 – My diet
04 – Stress
05 – Lack of exercise/physical activity
06 – Overweight/
07 – Smoke
08 – High blood pressure
98 – Other (SPECIFY _____)
99 – DK/NA

13. What would you consider to be the main causes of heart disease?
DO NOT READ – CODE ALL THAT APPLY; PROBE: Anything else?

01 – Family history/genetics/others in family have heart disease
02 – Lifestyle (PROBE FOR SPECIFICS)
03 – Diet/nutrition
04 – Stress
05 – Lack of exercise/physical activity
06 – Obesity/Being overweight
07 – Smoke
08 – High blood pressure
98 – Other (SPECIFY _____)
99 – DK/NA

High Blood Pressure

14. Have you ever been diagnosed with high blood pressure?

01 – Yes SKIP TO Q.18
02 – No
99 – DK/NA

15. (IF NO/DK/NA TO Q.14) Have you ever been checked for high blood pressure?

01 – Yes
02 – No
99 – DK/NA

16. Do you consider yourself to be someone who is likely to get high blood pressure at some point in your life?

01 – Yes
02 – No SKIP TO Q.18
99 – DK/NA SKIP TO Q.18

17. (IF YES TO Q.16) And why do you say that?
DO NOT READ – CODE ALL THAT APPLY

01 – Family history/genetics/others in family have high blood pressure
02 – Lifestyle (PROBE FOR SPECIFICS)
03 – My diet
04 – Stress
05 – Lack of exercise/physical activity
06 – Overweight/
07 – Smoke
98 – Other (SPECIFY _____)
99 – DK/NA

18. What would you consider to be the main causes of high blood pressure?

DO NOT READ – CODE ALL THAT APPLY

- 01 – Family history/genetics/others in family have high blood pressure
- 02 – Lifestyle (PROBE FOR SPECIFICS)
- 03 – Diet/nutrition
- 04 – Stress
- 05 – Lack of exercise/physical activity
- 06 – Obesity/Being overweight
- 07 – Smoke
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

Chronic Respiratory Disease/Asthma

19. Have you ever been diagnosed with a chronic respiratory or breathing disease or asthma?

- 01 – Yes SKIP TO Q.23
- 02 – No
- 99 – DK/NA

20. (IF NODK/NA TO Q.19) Have you ever been checked for a chronic respiratory or breathing disease or asthma?

- 01 – Yes
- 02 – No
- 99 – DK/NA

21. Do you consider yourself to be someone who is likely to get a chronic respiratory or breathing disease or asthma at some point in your life?

- 01 – Yes
- 02 – No SKIP TO Q.23
- 99 – DK/NA SKIP TO Q.23

22. (IF YES TO Q.21) And why do you say that?

DO NOT READ – CODE ALL THAT APPLY

- 01 – Family history/genetics/others in family have respiratory disease
- 02 – Lifestyle (PROBE FOR SPECIFICS)
- 03 – My diet
- 04 – Stress
- 05 – Lack of exercise/physical activity
- 06 – Overweight/
- 07 – Smoke
- 08 – High blood pressure
- 09 – Exposure to second-hand smoke
- 10 – Air pollution/poor outdoor air quality
- 11 – Poor indoor air quality
- 12 – Exposure to toxic chemicals
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

23. What would you consider to be the main causes of chronic respiratory disease, including asthma?
DO NOT READ – CODE ALL THAT APPLY; PROBE: Anything else?

01 – Family history/genetics
02 – Lifestyle (PROBE FOR SPECIFICS)
03 – Diet/nutrition
04 – Stress
05 – Lack of exercise/physical activity
06 – Obesity/Being overweight
07 – Smoke
08 – High blood pressure
09 – Exposure to second-hand smoke
10 – Air pollution/poor outdoor air quality
11 – Poor indoor air quality
12 – Exposure to toxic chemicals
98 – Other (SPECIFY _____)
99 – DK/NA

Cancer

29. Have you ever been diagnosed with cancer?

01 – Yes
02 – No SKIP TO Q.31
99 – DK/NA SKIP TO Q.31

30. (IF YES TO Q.29) What type of cancer have you been diagnosed with?
DO NOT READ – CODE MORE THAN ONE IF VOLUNTEERED

01 – Lung cancer
02 – Breast cancer
03 – Prostate cancer
04 – Cervical cancer
05 – Skin cancer
06 – Throat cancer
07 – Bone cancer
98 – Other (SPECIFY _____)
99 – DK/NA

SKIP TO Q.34

31. (IF NO/DK/NA TO Q.29) Have you ever been checked for cancer?

01 – Yes
02 – No
99 – DK/NA

32. Do you consider yourself to be someone who is likely to get cancer at some point in your life?

01 – Yes
02 – No SKIP TO Q.34
99 – DK/NA SKIP TO Q.34

33. (IF YES TO Q.32) And why do you say that?

DO NOT READ – CODE ALL THAT APPLY

01 – Family history/genetics/others in family have cancer

02 – Lifestyle (PROBE FOR SPECIFICS)

03 – My diet

04 – Stress

05 – Lack of exercise/physical activity

06 – Overweight/

07 – Smoke

08 – High blood pressure

09 – Exposure to second-hand smoke

10 – Air pollution/poor outdoor air quality

11 – Poor indoor air quality

12 – Exposure to toxic chemicals

98 – Other (SPECIFY _____)

99 – DK/NA

34. What would you consider to be the main causes of cancer?

DO NOT READ – CODE ALL THAT APPLY; PROBE: Anything else?

01 – Family history/genetics/others in family have cancer

02 – Lifestyle (PROBE FOR SPECIFICS)

03 – Diet/nutrition

04 – Stress

05 – Lack of exercise/physical activity

06 – Obesity/Being overweight

07 – Smoke

08 – High blood pressure

09 – Exposure to second-hand smoke

10 – Air pollution/poor outdoor air quality

11 – Poor indoor air quality

12 – Exposure to toxic chemicals

98 – Other (SPECIFY _____)

99 – DK/NA

C. Diabetes

35 Have you ever been diagnosed with diabetes?

01 – Yes

02 – No SKIP TO Q.38

99 – DK/NA SKIP TO Q.38

36. (IF YES TO Q.35) Have you been diagnosed with Type 1 or Type 2 diabetes?

01 – Type 1

02 – Type 2

VOLUNTEERED

99 – DK/NA

37. (IF YES TO Q.35) In what ways has having diabetes affected your life or lifestyle?

DO NOT READ – CODE ALL THAT APPLY

- 01 – Must be more careful with diet/nutrition
- 02 – Eat more healthy foods
- 03 – Avoid sugar/certain foods
- 04 – Get more physical exercise/physical activity
- 05 – Get blood sugar checked on regular basis
- 98 – Other (SPECIFY _____)
- 97 – None/no changes due to having diabetes
- 99 – DK/NA

SKIP TO Q.39

38. (IF NO/DK/NA TO Q.35) Have you ever been checked for diabetes?

