3/31/2020

RHS Statistics for Shaping a Response to Covid-19 in First Nations Communities

Introduction

As the coronavirus pandemic (Covid-19) continues to affect communities across Canada, certain populations are at higher risk of getting an infection and developing severe complications due to their health, social and economic circumstances.

According to the Public Health Agency of Canada (PHAC), vulnerable populations are described in the box below:

Anyone who is:
- an older adult
- at risk due to underlying medical conditions (e.g. heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)
- at risk due to a compromised immune system from a medical condition or treatment (e.g. chemotherapy)

Anyone who has:
- difficulty reading, speaking, understanding or communicating
- difficulty accessing medical care or health advice
- difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes
- ongoing specialized medical care or needs specific medical supplies
- ongoing supervision needs or support for maintaining independence
- difficulty accessing transportation
- economic barriers
- unstable employment or inflexible working conditions
- social or geographic isolation, like in remote and isolated communities
- insecure, inadequate, or nonexistent housing conditions

Source: Public Health Agency of Canada, https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/covid-19-vulnerable-populations/covid-19-vulnerable-populations-eng.pdf (Accessed April 7, 2020)

Consequently, First Nations living on reserve and northern communities are especially at risk if the virus was to emerge in one of the communities. The Chief Public Health Officer has stated that First Nations, Inuit and Métis communities face a higher risk of "severe outcomes" given health inequities, higher rates of underlying medical conditions and challenges of remote and fly-in communities[1]. Furthermore, First Nations are already struggling both with a low capacity to deliver health services due to the lack of health professionals and the low availability of health care resources (e.g. personal protective equipment, hand sanitizers, testing kits, medications, etc.). This document is intended to support First Nations emergency preparedness efforts, providing the necessary information to advocate for resources, thereby ensuring readiness to respond to a potential outbreak in communities. This analysis is based on results from the Regional Health Survey 3 which was conducted in 2015/16 and provides national estimates for First Nations living on reserve and northern populations.

[1] https://www.theglobeandmail.com/canada/article-are-we-a-top-priority-how-indigenous-communities-are-bracing-for/

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Chronic conditions

As mentioned in the introduction, anyone with an underlying medical condition (e.g. heart disease, hypertension, diabetes, chronic respiratory diseases, cancer) is at risk for severe illness if infected with the virus that causes Covid-19. In the First Nations Regional Health Survey Phase 3, "long-term" health conditions are defined as those which are "expected to or have already lasted 6 months or more and that have been diagnosed by a healthcare professional." Respondents were presented with a list of 35 possible health conditions to choose from.

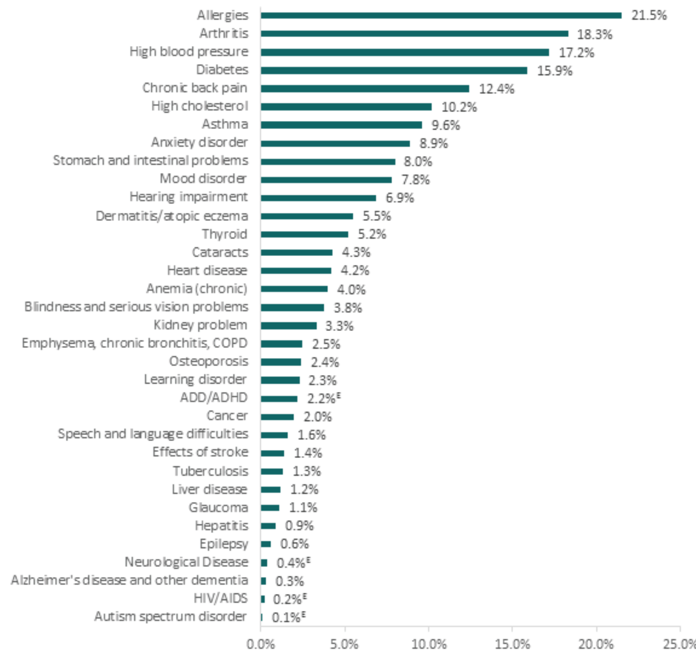
Nearly three-fifths (59.8%) of First Nations adults, one third (33.2%) of First Nations youth, and more than one-quarter (28.5%) of First Nations children reported having one or more chronic health conditions.

When looking at conditions at risk for severe illness from Covid-19, 17.2% of First Nations adults reported high blood pressure, 15.9% reported diabetes, 10.2% reported high cholesterol, 9.6% reported asthma, 4.2% reported heart disease, 4.0% reported chronic anemia, 3.3% reported a kidney problem, 2.5% reported emphysema, chronic bronchitis, or COPD, 2.0% reported cancer, 1.4% reported effects due to stroke, 1.3% reported tuberculosis, 1.2% reported liver disease, 0.9% reported hepatitis, and 0.2%[E] reported HIV/AIDS.

Among First Nations youth and children, asthma (8.6% and 8.3% respectively) remained the second most commonly reported chronic health conditions.

[E] - Estimates can be considered for general unrestricted release but should be accompanied by a warning cautioning subsequent users of the high sampling variability associated with the estimates.

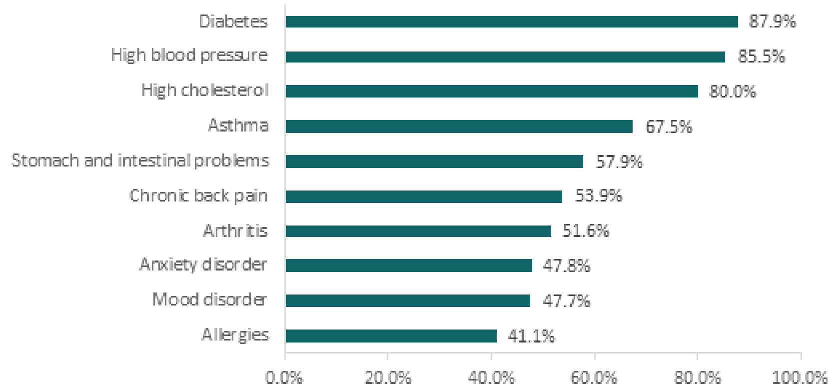
Prevalence of diagnosed chronic health conditions among First Nations adults



Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

Most First Nations adults who had the followin conditions were receiving treatment for diabetes (87.9%) high blood pressure (85.5%), high cholesterol (80.0%), and asthma (67.5%).

Percentage of First Nations adults receiving treatment for their chronic health condition

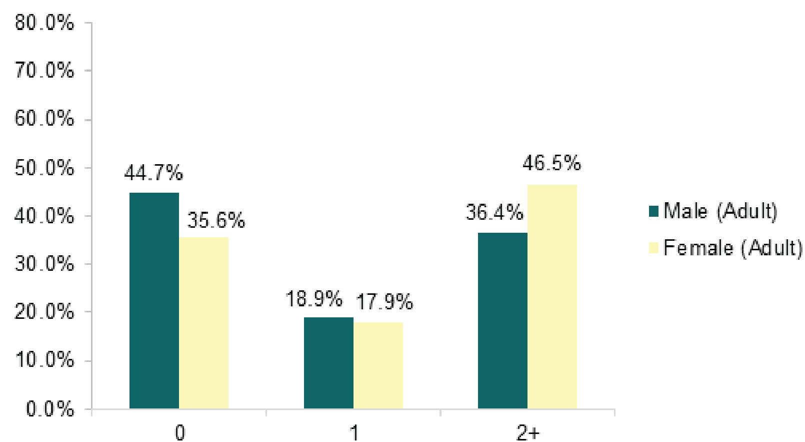


Comorbidity

A higher proportion of female First Nations adults reported comorbidity (i.e., the presence of two or more chronic health conditions in one individual) compared to First Nations males, indicating that First Nations women carry a disproportionate burden of chronic illness.

Trends for First Nations adults show a significant increase in comorbidity as age increases. Comorbidity more than doubles from young adulthood (20.8%) to mid-age range (55.3%) and almost quadruples by 60 years and up (74.6%).

Percentage of First Nations adults with chronic health conditions, by number of conditions and gender



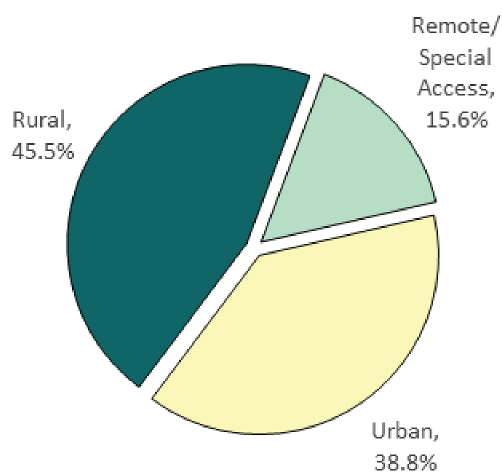
Number of chronic health conditions among First Nations adults, youth and children, by age group

	0 Health Condition		1 Health Condition		2+ Health Conditions	
AGE (CHILDREN)	%	[95% CI]	%	[95% CI]	%	[95% CI]
0-5	77.2	[74.8, 79.4]	14.5	[12.7, 16.5]	8.4	[6.9, 10.1]
6-11	66.8	[64.5, 69.0]	20.2	[18.1, 22.5]	13.0	[11.5, 14.6]
AGE (YOUTH)						
12-14	70.2	[66.7, 73.4]	17.3	[14.2, 21.0]	12.5	[10.8, 14.5]
15-17	63.9	[61.6, 66.2]	18.6	[16.7, 20.7]	17.5	[15.8, 19.4]
AGE (ADULTS)						
18-29	57.9	[54.4, 61.3]	21.3	[18.3, 24.7]	20.8	[18.4, 23.4]
30-39	48.7	[44.8, 52.6]	19.5	[17.0, 22.1]	31.8	[28.0, 35.9]
40-49	37.8	[34.2, 41.6]	18.8	[16.8, 21.1]	43.4	[40.1, 46.7]
50-59	28.1	[25.2, 31.3]	16.5	[14.7, 18.5]	55.3	[52.4, 58.2]
≥ 60	12.3	[10.8, 14.0]	13.1	[11.4, 15.0]	74.6	[72.1, 77.0]

Barriers to Accessing Health Care

The ability to access health care can be influenced by where one lives (i.e. remoteness and the size of the community). The majority of First Nations adults live in rural (45.5%) and urban (38.8%) communities, with significantly fewer living in remote/special access communities (15.6%). Similarly, most First Nations adults live in either large (46.2%) or medium (46.5%) size communities with a small percentage living in small communities (7.3%).

Community remoteness among First Nations adults



Percent Not Receiving Needed Care

One in 10 (9.6%) First Nations adults reported requiring health care in the previous 12 months but did not receive all the care they needed. More than 1 in 5 (21.3%) First Nations adults reported not having a primary health-care provider, compared to 15.8% among the general population. Meanwhile, 2.0% of First Nations children who required health care in the previous 12 months did not receive all the care they required.

Proportion of First Nations adults who required health care (e.g., from a doctor, nurse or other health professional) in the past 12 months

Did you require health care in the past 12 months?	% [95% CI]
No	33.9 [32.2, 35.7]
Yes, and I received all the health care I needed	56.5 [54.5, 58.4]
Yes, but I did not receive all the health care I needed	9.6 [8.3, 11.1]

Barriers to Receiving Care

Long wait times were a barrier to receiving health care for more than one quarter (27.0%) of First Nations adults who required health care in the previous 12 months, while 22.6% cited a lack of available doctors or nurses as a barrier.

For First Nations children, a lack of doctors or nurses was a barrier to receiving health care for 14.7% of those who required it in the previous 12 months.