- 01 – Yes
- 02 – No
- 99 – DK/NA

39. (ASK ALL) When was the last time you had your blood sugar levels checked by a doctor or nurse?

READ CATEGORIES IF NECESSARY - CODE ONE ONLY

- 01 - In past six months
- 02 - In past 7-12 months
- 03 - In the past 2-3 years
- 04 - More than three years ago
- 05 - Never
- 99 - DK/NA

40. (ASK IF NO/DK IN Q.35 – OTHERS SKIP TO Q.42) Do you consider yourself to be someone who is likely to get diabetes at some point in your life?

- 01 – Yes
- 02 – No SKIP TO Q.42
- 99 – DK/NA SKIP TO Q.42

41. (IF YES TO Q.40) And why do you say that?

DO NOT READ – CODE ALL THAT APPLY

- 01 – Family history/genetics/others in family have diabetes
- 02 – Lifestyle (PROBE FOR SPECIFICS)
- 03 – My diet
- 04 – Stress
- 05 – Lack of exercise/physical activity
- 06 – Overweight
- 07 – Smoke
- 08 – High blood pressure
- 09 – Age
- 10 – Eating too much sugar
- 11 – Blood sugar levels
- 12 – High cholesterol levels
- 13 – Alcohol
- 14 – Pregnancy/gestational glucose tolerance
- 15 – Giving birth to large baby
- 16 – Previous diagnosis of impaired glucose tolerance
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

42a. Do any of your family members have diabetes?

- 01 - Yes
- 02 - No
- 99 - DK/NA

42b. Do any of your friends have diabetes?

- 01 - Yes
- 02 - No
- 99 - DK/NA

43. Do you consider yourself to be very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable about diabetes?

- 01 - Very knowledgeable
- 02 - Somewhat knowledgeable
- 03 - Not very knowledgeable
- 04 - Not at all knowledgeable
- VOLUNTEERED
- 99 - DK/NA

44. As you may know, there are two types of diabetes, Type 1 and Type 2. Type 2 diabetes is the type that does not require regular insulin. From what you know or have heard, what are the main causes of Type 2 diabetes?

DO NOT READ – CODE ALL THAT APPLY; PROBE: Anything else?

- 01 – Family history/genetics/others in family have diabetes
- 02 – Lifestyle (PROBE FOR SPECIFICS)
- 03 – My diet
- 04 – Stress
- 05 – Lack of exercise/physical activity
- 06 – Overweight
- 07 – Smoke
- 08 – High blood pressure
- 09 – Age
- 10 – Eating too much sugar
- 11 – Blood sugar levels
- 12 – High cholesterol levels
- 13 – Alcohol
- 14 – Pregnancy/gestational glucose tolerance
- 15 – Giving birth to large baby
- 16 – Previous diagnosis of impaired glucose tolerance
- 17 – Excess body fat around the waist
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

45. From what you know or have heard, what are the signs or symptoms of Type 2 diabetes?

DO NOT READ – CODE ALL THAT APPLY; PROBE: Anything else?

- 01 – You are often thirsty
- 02 – You go to the bathroom a lot (frequent urination)
- 03 – You lose weight without knowing why
- 04 – You do not have much energy
- 05 – You can't see well (blurred vision)
- 06 – You get more infections than usual
- 07 – You have cuts and bruises that heal slowly
- 08 – You feel tingling or numbness in your hands or feet
- 09 - Dizziness
- 10 – No signs
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

46. And how does Type 2 diabetes affect the human body?

DO NOT READ - CODE ALL THAT APPLY PROBE: Anything else?

- 01 – Interferes with body's ability to produce/use insulin
- 02 – Leads to an excess of a type of sugar called glucose
- 03 – Affects sugar levels
- 04 – Problems with eyesight/blindness
- 05 – Problems with pancreas
- 06 – Requires medications (including insulin)
- 07 – Cause poor circulation / heart or vascular problems
- 08 – Problems with kidneys
- 09 – Affects variety of limbs / amputation
- 10 – May cause death
- 11 – Weight problems
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

47. What, if anything, can one do to prevent Type 2 diabetes, or at least reduce the chances of developing it?

DO NOT READ - CODE ALL THAT APPLY

- 01 - Eat a healthy diet
- 02 - Limit intake of sugar
- 03 - Be physically active/exercise
- 04 – Maintain a healthy weight
- 05 - Lead a healthy lifestyle
- 06 - Get blood sugar checked
- 98 - Other (SPECIFY _____)
- 99 - DK/NA

48. Would you say each of the following steps is very effective, somewhat effective, not very effective or not at all effective as a way to prevent or reduce the chances of developing diabetes?
READ AND ROTATE

- a. Eating a nutritious diet
- b. Avoiding becoming overweight
- c. Regular physical activity

01 – Very effective
02 – Somewhat effective
03 – Not very effective
04 – Not at all effective
VOLUNTEERED
05 – Depends
99 – DK/NA

49. Are you aware of any programs in your community to help residents prevent or manage diabetes?

01 – Yes
02 – No SKIP TO Q.51
99 – DK/NA SKIP TO Q.51

50. (IF YES TO Q.49) Can you tell me who sponsors or funds this program or programs?
DO NOT READ – CODE ALL THAT APPLY

01 – Local Band Council
02 – Federal government
03 – Provincial/Territorial government
04 – Local hospital/community centre
98 – Other (SPECIFY _____)
99 – DK/NA

51. If you were looking for information about diabetes today, where would you go?
DO NOT READ – CODE ALL THAT APPLY

01 – Doctor
02 – Nurse/community nurse
03 – Local health clinic
04 – Television
05 – Radio
06 – Internet
07 – Family/friends
98 – Other (SPECIFY _____)
99 – DK/NA

52. DELETED

53. DELETED

54. How important is it for you personally to learn more about diabetes? Is it:

- 01 – Very important
- 02 – Somewhat important
- 03 – Not very important
- 04 – Not at all important
- VOLUNTEERED
- 99 – DK/NA

D. Physical Activity [IPAQ – shortened form]

I would now like to ask you about the time you spent being physically active in the last seven days. Think about activities you might do at work, for your house and yard work, to get from place to place, and in your spare time for recreation or exercise.

55. First, think about all the **vigorous activities** which take hard physical effort that you did in the last seven days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics or playing hard at a sport like basketball or hockey. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last seven days, on how many days did you do vigorous physical activities?

- ___ Days per week
- 8 - REFUSED
- 9 – DK/NA

56. Now think about activities which take **moderate physical effort** that you did in the last seven days. Moderate physical activities make you breathe somewhat harder than normal, and may include carrying light loads, jogging at an easy pace, or playing sports at a moderate pace. Again, think only about those physical activities that you did for at least 10 minutes at a time.