Barriers to receiving health care among First Nations adults who required health care in the past 12 months

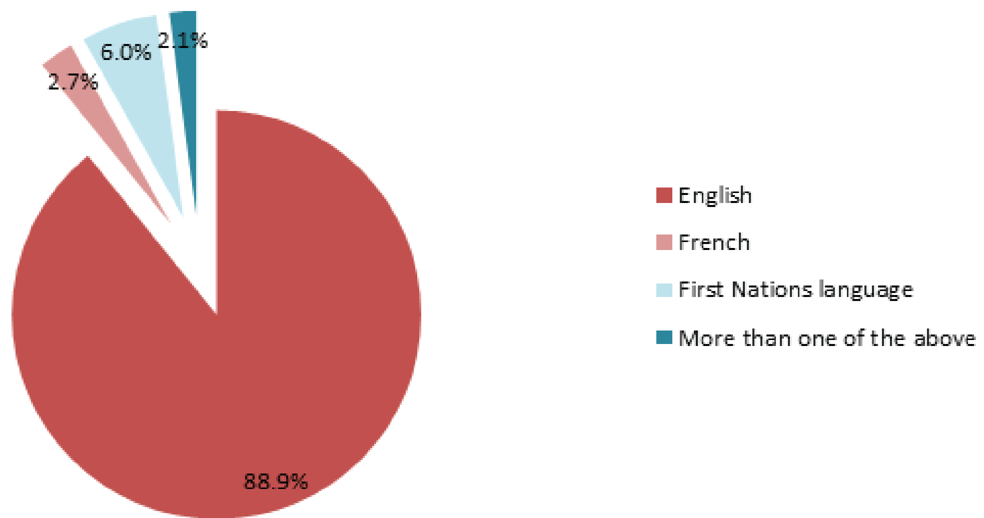
Barriers	% [95% CI]
Waiting list is too long	27.0 [25.2, 29.0]
Doctor or nurse not available in my area	22.6 [20.5, 24.7]
Not covered by Non-Insured Health Benefits (NIHB)	21.8 [20.0, 23.8]
Felt health care provided was inadequate	21.2 [19.2, 23.4]
Did not know if it was covered by NIHB	19.7 [17.8, 21.8]
Could not afford direct cost of care/services	19.0 [17.1, 21.1]
Service was not available in my area	18.6 [16.4, 21.1]
Could not afford transportation costs	17.1 [15.3, 19.0]
Prior approval of Non-Insured Health Benefits (NIHB) was denied	16.2 [14.4, 18.2]
Health facility not available in my area	15.3 [13.1, 17.8]
Unable to arrange transportation	15.2 [13.6, 17.1]
Felt service was not culturally appropriate	13.2 [11.5, 15.0]
Difficulty in getting Traditional care	11.8 [10.4, 13.4]
Chose not to see health-care professional	10.3 [8.8, 12.0]
Could not afford child-care costs	6.5 [5.6, 7.5]
Other	3.5 [2.7, 4.5]

Language

One of the potential barriers to fully understanding preventive measures or receiving appropriate care is language. Although a large proportion of First Nations use English most often in their daily lives, there are First Nations who speak a First Nations language most often. Consequently, it is important that any method used to communicate information on how to prevent infections and how to care for and isolate infected individuals, take language into account and present the information in a clear, concise and accessible manner.

Although most youth had some knowledge of a First Nations language, a majority still used English most often in their daily lives (88.9%) compared to 6.0% who used a First Nations language most often, 2.7% who used French most often and 2.1% (95% CI [1.7, 2.6]) who used more than one language mentioned above most often.

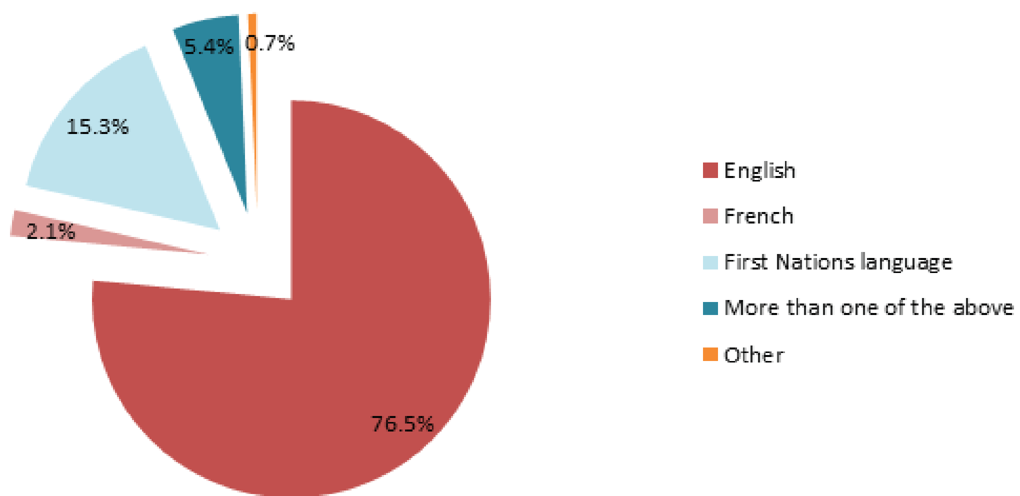
Language used by First Nations youth most often in daily life



Most First Nations adults have some knowledge of their First Nations language, although the majority

speak English most often in their daily life (76.5%), 15.3% speak a First Nations language most often, 5.4% speak more than one language mentioned above most often, 2.1% speak French most often and 0.7% spoke an "other" language most often.

Language used by First Nations adults most often, in daily life



Senior Population

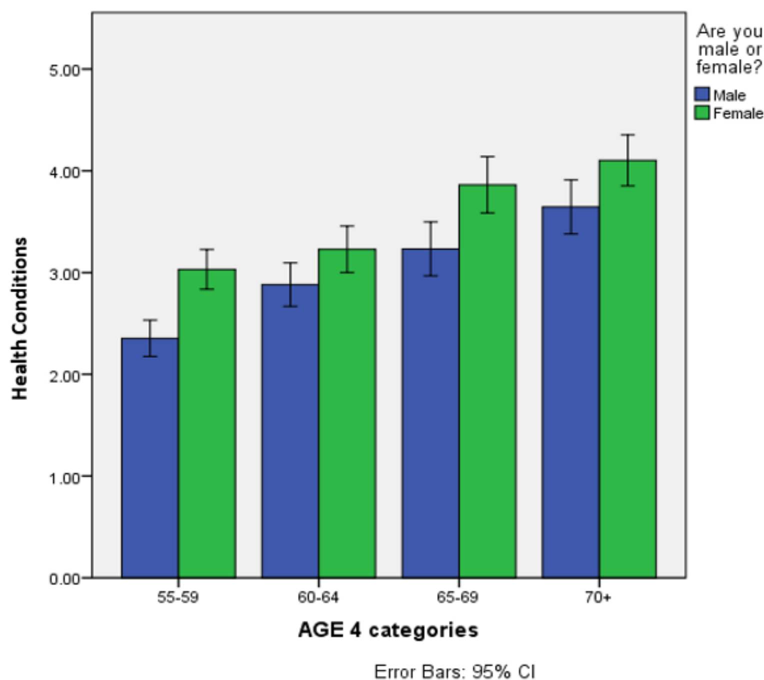
In a Senior's Wellness report (yet to be publicly released), FNIGC examined adults 55 years and older rather than the age category of 65 years and older due to the early-onset of frailty in First Nations

communities[3]. Approximately 21% of the First Nations population living on reserve and northern communities consists of seniors (defined as 55 years and older). Older adults have been identified as a vulnerable population if infected by Covid-19.

Chronic Conditions

Eighty-four percent of seniors (55 years and older) have at least one long-term or chronic health condition[4]. The number of health conditions increases with age. This is a statistically significant trend and is highlighted in the figure below. The mean number of health conditions reported by seniors in the 55-59 age group was 2.7, increasing to 3.2 chronic health conditions in the 60-64 age group, 3.9 for the 65-69 age group, and 4.5 for those aged 70 and older. On average, female seniors reported a higher number of chronic health conditions (3.8) than male seniors (3.4).

Average number of health conditions among First Nations seniors, by sex and age group



The five most common self-reported health conditions, in descending order among seniors were high blood pressure (42.7%), arthritis (41.9%), diabetes (35.3%), high cholesterol (26.5%), and allergies (25.3%). Heart disease was present among 13.8% of First Nations seniors.

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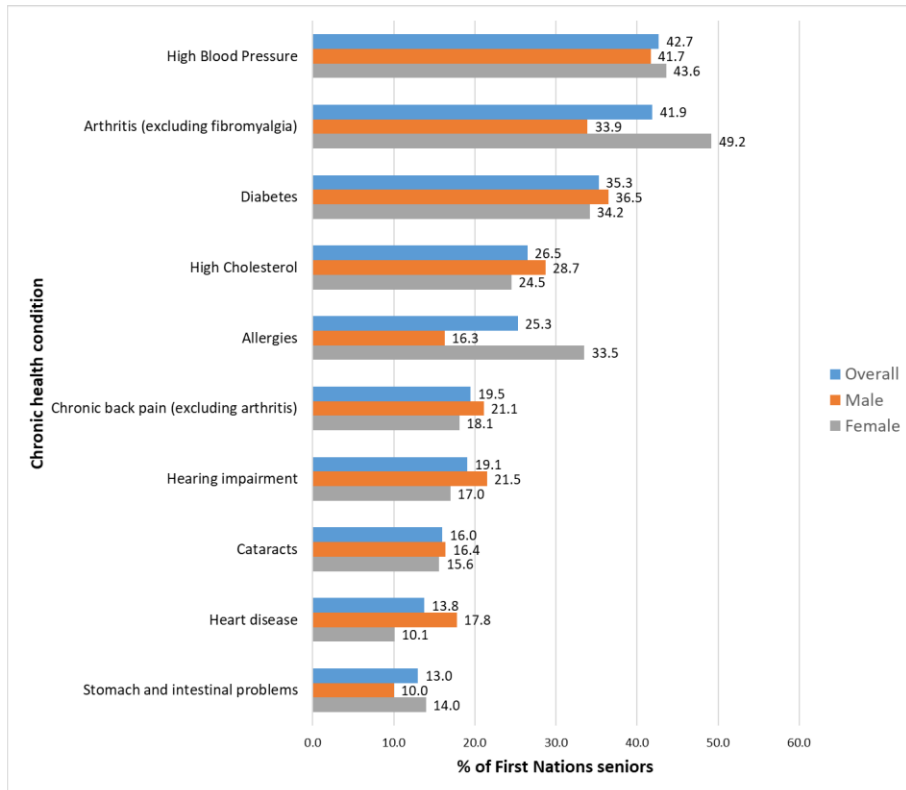
[3] FNIGC and Walker, J. (n.d.). Aging and Frailty in First Nations Communities. Canadian Journal on Aging / La Revue Canadienne Du Vieillissement, 1-12. DOI: https://doi.org/10.1017/S0714980817000319

[4] The First Nations Regional Health Survey Phase 3 defines "long-term" health conditions to be those which are "expected to or have already last 6 months or more and that have been diagnosed by a healthcare professional." See RHS Phase 3 questionnaire p. 5-6 for full list of chronic health conditions: https://fnigc.ca/sites/default/files/docs/rhs_adult_phase_3_final_0_0.pdf

Most common chronic health conditions among First Nations seniors (55 years and older), by sex

Note: Respondents could choose more than one response



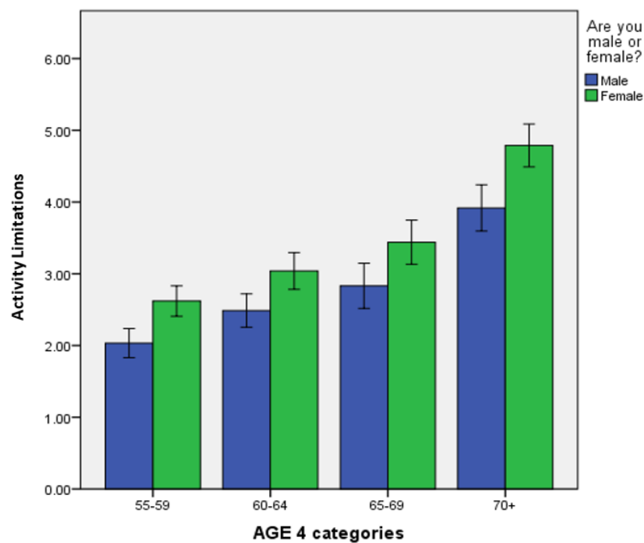
Although most First Nations seniors have at least one medical condition, 63.2% described their general health as good to excellent. The proportion who reported good or better health was significantly lower among seniors aged 70 years and older (56.6%) compared to those within the 55–59 age group (67.2%).

Activity Limitations

PHAC has identified the following individuals at risk for severe illness if infected by Covid-19: anyone with difficulty reading, speaking, understanding or communicating; with difficulty doing preventive activities, like frequent hand washing and covering coughs and sneezes; with ongoing specialized medical care or needs specific medical supplies, or with ongoing supervision needs or support for maintaining independence.