During the last seven days, on how many days did you do moderate physical activities?

- ___ Days per week
- 8 - REFUSED
- 9 – DK/NA

57. Now think about the time you spent **walking** in the last seven days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, exercise, or leisure. During the last seven days, on how many days did you walk for at least 10 minutes at a time?

- ___ Days per week
- 8 - REFUSED
- 9 – DK/NA

58. What about the facilities in your community for exercise and physical activity, such as walking or ski trails, arenas and swimming pools. Would you say these facilities in your community are excellent, good, only fair or poor in terms of providing people with easy access and opportunities to be physically active?

01 – Excellent
02 – Good
03 – Only fair
04 – Poor
VOLUNTEERED
99 – DK/NA

59. Are you aware of something called “**Canada’s Physical Activity Guide**”?

01 – Yes
02 – No SKIP TO Q.61
99 – DK/NA SKIP TO Q.61

60. (IF YES TO Q.59) Do you have a copy of this guide in your home?

01 – Yes
02 – No
99 – DK/NA

61. Are you aware of any programs in your community that promote regular physical activity?

01 – Yes
02 – No SKIP TO Q.63
99 – DK/NA SKIP TO Q.63

62. (IF YES TO Q.61) Can you tell me who sponsors or funds these programs?
DO NOT READ – CODE ALL THAT APPLY

01 – Local Band Council
02 – Federal government
03 – Provincial/Territorial government
04 – Local hospital/community centre
05 – Local schools
98 – Other (SPECIFY _____)
99 – DK/NA

63. Would you describe yourself as very, somewhat, not very or not at all physically active?

01 – Very physically active
02 – Somewhat physically active
03 – Not very physically active
04 – Not at all physically active
VOLUNTEERED
99 – DK/NA/REFUSE

64. And would you say that you are very overweight, somewhat overweight, average weight for your height and age, somewhat underweight or very underweight?

01 - Very overweight
02 - Somewhat overweight
03 - Average weight
04 - Somewhat underweight
05 - Very underweight
VOLUNTEERED
99 - DK/NA

E. Nutrition and Healthy Eating

I would now like to ask you about different kinds of food you might eat . . .

65. Please tell me whether you eat each type of food on a daily basis, a weekly basis, rarely, or never?
READ AND ROTATE

- a. Grains, such as bread, pasta, bannock, cereal and rice
- b. Fruit, including fresh, frozen and canned fruit
- c. Vegetables, including fresh, frozen and canned
- d. Milk products
- e. Meat and fish
- f. Traditional foods, such as wild meat or fish and berries
- g. Chips and candy
- h. Regular soda pop

01 – Daily
02 – Weekly
03 – Rarely
04 – Never
VOLUNTEERED
05 – Depends
99 – DK/NA

66. Would you say that foods you consider to be generally healthy are available in local stores:

01 – All of the time
02 – Most of the time
03 – Only sometimes
04 – Rarely
05 – Never
VOLUNTEERED
06 – Depends
99 – DK/NA

67. Would you say that the cost of healthy foods is a major problem, a minor problem, or no problem in your community?

- 01 – Major problem
- 02 – Minor problem
- 03 – No problem at all
- VOLUNTEERED
- 04 – Depends
- 99 – DK/NA

68. Are you aware of programs in your community that promote good nutrition and healthy eating?

- 01 – Yes
- 02 – No SKIP TO Q.70
- 99 – DK/NA SKIP TO Q.70

69. (IF YES TO Q.71) Can you tell me who sponsors or funds this program or programs?
DO NOT READ – CODE ALL THAT APPLY

- 01 – Local Band Council
- 02 – Federal government
- 03 – Provincial/Territorial government
- 04 – Local hospital/community centre
- 05 – Local schools
- 98 – Other (SPECIFY _____)
- 99 – DK/NA

70. Are you aware of something called “**Canada’s Food Guide**”?

- 01 – Yes
- 02 – No SKIP TO SECTION F
- 99 – DK/NA SKIP TO SECTION F

70a. Are you aware that there is a version of Canada’s Food Guide for First Nations, Inuit and Métis?

- 01 – Yes
- 02 – No
- 99 – DK/NA

71. (IF YES TO Q.70 AND NO/DK AT Q.70a) Do you have a copy of Canada’s Food Guide in your home?

- 01 – Yes
- 02 – No
- 99 – DK/NA

NOW SKIP TO SECTION F

71a. (IF YES TO Q.70 AND YES AT Q.70a) Do you have a copy of this food guide in your home?

CLARIFY WHICH VERSION

- 01 – Canada's Food Guide
- 02 – Canada's Food Guide - First Nations, Inuit and Metis
- 03 – Both versions
- 04 - Neither
- 99 – DK/NA

F. Respondent Characteristics

I would like to end with a few final questions for classification purposes only. Your answers will be kept anonymous and confidential.

72. Including yourself, how many people live in your household?

____ (RECORD NUMBER>0)

99 - DK/NA

73. What is the highest level of education that you have reached?

DO NOT READ - CODE ONE ONLY

- 01 - Some elementary (Grades 1-6)
- 02 - Completed elementary (Grade 7 or 8)
- 03 - Some high school (Grades 9-11)
- 04 - Completed high school (Grades 12 or 13 or OAC)
- 05 - Some community college, vocational, trade school (or some CEGEP)
- 06 - Completed community college, vocational, trade school (or complete CEGEP)
- 07 - Some university (no degree)
- 08 - Completed university (Bachelor's Degree)
- 09 - Post graduate/professional school (Master's Degree, Ph.D., etc.)
- 10 - No schooling
- VOLUNTEERED
- 99 - DK/NA

74. Which of the following best describes your main activity?

READ

- 01 - Working
- 02 - Unemployed or looking for a job
- 03 - Stay at home full-time
- 04 - Student
- 05 - Retired
- VOLUNTEERED
- 06 - Both working and student
- 07 - Disability pension
- 08 - Social assistance
- 99 - DK/NA

75. For classification purposes only, we'd like to have a general idea of people's annual household income. Which of these options is closest to the total income of all the people living in your household for 2008?
READ – STOP WHEN REACH APPROPRIATE CATEGORY

01 - No income
02 - Under \$15,000
03 - \$15,000 to \$25,000
04 - \$25,000 to \$50,000
05 - \$50,000 to \$75,000
06 – Over \$75,000
97 - REFUSE
99 - DK/NA

76. What are the first three characters of the postal code for your home?
SPECIFY

____ _
99 - DK/NA

On behalf of the First Nations and Inuit Health Branch, Health Canada, thank you for your time and assistance.