The average number of activity limitations (e.g., difficulty seeing, walking, eating, remembering, etc.) seniors (55 years or older) reported increased significantly as age group increased. Specifically, the average number of such limitations reported by the 55-59 age group was 2.4 (out of a maximum of 14), compared to 2.8 for the 60-64 age group, 3.5 for the 65-59 age group and 4.7 for the 70 years and older age group.

Average number of activity limitations among First Nations seniors, by sex and age group



Health Care Access

Eight in ten (83.0%) seniors reported visiting a doctor or community health nurse within the past 12 months.

A minimal percent of seniors reported that they needed the following types of services at home due to a physical or mental condition or health problem: care from a nurse (10.3%), personal care (6.7%), long-term care (4.9%), or palliative care (1.3%[E]).

For seniors who reported that they needed care from a nurse at home, 71.4% reported having received that care. For those who required either palliative or long-term care, less than half of seniors received it (45.1%[E] and 46.3%, respectively).

In general, the proportion of seniors aged 70 years and older who needed services at home *and* reported that they received these services, was significantly higher than that of younger seniors aged 65 and younger.

Eight in ten seniors reported that they have four or more types of general social support available to them "all of the time" or "most of the time". Generally, female seniors have a greater tendency to report that they have four or more types of general social support than males. This difference in reported social support among females and males is significant in the 55-59 age group, with 81.8% of female seniors reporting four or more types of general social support compared to 71.3% of males

Importance of Grandparents and Elders

Grandparents and Elders in the communities are vital in educating children and youth on cultural traditions and preserving language. Their loss would threaten First Nations communities and disrupt the continuity of communities' cultural identity. As knowledge keepers who hold a sacred place within communities, the traditional knowledge they possess is invaluable for creating the onward path to Reconciliation. As stated by Bonnie Healey (the Board Chair of FNIGC and Health Director for Blackfoot Confederacy),

> Elders in our communities are considered vital knowledge keepers and play a key role in educating future generations on cultural traditions and language preservation. Losing elders in an untimely manner and in large numbers due to the pandemic would be devastating to our communities and would result in profound disruptions to the vitality and continuity of our cultural identity and traditions. Elders hold a sacred place in our communities and the traditional knowledge that they hold is invaluable in helping us to forge a path forward in Canadian society that recognizes the need for reconciliation while honouring our traditional knowledge, constitutional rights, cultural identity, and rights to self-determination.

Almost three quarters (72.6%) of First Nations children (less than 12 years of age) and 63% of youth (12-17 years of age) reported grand-parents as helping them understand their culture. Furthermore children (23.5%) and youth (27.7%) identified community elders as important individuals who help them understand their culture. Preventative measures are needed to protect First Nations grandparents and elders from Covid-19 because such efforts are necessary to preserve the cultural identity of communities and to ensure their cultural continuity.

Who helps First Nations children understand their culture

Note: Respondents could choose more than one response

Who Helps Child Understand Culture	%	[95% CI]
Grandparents	72.6	[70.8, 74.4]
Parents	66.0	[63.5, 68.3]
Aunts/Uncles	44.2	[41.7, 46.7]
Other relatives	35.5	[32.9, 38.1]
Friends	16.5	[14.6, 18.7]
Teachers/Daycare providers/Early childhood educators	47.6	[45.2, 50.1]
Community Elders	23.5	[21.4, 25.7]
Other community members	12.5	[11.0, 14.1]
No one	4.0	[3.3, 4.8]
Other	1.4[E]	[0.9, 2.0]

Note: [E] High sampling variability, interpret with caution.

Who helps First Nations youth understand their culture
Note: Respondents could choose more than one response

Who Helps Youth Understand Culture	%	[95% CI]
Grandparents	63.6	[61.5, 65.8]
Parents	54.4	[51.3, 57.5]
Aunts and uncles	35.7	[33.1, 38.5]
Other relatives	27.9	[24.9, 31.1]
Friends	14.3	[12.5, 16.3]
School teachers	38.1	[35.7, 40.5]
Community Elders	27.7	[25.1, 30.4]
Other community members	12.9	[11.0, 15.0]
No one	3.6	[3.1, 4.2]
Other	1.0[E]	[0.6, 1.7]

Note: [E] High sampling variability, interpret with caution.

Smoking and Obesity

According to the Centre for Disease Control and Prevention, those at high risk for severe illness due to Covid-19 also include those who smoke and those with a BMI $\geq$40 (severely obese) [5].

According to the RHS Phase 3, more than half (53.5%) of First Nations adults and 17.2% of First Nations youth were smoking at the time of being surveyed. Forty percent (40.2%) of adults and 10.4% of youth were daily smokers.

Nearly one third of First Nations adults (30.2%) and youth (32.6%) said that someone smoked in their home every day or almost every day.

A small percentage of First Nations adults (6.8%) and youth (2.9%) are severely obese.

Housing

The preventative actions suggested by medical officials can be difficult to apply on reserves and in rural contexts as well as in low-income urban housing. It is presumed that one has access to clean water in order to be able wash one's hands effectively. Isolation is not feasible in overcrowded homes. [6] Furthermore, mold which can be found in many First Nations homes can wear down the immune system and lead to allergic or respiratory problems[7].

[5] Centre for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html (Accessed April 7, 2020)
[6] https://www.theglobeandmail.com/opinion/article-indigenous-communities-and-covid-19-the-virus-may-not-discriminate/
[7] Canadian Centre for Occupational Health and Safety, https://www.ccohs.ca/oshanswers/biol_hazards/iaq_mold.html

Overcrowding

Nearly one-quarter (24.1%) of First Nations adults are living in crowded households (more than one person per room). A significantly higher percentage of adults lived in crowded households if they lived in rural First Nations communities (28.1%) and remote or special access communities (31.8%) when compared to those living in urban First Nations communities (16.2%).

Percentage of First Nations adults and children living in crowded households, by remoteness

		RHS Phase 3 (2015-2016)	
		Child % [95% CI]	Adult % [95% CI]
Remoteness	Total	39.9 [37.5, 42.3]	24.1 [22.4, 25.8]
	Urban	30.2 [25.2, 35.8]	16.2 [13.6, 19.2]
	Rural	46.2 [42.7, 49.6]	28.1 [25.9, 30.4]
	Remote/ Special access	40.7 [33.7, 48.0]	31.8 [26.1, 38.1]

Living Arrangements

Living with a single biological parent were similar among First Nations children and youth (39.1% and 33.8%). Families with a single biological parent taking care of children would face the additional burden of child care concerns in the event that a lone parent contracts the coronavirus infection.

Clean water

More than one-quarter (27.5%) of First Nations adults reported that their main source of water is not suitable for drinking year-round. Proper hygiene and sanitation become even more critical during an outbreak.

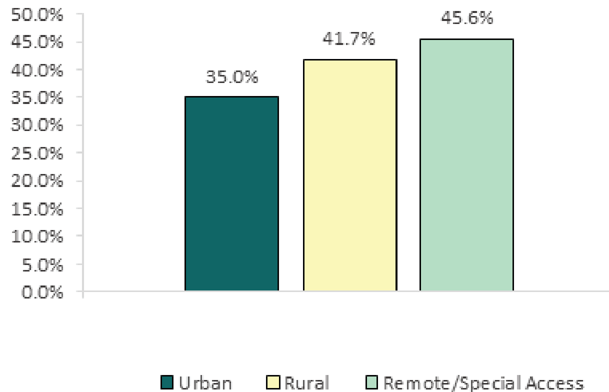
Mold

The percentage of First Nations adults reporting mould or mildew in their homes in the preceding 12 months was 39.7%, which is three times higher than the rate in the general population (13%), as reported in the 2015 Households and the Environment Survey (Statistics Canada)[8].

First Nations adults residing in rural communities reported a significantly higher prevalence of mould or mildew in their home (41.7%) compared to First Nations urban community residents (35.0%) Although remote or special access communities (45.6%) showed a higher proportion reporting household mould or mildew than either urban or rural communities, these differences were not statistically significant.

[8] Statistics Canada, https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3810001801

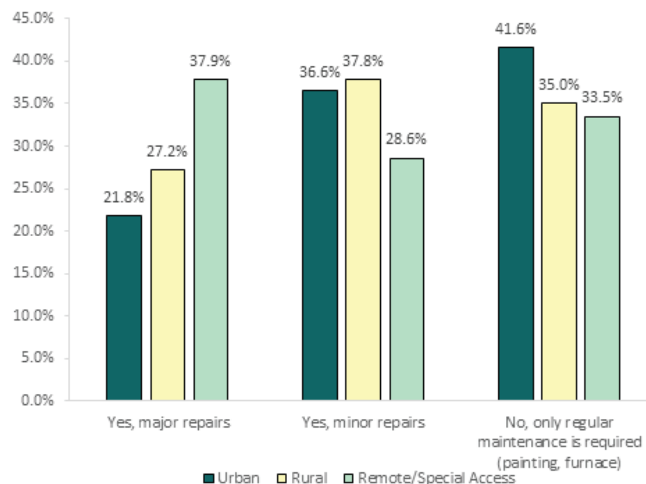
Percentage of First Nations adults reporting that there has been any mould or mildew in their home in the past 12 months, by remoteness



Repairs

More First Nations adults living in remote or special access communities (37.9%) reported living in a home that needed major repairs than those in rural (27.2%) and urban (21.8%) areas. Remote communities are often located far from amenities, such as hardware stores, and renovation costs can be extremely high.

Percentage of First Nations adults reporting their dwelling needed repairs, by Remoteness



The disparities between urban, rural, and remote or special access communities are very clear when it comes to housing conditions. First Nations adults residing in remote and special access communities were more likely to say that their home needed major repairs and more likely to say that they had mould or mildew in their home, which are linked to lower incomes and overcrowding[9]. Overcrowding is a problem in remote and special access communities where isolation makes the cost of construction and repairs prohibitively expensive, especially when the cost of living in these communities is high to begin with.

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[9] World Health Organization. (2009). WHO guidelines for indoor air quality: Dampness and mould. WHO Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0017/43325/

Internet Access

First Nations adults in rural communities reported lower levels of internet access (61.2%) compared with adults in urban (69.8%) and remote or special access communities (76.7%). Internet access has become essential for receiving updates and current information on the Covid-19 pandemic. During this time of physical (social) distancing, internet access is also vital for those working at home, for networking and social support.

Prevalence of communications devices in homes of First Nations adults, with national comparison

Communications devices	RHS Phase 1 (2002-2003) % [95% CI]	RHS Phase 2 (2008-2010) % [95% CI]	RHS Phase 3 (2015-2016) % [95% CI]	Canada (2009)* %
A computer	40.8 [38.1, 43.5]	60.2 [58.2, 62.2]	61.3 [59.8, 62.9]	81.7
An internet connection	29.3 [27.0, 31.6]	51.8 [49.6, 54.0]	66.9 [64.9, 68.9]]	77.8
A telephone with service	81.7 [79.0, 84.4]	82.5 [80.9, 84.1]	72.6 [71.1, 74.2]	89.3

*Source: Statistics Canada tables, reported in the RHS Phase 2 National Report (FNIGC, 2012)

Poverty

For those living in poverty or with low-income, purchasing emergency and essential items can be challenging, and more so if only credit or debit is accepted. Furthermore, poverty makes it difficult to maintain proper nutrition so as to prevent and/or fight infection.

Unemployment

Unemployment (or the percentage of the total labour force currently out of work) among First Nations adults was 31.6%. The overall employment rate (percentage of all adults currently working) for First Nations adults was 47.1%. Due to the closure of many work places and subsequently the lay-off of several employees, the unemployment rate has most likely increased significantly since the time this survey was administered.