IF RESPONDENT ASKS FOR INFORMATION ABOUT THIS SURVEY: You can get more information about this survey by contacting Sarah Robertson at Environics at 613-230-5089 or by e-mail: sarah.roberton@environics.ca

RECORD:

77. GENDER

01 - Male
02 - Female

- 78 LANGUAGE OF INTERVIEW

01 - English
02 - French
03 - Inuktitut

79. Province/Territory

01 - British Columbia
02 - Alberta
03 - Saskatchewan
04 - Manitoba
05 - Ontario
06 - Quebec
07 - Newfoundland and Labrador
08 - Nova Scotia
09 - New Brunswick
10 - Prince Edward Island
11 - Nunavut
12 - Northwest Territories
13 – Nunavik

Santé Canada
Sondage de suivi sur les maladies chroniques auprès des membres des Premières nations qui vivent dans des réserves et des Inuits qui vivent dans le Nord — 2009

Questionnaire FINAL

Introduction

Bonjour/bonsoir. Je m'appelle _____ et je travaille pour Environics Research Group, une maison de recherche sur l'opinion publique. Nous faisons aujourd'hui un sondage au sujet des questions de santé auprès d'Autochtones âgés de 18 ans ou plus, qui vivent dans des collectivités des Premières Nations, des Métis et des Inuits, pour le compte de la Direction générale de la santé des Premières Nations et des Inuits, de Santé Canada.

Nous ne voulons rien vous vendre et nous ne sollicitons rien. Votre opinion est importante pour nous et vos réponses demeureront strictement confidentielles et anonymes.

SI ON VOUS LE DEMANDE : Il faudra environ 25 minutes pour répondre au sondage.

SI ON VOUS LE DEMANDE: Les résultats du sondage seront utilisés par la Direction générale de la santé des Premières Nations et des Inuits pour améliorer les programmes conçus dans le but d'améliorer la santé des Autochtones dans l'ensemble du Canada.

SI ON VOUS LE DEMANDE: Les résultats de ce sondage seront rendus publics lorsque l'étude sera terminée. À la fin du sondage, je pourrai vous donner le nom d'une personne ressource.

SI ON VOUS LE DEMANDE: Ce sondage est enregistré auprès du Conseil canadien de la recherche par sondage sous le numéro **xxxx**.

CONFIRMER SI LE/LA RÉPONDANT(E) PRÉFÈRE ÊTRE INTERVIEWÉ(E) EN FRANÇAIS OU EN ANGLAIS (OU POUR LES INUIT : OU EN INUKTITUT).

A. Sélection des répondants

Avant de commencer. . .

1. Est-ce que vous êtes autochtone ?

PRÉCISER SI NÉCESSAIRE : Membre des Premières Nations, Métis ou Inuit ?

01 - Oui

02 - Non

03 - NSP/PR

REMERCIER ET TERMINER

REMERCIER ET TERMINER

2. Vous identifieriez-vous comme étant membre des Premières nations, des Métis ou des Inuit ?

01 - Premières Nations

02 - Métis

03 - Inuit

NON SUGGÉRÉ

04 - Inuk

05 - Inuvialuit

98 - Autre (PRÉCISER _____)

3. (SI PREMIÈRES NATIONS OU MÉTIS OU AUTRE À Q.2) Au cours des 12 derniers mois, est-ce que vous avez principalement vécu dans une réserve ou à l'extérieur d'une réserve ? [2005/3]

01 - Dans une réserve

02 - À l'extérieur d'une réserve

REMERCIER ET TERMINER

03 - NSP/PR

REMERCIER ET TERMINER

4. Comme les questions de santé sont parfois reliées à l'âge, pourriez-vous me dire en quelle année vous êtes né(e) ?

_____ Année

NON SUGGÉRÉ

97 - Refus/PR

SI MOINS DE 18 ANS; DEMANDER À PARLER À UNE PERSONNE ÂGÉE DE 18 ANS OU PLUS
SI AUTRE PERSONNE JOINTE, REPRENDRE L'INTRODUCTION DU SONDAGE ET COMMENCER PAR Q.1

B. État de santé et problèmes de santé chronique

5. Comment décririez-vous votre santé ? Est-elle très bonne, assez bonne, bonne, assez mauvaise ou très mauvaise ?

01 – Très bonne santé

02 – Assez bonne santé

03 – Bonne santé

04 – Assez mauvaise santé

05 – Très mauvaise santé

NON SUGGÉRÉ

99 – NSP/PR

7. Selon vous, quels sont les problèmes de santé les plus graves auxquels votre collectivité fait face, aujourd'hui ?

NE PAS LIRE – CODER LES TROIS PREMIÈRES MENTIONS EN ORDRE

01 – Cancer (tous les types)

02 – Maladies du cœur/accidents vasculaires cérébraux

03 – Diabète

04 – Consommation d'alcool/consommation excessive

05 – Drogues/abus des drogues

06 – Empoisonnements accidentels

07 – Asthme

08 – Maladie respiratoire chronique/troubles respiratoires

09 – Ulcères d'estomac

10 – Maladies rénales

11 – Maladies du foie

12 – Obésité

13 – Malnutrition

14 – Modes de vie malsains

15 – Véhicules à moteur/accidents de circulation

16 – Manque d'exercice/d'activité physique

33 – Dépression/suicide

98 – Autre (PRÉCISER _____)

99 – NSP/PR

8. Et, si vous réfléchissez à des types de maladies chroniques ou de maladies en particulier, selon vous, quelles sont les plus graves dans votre collectivité, aujourd'hui ?

NE PAS LIRE – CODER LES TROIS PREMIÈRES MENTIONS EN ORDRE – INCLURE SI AUSSI MENTIONNÉ À Q.7

SONDER : Est-ce qu'il y en a d'autres ?

- 01 – Cancer (tous les types)
- 02 – Maladies du cœur/accidents vasculaires cérébraux
- 03 – Diabète
- 04 – Consommation d'alcool/consommation excessive
- 05 – Drogues/abus des drogues
- 06 – Empoisonnements accidentels
- 07 – Asthme
- 08 – Maladie respiratoire chronique/troubles respiratoires
- 09 – Ulcères d'estomac
- 10 – Maladies rénales
- 11 – Maladies du foie
- 12 – Obésité
- 13 – Malnutrition
- 14 – Modes de vie malsains
- 33 – Dépression/suicide
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

Je vais à présent vous poser des questions portant sur différents types de maladies chroniques qui touchent certaines personnes...

Maladies du cœur

9. Vous a-t-on déjà dit que vous souffriez de maladies du cœur ?

- 01 – Oui PASSER À Q.13
- 02 – Non
- 99 – NSP/PR

10. (SI NON/NSP/PR À Q.9) Avez-vous déjà passé un examen médical pour savoir si vous aviez une maladie du cœur ?