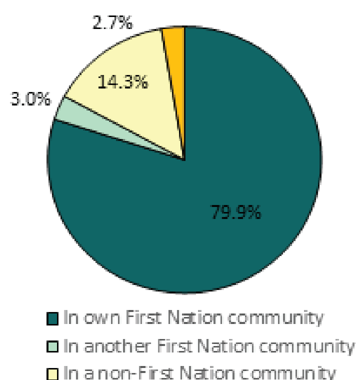
Labour force statistics for First Nations adults, by gender and age, compared to the general population in Canada

	Gender		Age			Total RHS Phase 3 %	Canada Overall (2016) %
	Male %	Female %	18-29 Years %	30-59 Years %	60+ Years %		
	[95% CI]	[95% CI]	[95% CI]	[95% CI]	[95% CI]	[95% CI]	
Labour force participation rate	73.6 [71.4, 75.6]	65.8 [64.2, 67.4]	75.3 [72.8, 77.7]	77.1 [75.1, 78.9]	32.1 [29.6, 34.6]	69.7 [68.2, 71.2]	65.7
Employment rate	45.0 [42.6, 47.4]	49.2 [47.1, 51.2]	38.2 [35.2, 41.2]	56.3 [54.1, 58.5]	27.4 [24.9, 29.9]	47.1 [45.3, 48.8]	61.1
Unemployment rate	38.0 [35.0, 41.1]	24.2 [22.1, 26.5]	47.8 [43.5, 52.1]	26.4 [24.3, 28.6]	14.2 [11.7, 17.2]	31.6 [29.5, 33.7]	7.0

Note: Data for Canada taken from Statistics Canada (2017c).

The majority of First Nations adults (79.9%) who are working do so in their own First Nations community, while 14.3% work in a non-First Nations community and 3% work in another First Nations community. Physical (social) distancing may prove to be difficult for those who cannot work from home and continue to work in another community in a job deemed as essential. Furthermore, this can potentially bring risk to a community if a neighbouring community is experiencing an outbreak.

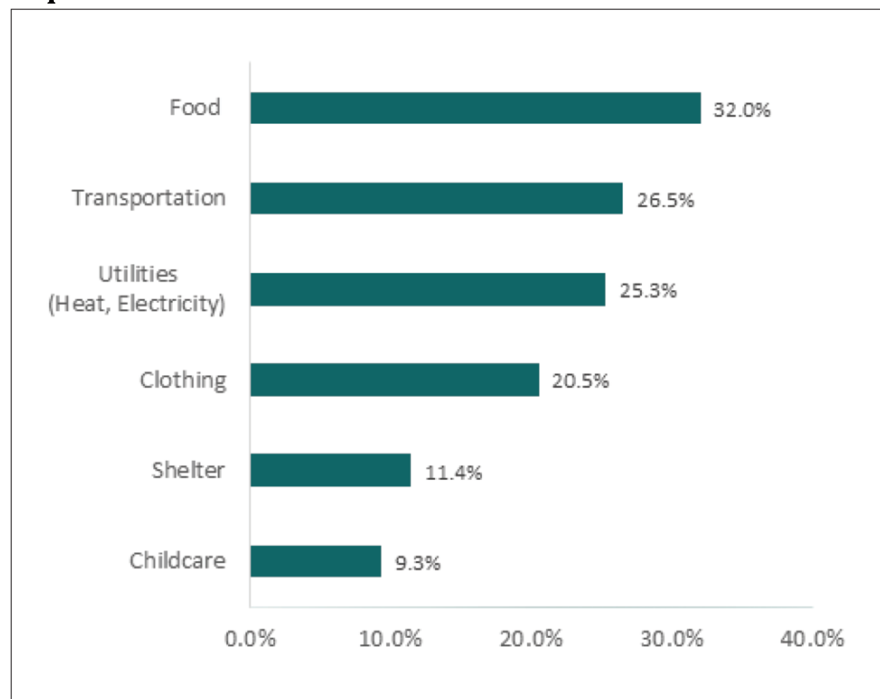
Location of work for First Nations adults working for pay



Basic Living Requirements

In terms of basic living requirements, First Nations adults most commonly struggled with food-related expenses, with 32.0% reporting that they struggle to meet this basic need. Again, this estimate will only increase with the economic challenges that Canada is currently experiencing due to the pandemic. Transportation and utilities (heat and electricity) were the next two basic living requirements that First Nations adults were most likely to struggle with 26.5% and 25.3% reporting that they had ever struggled to meet these basic living requirements.

Percentage of First Nations adults who reported ever struggling to meet basic living requirements

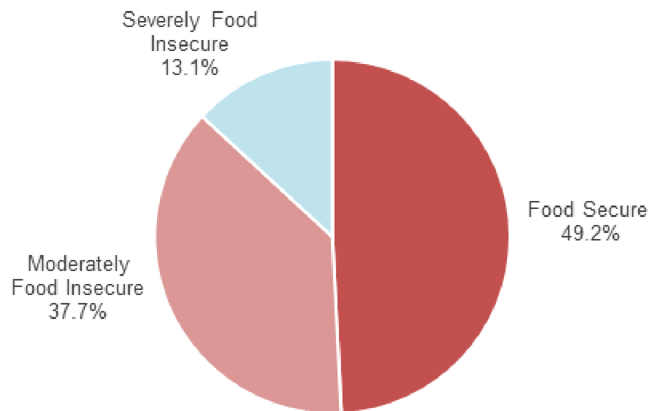


Food Security

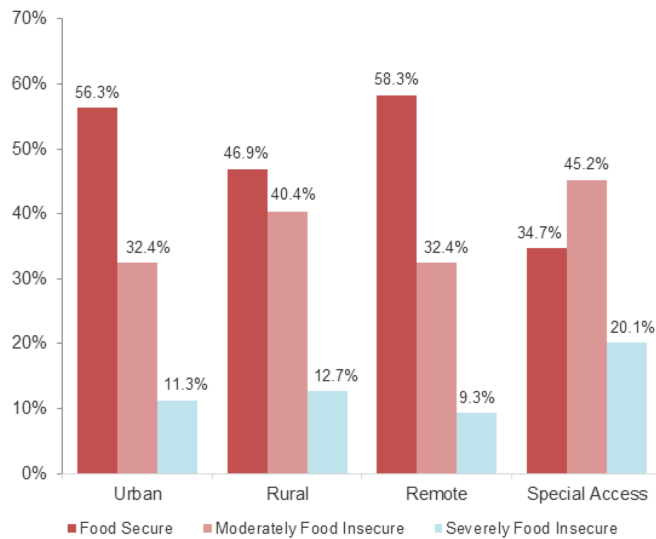
Nearly 1 in 10 (11.3%) First Nations adults reported often struggling (i.e., having to borrow money) once a month or more to meet the basic living requirements for food in the 12 months prior to the survey. More than one fifth (22.9%) of First Nations adults who reported struggling to meet basic living requirements for food one month or more during the 12 months prior to the survey reported rarely or never eating nutritious, balanced meals. Nearly one fifth of adults (19.7%) reported cutting the size of their meals or skipping meals because there was not enough money for food. Among this group, 37.6% reported having done so almost every month in the 12 months prior to the survey.