- 01 – Oui
- 02 – Non
- 99 – NSP/PR

11. Vous considérez-vous comme étant une personne qui sera probablement atteinte de maladies du cœur à un certain moment au cours de votre vie ?

- 01 – Oui
- 02 – Non PASSER À Q.13
- 99 – NSP/PR PASSER À Q.13

12. (SI OUI À Q.11) Et pourquoi dites-vous cela ?

NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Historique familial/hérédité/autres membres de la famille atteints de maladies du cœur
- 02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
- 03 – Mon alimentation
- 04 – Le stress

- 05 – Manque d'exercice/d'activité physique
- 06 – Embonpoint
- 07 – Tabagisme
- 08 – Hypertension
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

13. Selon vous, quelles sont les causes principales des maladies du cœur ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT; SONDER : Autre chose ?

- 01 – Historique familial/hérédité/autres membres de la famille atteints de maladies du cœur
- 02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
- 03 – Alimentation/nutrition
- 04 – Le stress
- 05 – Manque d'exercice/d'activité physique
- 06 – Obésité/faire de l'embonpoint
- 07 – Tabagisme
- 08 – Hypertension
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

Hypertension

14. Vous a-t-on déjà dit que vous souffriez d'hypertension ?

- 01 – Oui PASSER À Q.18
- 02 – Non
- 99 – NSP/PR

15. (SI NON/NSP/PR À Q.14) Avez-vous déjà passé un examen médical pour savoir si vous faisiez de l'hypertension ?

- 01 – Oui
- 02 – Non
- 99 – NSP/PR

16. Vous considérez-vous comme étant une personne qui sera probablement atteinte d'hypertension à un certain moment au cours de votre vie ?

- 01 – Oui
- 02 – Non PASSER À Q.18
- 99 – NSP/PR PASSER À Q.18

17. (SI OUI À Q.16) Et pourquoi dites-vous cela ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Historique familial/hérédité/autres membres de la famille font de l'hypertension
- 02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
- 03 – Mon alimentation
- 04 – Le stress
- 05 – Manque d'exercice/d'activité physique
- 06 – Embonpoint
- 07 – Tabagisme
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

18. Selon vous, quelles sont les causes principales de l'hypertension ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Historique familial/hérédité/autres membres de la famille font de l'hypertension
02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
03 – Alimentation/nutrition
04 – Le stress
05 – Manque d'exercice/d'activité physique
06 – Obésité/faire de l'embonpoint
07 – Tabagisme
98 – Autre (PRÉCISER _____)
99 – NSP/PR

Maladies respiratoires chroniques/Asthme

19. Vous a-t-on déjà dit que vous souffriez de maladies respiratoires chroniques ou d'asthme ?

01 – Oui PASSER À Q.23
02 – Non
99 – NSP/PR

20. (SI NON/NSP/PR À Q.19) Avez-vous déjà passé un examen médical pour savoir si vous étiez atteint(e) d'une maladie respiratoire chronique ou d'asthme ?

01 – Oui
02 – Non
99 – NSP/PR

21. Vous considérez-vous comme étant une personne qui sera probablement atteinte d'une maladie respiratoire chronique ou d'asthme à un certain moment au cours de votre vie ?

01 – Oui
02 – Non PASSER À Q.23
99 – NSP/PR PASSER À Q.23

22. (SI OUI À Q.21) Et pourquoi dites-vous cela ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Historique familial/hérédité/autres membres de la famille atteints de maladies respiratoires
02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
03 – Mon alimentation
04 – Le stress
05 – Manque d'exercice/d'activité physique
06 – Embonpoint
07 – Tabagisme
08 – Hypertension
09 – Exposition à la fumée secondaire
10 – Pollution de l'air/mauvaise qualité de l'air à l'extérieur
11 – Mauvaise qualité de l'air ambiant/à l'intérieur
12 – Exposition à des produits chimiques toxiques
98 – Autre (PRÉCISER _____)
99 – NSP/PR

23. Selon vous, quelles sont les causes principales des maladies respiratoires chroniques, y compris l'asthme ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT; SONDER : Autre chose ?

01 – Historique familial/hérédité/autres membres de la famille atteints de maladies respiratoires
02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
03 – Alimentation/nutrition
04 – Le stress
05 – Manque d'exercice/d'activité physique
06 – Obésité/faire de l'embonpoint
07 – Tabagisme
08 – Hypertension
09 – Exposition à la fumée secondaire
10 – Pollution de l'air/mauvaise qualité de l'air à l'extérieur
11 – Mauvaise qualité de l'air ambiant/à l'intérieur
12 – Exposition à des produits chimiques toxiques
98 – Autre (PRÉCISER _____)
99 – NSP/PR

Cancer

29. Vous a-t-on déjà dit que vous étiez atteint(e) du cancer ?

01 – Oui
02 – Non PASSER À Q.31
99 – NSP/PR PASSER À Q.31

30. (SI OUI À Q.29) Quel type de cancer a-t-on diagnostiqué ?
NE PAS LIRE – CODER PLUS D'UNE RÉPONSE SI MENTIONNÉES

01 – Cancer du poumon
02 – Cancer du sein
03 – Cancer de la prostate
04 – Cancer du col utérin
05 – Cancer de la peau
06 – Cancer de la gorge
07 – Cancer des os
98 – Autre (PRÉCISER _____)
99 – NSP/PR

PASSER À Q.34

31. (SI NON/NSP/PR À Q.29) Avez-vous déjà passé un examen médical pour savoir si vous étiez atteint(e) du cancer?

01 – Oui
02 – Non
99 – NSP/PR

32. Vous considérez-vous comme étant une personne qui sera probablement atteinte du cancer à un certain moment au cours de votre vie ?

01 – Oui
02 – Non PASSER À Q.34
99 – NSP/PR PASSER À Q.34

33. (SI OUI À Q.32) Et pourquoi dites-vous cela ?

NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Historique familial/hérédité/autres membres de la famille atteints du cancer

02 – Mode de vie (SONDER POUR DES PRÉCISIONS)

03 – Mon alimentation

04 – Le stress

05 – Manque d'exercice/d'activité physique

06 – Embonpoint

07 – Tabagisme

08 – Hypertension

09 – Exposition à la fumée secondaire

10 – Pollution de l'air/mauvaise qualité de l'air à l'extérieur

11 – Mauvaise qualité de l'air ambiant/à l'intérieur

12 – Exposition à des produits chimiques toxiques

98 – Autre (PRÉCISER _____)

99 – NSP/PR

34. Selon vous, quelles sont les causes principales du cancer ?

NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT; SONDER : Autre chose ?

01 – Historique familial/hérédité/autres membres de la famille atteints du cancer

02 – Mode de vie (SONDER POUR DES PRÉCISIONS)

03 – Alimentation/nutrition

04 – Le stress

05 – Manque d'exercice/d'activité physique

06 – Obésité/faire de l'embonpoint

07 – Tabagisme

08 – Hypertension

09 – Exposition à la fumée secondaire

10 – Pollution de l'air/mauvaise qualité de l'air à l'extérieur

11 – Mauvaise qualité de l'air ambiant/à l'intérieur

12 – Exposition à des produits chimiques toxiques

98 – Autre (PRÉCISER _____)

99 – NSP/PR

C. Diabète

35 Vous a-t-on déjà dit que vous étiez atteint(e) de diabète ?

01 – Oui

02 – Non PASSER À Q.38

99 – NSP/PR PASSER À Q.38

36. (SI OUI À Q.35) Vous a-t-on diagnostiqué(e) comme atteint(e) de diabète de type 1 ou de type 2 ?

01 – Type 1

02 – Type 2

NON SUGGÉRÉ

99 – NSP/PR

37. (SI OUI À Q.35) De quelle façon est-ce que le fait d'être atteint(e) de diabète affecte-il votre mode de vie ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Faire plus attention à mon alimentation/ma nutrition
02 – Manger des aliments plus sains
03 – Éviter le sucre/certains aliments
04 – Faire plus d'exercice/d'activité physique
05 – Faire mesurer mon taux de sucre dans le sang régulièrement/glycémie
98 – Autre (PRÉCISER _____)
97 – Aucune/aucun changement en raison du diabète
99 – NSP/PR

PASSER À Q.39

38. (SI NON/NSP/PR À Q.35) Avez-vous déjà passé un examen médical pour savoir si vous étiez atteint(e) de diabète ?

01 – Oui
02 – Non
99 – NSP/PR

39. (POSER À TOUS) À quand remonte la dernière fois où vous avez fait vérifier votre taux de sucre dans le sang (glycémie) par un médecin ou un infirmier ? [\[2002 Aboriginal Benchmark Study/18-modified\]](#)
LIRE LES CATÉGORIES, AU BESOIN – CODER UNE SEULE RÉPONSE

01 – Au cours des six derniers mois
02 – Au cours des 7-12 derniers mois
03 – Au cours des 2-3 dernières années
04 – Il y a plus de trois ans
05 – Jamais
99 – NSP/PR

40. (POSER SI NON/NSP À Q.35 – LES AUTRES PASSER À Q.42) Vous considérez-vous comme étant une personne qui sera probablement atteinte du diabète à un certain moment au cours de votre vie ?

01 – Oui
02 – Non PASSER À Q.42
99 – NSP/PR PASSER À Q.42

41. (SI OUI À Q.40) Et pourquoi dites-vous cela ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Historique familial/hérédité/autres membres de la famille atteints du diabète
02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
03 – Mon alimentation
04 – Le stress
05 – Manque d'exercice/d'activité physique
06 – Embonpoint
07 – Tabagisme
08 – Hypertension
09 – Âge
10 – Manger trop de sucre
11 – Taux de glycémie
12 – Taux de cholestérol élevé

- 13 – Alcool
- 14 – Tolérance au glucose pendant la grossesse/gestationnel
- 15 – Donner naissance à un gros bébé
- 16 – Diagnostic antérieur de tolérance au glucose diminuée
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

42a. Est-ce qu'un ou l'autre des membres de votre famille sont atteints du diabète ?

- 01 - Oui
- 02 - Non
- 99 - NSP/PR

42b. Est-ce qu'un ou l'autre de vos amis sont atteints du diabète ?

- 01 - Oui
- 02 - Non
- 99 - NSP/PR

43. Considérez-vous que vous êtes très bien informé(e), assez bien informé(e), pas très bien informé(e) ou pas du tout informé(e) au sujet du diabète ?

- 01 – Très bien informé(e)
- 02 – Assez bien informé(e)
- 03 – Pas très bien informé(e)
- 04 – Pas du tout informé(e)
- NON SUGGÉRÉ
- 99 - NSP/PR

44. Comme vous le savez peut-être, il existe deux formes de diabète, type 1 et type 2. Le diabète de type 2 est le type qui ne nécessite pas d'insuline sur une base régulière. À partir de ce que vous savez ou de ce que vous avez entendu, quelles sont les principales causes du diabète de type 2 ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT; SONDER : Autre chose ?

- 01 – Historique familial/hérédité/autres membres de la famille atteints de diabète
- 02 – Mode de vie (SONDER POUR DES PRÉCISIONS)
- 03 – Mon alimentation
- 04 – Le stress
- 05 – Manque d'exercice/d'activité physique
- 06 – Embonpoint
- 07 – Tabagisme
- 08 – Hypertension
- 09 – Âge
- 10 – Manger trop de sucre
- 11 – Taux de glycémie
- 12 – Taux de cholestérol élevé
- 13 – Alcool
- 14 – Tolérance au glucose pendant la grossesse/gestationnel
- 15 – Donner naissance à un gros bébé
- 16 – Diagnostic antérieur de tolérance au glucose diminuée
- 17 – Excès de graisse autour de la taille
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

45. À partir de ce que vous savez ou avez entendu, quels sont les signes ou symptômes du diabète de type 2 ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT; SONDER : Autre chose ?

01 – Vous avez souvent soif
02 – Vous allez souvent aux toilettes (miction fréquente)
03 – Vous perdez du poids sans savoir pourquoi
04 – Vous n'avez pas beaucoup d'énergie
05 – Vous avez de la difficulté à voir (vue embrouillée)
06 – Vous avez des infections plus souvent que d'habitude
07 – Vos coupures et blessures guérissent lentement
08 – Vous ressentez des picotements ou des engourdissements dans vos mains ou vos pieds
09 – Étourdissements
10 – Pas de signes
98 – Autre (PRÉCISER _____)
99 – NSP/PR

46. Et de quelle façon est-ce que le diabète de type 2 affecte-t-il le corps humain ?
NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT SONDER : Autre chose?

01 – Nuit à la capacité du corps de produire/d'utiliser l'insuline
02 – Entraîne un excès d'un type de sucre appelé glucose
03 – A un effet sur la glycémie/le taux de sucre sanguin
04 – Troubles de la vue/cécité
05 – Troubles du pancréas
06 – Nécessite la prise de médicaments (y compris de l'insuline)
07 – Entraîne une mauvaise circulation/troubles cardiaques ou vasculaires
08 – Troubles rénaux
09 – Touche plusieurs membres/amputation
10 – Peut causer la mort
11 – Problèmes de poids
98 – Autre (PRÉCISER _____)
99 – NSP/PR

47. S'il y a lieu, que peut-on faire pour prévenir le diabète de type 2 ou, à tout le moins, réduire les chances d'en être atteint ?
NE PAS LIRE - CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – S'alimenter sainement
02 – Réduire la consommation de sucre
03 – Être actif physiquement/faire de l'exercice
04 – Maintenir un poids santé
05 – Avoir un mode de vie sain
06 – Faire mesurer sa glycémie/son taux de sucre sanguin
98 - Autre (PRÉCISER _____)
99 - NSP/PR

48. Diriez-vous que chacune des mesures suivantes est un moyen très efficace, assez efficace, pas très efficace ou pas du tout efficace pour prévenir ou réduire les chances d'être atteint(e) du diabète ?
LECTURE EN ROTATION

- a. Avoir un régime alimentaire nutritif
- b. Éviter de faire de l'embonpoint
- c. Faire régulièrement de l'activité physique

01 – Très efficace
02 – Assez efficace
03 – Pas très efficace
04 – Pas du tout efficace
NON SUGGÉRÉ
05 – Tout dépend
99 – NSP/PR

49. Avez-vous entendu parler de programmes dans votre collectivité qui sont destinés à aider les résidents à faire la prévention ou la prise en charge le diabète ?