Nearly half (49.2%) of all First Nations adults (47.3% for females and 52.7% for males) were classified as food secure, nearly two fifths were moderately food insecure (37.7%) and 13.1% were considered severely food insecure. Among adults with children in the household, more than half (56.8%) were classified as food secure.

Food security status among First Nations adults



Food security status of First Nations adults, by remoteness



One third of households in special-access communities (34.7%) and nearly three fifths of those in remote communities were food secure (58.3%). The difference between these two groups is statistically significant. Less than three fifths of adults in urban communities (56.3%) were food secure, which is a significantly greater proportion than those living in rural (46.9%) locations.

Significantly more First Nations adults who were food secure did not live in crowded housing (53.5%, 95% CI [51.5, 55.4]) compared to those who lived in crowded housing (i.e., more than one person per room) (36.2%, 95% CI [33.0, 39.5]).

Sharing Traditional Food

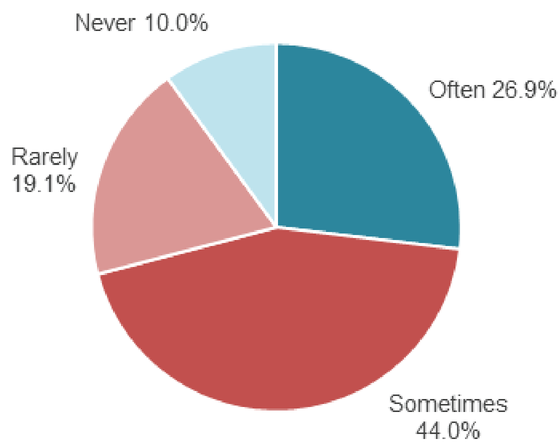
The sharing of traditional food becomes more difficult with physical (social) distancing measures and can potentially increase risk without proper hygiene. Having said that, the PHAC (at the time of this report)

states that there is currently no evidence to suggest that food is a likely source or route of transmission of the virus and there are currently no reported cases of COVID 19 transmission through food[10].

A significantly higher percentage of First Nations adults living in remote communities (76.5%) reported often eating traditional foods compared to those living in rural (65.3%) or urban (63.4%) communities. and 9 in 10 had traditional food shared with their household in the 12 months (90.0%) prior to the survey.

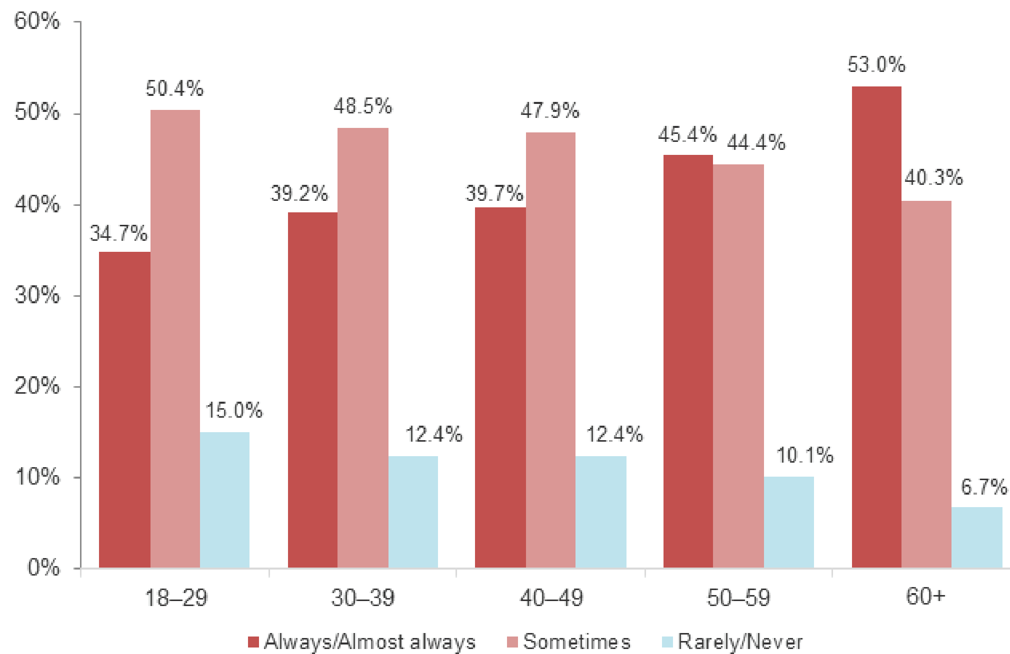
More than half (59.1%) of First Nations adults who had traditional food shared with their household often reported that they always/almost always ate nutritious, balanced meals. It was further found that eating nutritious balanced meals improved with age.

Percentage of First Nations adults who had traditional food shared with their household in the past 12 months



[10] Public Health Agency of Canada, https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html (Accessed April 7, 2020)

Percentage of First Nations adults reporting eating nutritious, balanced meals, by age



Conclusion

In reviewing the various indicators from the Regional Health Survey Phase 3, one can easily conclude that First Nations people on reserves and northern communities are especially vulnerable to severe illness if an outbreak of Covid-19 were to occur in the population. It is important that elders and seniors are protected as they are the knowledge keepers of traditional knowledge and are vital for instituting the path towards reconciliation. In addition to preventing infection among seniors and individuals with chronic conditions, any strategy for preparing a response to Covid-19 in First Nations communities will need to address barriers for being tested or receiving medical care (e.g. availability of health professionals, testing and personal protective equipment, medications, ventilators, medical transportation, interpreters), housing (e.g. overcrowding, childcare for single parent households in which a parent falls ill, isolation shelters, access to clean water, mold in homes, and internet access to current information), and poverty (e.g. money to pay for bills, food, or essential items). By preventing Covid-19 from entering First Nations communities in the first place but also preparing in advance if it does, First Nations will be less vulnerable and in a better position to confront an outbreak in their communities.