01 – Oui
02 – Non PASSER À Q.51
99 – NSP/PR PASSER À Q.51

50. (SI OUI À Q.49) Pouvez-vous me dire qui commandite ou finance ce ou ces programmes ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Conseil de Bande local
02 – Gouvernement fédéral
03 – Gouvernement provincial/territorial
04 – Hôpital local/ centre communautaire
98 – Autre (PRÉCISER _____)
99 – NSP/PR

51. Si vous cherchiez de l'information au sujet du diabète aujourd'hui, où iriez-vous ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Médecin
02 – Infirmière/infirmière en santé communautaire
03 – Clinique de santé locale
04 – Télévision
05 – Radio
06 – Internet
07 – Membres de la famille/amis
98 – Autre (PRÉCISER _____)
99 – NSP/PR

52. EFFACÉE

53. EFFACÉE

54. Dans quelle mesure est-il important pour vous, personnellement, d'en apprendre davantage au sujet du diabète ? Est-ce :

01 – Très important
02 – Assez important
03 – Pas très important
04 – Pas du tout important
NON SUGGÉRÉ
99 – NSP/PR

D. Activité physique [IPAQ – shortened form]

À présent, j'aimerais vous poser quelques questions au sujet des moments au cours desquels vous avez fait de l'activité physique au cours des sept derniers jours. Réfléchissez aux activités que vous pouvez faire au travail, dans et autour de la maison, pour aller d'un endroit à l'autre, ainsi que dans vos loisirs à titre récréatif ou pour faire de l'exercice.

55. Tout d'abord, réfléchissez à toutes les **activités physiques vigoureuses**, celles qui exigent un effort physique important, que vous avez faites au cours des sept derniers jours. Des activités vigoureuses vous font respirer beaucoup plus fort que la normale et peuvent comprendre lever des objets lourds, creuser, des exercices d'aérobie ou jouer à des sports exigeants tels que le basket-ball ou le hockey. Pensez seulement à ces activités physiques que vous avez faites pour une durée d'au moins 10 minutes à la fois.

Au cours des sept derniers jours, combien de jours avez-vous fait des activités physiques vigoureuses ?

___ jours par semaine
8 - REFUS
9 – NSP/PR

56. À présent, réfléchissez à toutes les **activités physiques modérées** que vous avez faites au cours des sept derniers jours. Des activités physiques modérées vous font respirer plus fort que la normale et peuvent comprendre transporter des charges légères, faire du jogging à une cadence facile ou jouer à un sport de façon modérée. Pensez seulement à ces activités physiques que vous avez faites pour une durée d'au moins 10 minutes à la fois.

Au cours des sept derniers jours, combien de jours avez-vous fait des activités physiques modérées ?

___ jours par semaine
8 - REFUS
9 – NSP/PR

57. À présent, réfléchissez au temps que vous avez passé(e) à **marcher** au cours des sept derniers jours. Cela comprend la marche au travail et à la maison, la marche pour aller d'un endroit à l'autre ou toute autre forme de marche que vous avez faite à titre récréatif, pour l'exercice ou dans vos loisirs. Au cours des sept derniers jours, combien de jours avez-vous marché pour une durée d'au moins 10 minutes à la fois ?

___ jours par semaine
8 - REFUS
9 – NSP/PR

58. Qu'en est-il des installations présentes dans votre collectivité pour faire de l'exercice et pour la pratique de l'activité physique telles que des sentiers de randonnée pédestre ou de ski, des arénas et des piscines. Diriez-vous que ces installations sont excellentes, bonnes, passables seulement ou médiocres pour ce qui est de donner aux gens un accès facile et des possibilités d'être physiquement actifs ?

01 – Excellentes
02 – Bonnes
03 – Passables seulement
04 – Médiocres
NON SUGGÉRÉ
99 – NSP/PR

59. Êtes-vous au courant d'un document appelé « **Guide d'activité physique canadien** » ?

01 – Oui
02 – Non PASSER À Q.61
99 – NSP/PR PASSER À Q.61

60. (SI OUI À Q.59) Avez-vous un exemplaire de ce guide à la maison ?

01 – Oui
02 – Non
99 – NSP/PR

61. Savez-vous s'il y a des programmes dans votre collectivité qui font la promotion de la pratique régulière de l'activité physique ?

01 – Oui
02 – Non PASSER À Q.63
99 – NSP/PR PASSER À Q.63

62. (SI OUI À Q.61) Pouvez-vous me dire qui commandite ou finance ces programmes ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 – Conseil de Bande local
02 – Gouvernement fédéral
03 – Gouvernement provincial/territorial
04 – Hôpital local/ centre communautaire
05 – Écoles locales
98 – Autre (PRÉCISER _____)
99 – NSP/PR

63. Est-ce que vous vous décririez comme une personne qui est très, assez, pas très ou pas du tout physiquement active ?

01 – Très physiquement active
02 – Assez physiquement active
03 – Pas très physiquement active
04 – Pas du tout physiquement active
NON SUGGÉRÉ
99 – NSP/PR/REFUS

64. Et, diriez-vous que vous faites beaucoup d'embonpoint, un peu d'embonpoint, que vous êtes de poids moyen pour votre taille et votre âge ou que vous avez un poids insuffisant ou très insuffisant ? [2005/14]

01 - Beaucoup d'embonpoint
02 - Un peu d'embonpoint
03 - Poids moyen
04 - Poids insuffisant
05 - Poids très insuffisant
NON SUGGÉRÉ
99 - NSP/PR

E. Nutrition et saine alimentation

À présent, j'aimerais vous poser quelques questions au sujet de différents types d'aliments que vous consommez peut-être...

65. Veuillez s'il vous plaît me dire si vous mangez chacun des types d'aliments suivants de façon quotidienne, hebdomadaire, rarement ou jamais ?
LECTURE ET ROTATION

- a. Des produits à base de grains tels que le pain, les pâtes, la banique (bannock), des céréales et du riz
- b. Des fruits, frais, congelés et en conserve
- c. Des légumes, frais, congelés et en conserve
- d. Des produits laitiers
- e. De la viande et du poisson
- f. Des aliments traditionnels tels que du gibier, du poisson et des petits fruits sauvages
- g. Des croustilles et du bonbon
- h. Des boissons gazeuses ordinaires

01 – Quotidien
02 – Hebdomadaire
03 – Rarement
04 – Jamais
NON SUGGÉRÉ
05 – Tout dépend
99 – NSP/PR

66. Diriez-vous que les aliments que vous jugez être des aliments sains sont disponibles dans les magasins locaux ?

01 – Tout le temps
02 – La plupart du temps
03 – De temps en temps seulement
04 – Rarement
05 – Jamais
NON SUGGÉRÉ
06 – Tout dépend
99 – NSP/PR

67. Diriez-vous que le coût des aliments sains représente un grave problème, un petit problème ou ne représente aucun problème dans votre collectivité ?

- 01 – Grave problème
- 02 – Petit problème
- 03 – Aucun problème
- NON SUGGÉRÉ
- 04 – Tout dépend
- 99 – NSP/PR

68. Savez-vous s'il y a des programmes qui font la promotion d'une bonne nutrition et d'une saine alimentation dans votre collectivité ?

- 01 – Oui
- 02 – Non PASSER À Q.70
- 99 – NSP/PR PASSER À Q.70

69. (SI OUI À Q.68) Pouvez-vous me dire qui commandite ou finance ces programmes ?
NE PAS LIRE – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

- 01 – Conseil de Bande local
- 02 – Gouvernement fédéral
- 03 – Gouvernement provincial/territorial
- 04 – Hôpital local/ centre communautaire
- 05 – Écoles locales
- 98 – Autre (PRÉCISER _____)
- 99 – NSP/PR

70. Êtes-vous au courant d'un document appelé « **Guide alimentaire canadien** » ?

- 01 – Oui
- 02 – Non PASSER À LA SECTION F
- 99 – NSP/PR PASSER À LA SECTION F

70a. Êtes-vous au courant qu'il existe une version du Guide alimentaire canadien qui s'adresse aux Premières nations, aux Inuits et aux Métis ?

- 01 – Oui
- 02 – Non
- 99 – NSP/PR

71. (SI OUI À Q.70 ET NON/NSP À Q.70a) Avez-vous un exemplaire du Guide alimentaire canadien à la maison ?

- 01 – Oui
- 02 – Non
- 99 – NSP/PR

PASSER À LA SECTION F MAINTENANT

71a. (SI OUI À Q.70 ET OUI À Q.70a) Avez-vous un exemplaire de ce Guide alimentaire à la maison ?
PRÉCISER QUELLE VERSION

- 01 – Guide alimentaire canadien
- 02 – Guide alimentaire canadien - Premières nations, Inuit et Métis
- 03 – Les deux versions
- 04 – Ni l'une ni l'autre
- 99 – NSP/PR

F. Caractéristiques des répondants

J'aimerais terminer en vous posant quelques dernières questions aux fins de classement seulement. Vos réponses demeureront anonymes et confidentielles.

72. Vous y compris, combien de personnes y a-t-il dans votre ménage ?

___ (INSCRIRE UN NOMBRE >0)
99 - NSP/PR

73. Quel est le niveau de scolarité le plus élevé que vous avez atteint?
NE PAS LIRE - CODER UNE RÉPONSE SEULEMENT

- 01 – Partie du niveau primaire (1^{re} – 6^e années)
 - 02 – Niveau primaire complété (7^e ou 8^e année)
 - 03 – Partie des études secondaires (9^e – 11^e années)
 - 04 – Études secondaires complétées (12^e ou 13^e année ou OAC)
 - 05 – Une partie du cours collégial, professionnel, école de métier (une partie du CEGEP)
 - 06 – Complété le cours collégial, professionnel, école de métier (terminé le CEGEP)
 - 07 – Une partie du cours universitaire (sans diplôme)
 - 08 – Niveau universitaire complété (baccalauréat)
 - 09 – Études supérieures /école de profession (Maîtrise, Doctorat, etc.)
 - 10 – Aucune scolarité
- NON SUGGÉRÉ
99 - NSP/PR

74. Laquelle des catégories suivantes décrit le mieux votre principale activité ?
LIRE

- 01 – A un emploi
 - 02 - Sans-emploi ou à la recherche d'un emploi
 - 03 - Au foyer à temps plein
 - 04 – Aux études
 - 05 - À la retraite
- NON SUGGÉRÉ
- 06 – Au travail et aux études
 - 07 - Pension d'invalidité
 - 08 - Aide sociale
 - 99 - NSP/PR

75. À des fins de classification seulement, nous aimerions avoir une idée générale du revenu annuel du foyer des répondants. Laquelle de ces catégories correspond le mieux au total des revenus de tous les membres de votre foyer en 2008 ?

LIRE – VEUILLEZ M'ARRÊTER LORSQUE JE DIRAI LA CATÉGORIE APPROPRIÉE.

- 01 - Aucun revenu
- 02 - Moins de 15 000 \$
- 03 – 15 000 \$ à 25 000 \$
- 04 – 25 000 \$ à 50 000 \$
- 05 – 50 000 \$ à 75 000 \$
- 06 – Plus de 75 000 \$
- 97 - REFUS
- 99 - NSP/PR

76. Quels sont les trois premiers caractères du code postal de votre foyer? [2005/61]

PRÉCISER

____ _
99 - NSP/PR

Au nom de la Direction générale de la santé des Premières Nations et des Inuits de Santé Canada, je vous remercie de votre temps et de votre aide.

SI LE/LA RÉPONDANT(E) DEMANDE DES RENSEIGNEMENTS AU SUJET DU SONDAGE : Vous pouvez obtenir plus de renseignements au sujet de ce sondage en communiquant avec Sarah Robertson d'Environics au numéro 613-230-5089 ou par courriel à l'adresse suivante : sarah.roberton@environics.ca

INSCRIRE:

77. SEXE

- 01 - Masculin
- 02 - Féminin

78. LANGUE DE L'ENTREVUE

- 01 - Anglais
- 02 - Français
- 03 - Inuktitut

79. Province/ Territoire

- 01 - Colombie-Britannique
- 02 - Alberta
- 03 - Saskatchewan
- 04 - Manitoba
- 05 - Ontario
- 06 - Québec
- 07 - Terre-Neuve et Labrador
- 08 - Nouvelle-Écosse
- 09 - Nouveau-Brunswick
- 10 - Île-du-Prince-Édouard
- 11 – Nunavut
- 12 – Territoires du Nord-Ouest
- 13 – Nunavik