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First Nations People Living On-Reserve

Health and Safety

HC POR 07-44

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EXECUTIVE SUMMARY

Methodology

The purpose of this EKOS Research study is to enrich the dialogue through which First Nations people can express themselves on matters that affect them in their personal, social, economic and political lives. This document presents the results of the Health and Safety portion of the second component of the First Nations On-Reserve Syndicated Study: a national telephone survey of 1,500 First Nations residents living on-reserve, including an over sample of 332 youth between the ages of 16 and 24. Interviews were conducted between January 15 and March 2, 2008. The survey results are valid within a margin of error of +/- 2.5 percentage points for items to which all 1,500 individuals responded, 19 times out of 20.

Findings

First Nations respondents are almost evenly split in terms of awareness of harm reduction strategies related to drug or alcohol use, with half being aware. An overwhelming majority of First Nations people who have heard of harm reduction strategies related to drug or alcohol use, however, support these strategies for their communities. As well, a majority of First Nations people support the creation of national drinking guidelines that could be used by Aboriginal communities.

In terms of safety behaviour, three-quarters of First Nations people say that they always wear their seatbelt while driving or riding as a passenger in a motor vehicle. As well, an overwhelming majority of First Nations households with children under the age of 5 always use a child seat when transporting children in a motor vehicle. While a majority of First Nations people feel very safe walking about their community during the day, only one-third feel that way during the evening or at night.

Roughly three-quarters of First Nations people feel at least somewhat knowledgeable regarding the basic facts about suicide prevention, including the warning signs and risk factors for suicide. A majority of First Nations people, however, agree that the negative image surrounding suicide or mental health problems prevent people from seeking help when it is needed.

Just under half of First Nations people living on-reserve say they know something about Canada's Food Guide tailored for First Nations, Inuit and Métis (while just over half are not aware of this guide). Over three-quarters of First Nations people are, however, aware of programs in their community to help residents prevent or manage diabetes. Furthermore, an overwhelming majority of First Nations people recall seeing advertisements or public education material about diabetes in their community in the past year. Respondents most often recall seeing posters, brochures, materials from health clinics and advertisements or public education material about seminars.

SOMMAIRE

Méthodologie

Cette étude des Associés de recherche EKOS vise à enrichir le dialogue grâce auquel les membres des Premières Nations peuvent s'exprimer sur des questions qui les touchent de près dans leur vie personnelle, sociale, économique et politique. Le présent document expose les résultats relatifs à la santé et à la sécurité qui découlent du second élément de l'Étude groupée sur les membres des Premières Nations vivant dans les réserves, soit un sondage téléphonique national auprès de 1500 membres d'une Première Nation vivant dans une réserve, y compris un suréchantillon de 332 jeunes ayant entre 16 et 24 ans. Les entrevues se sont déroulées entre le 15 janvier et le 2 mars 2008. Les résultats du sondage comportent, 19 fois sur 20, une marge d'erreur de $\pm 2,5$ points de pourcentage en ce qui concerne les questions auxquelles ont répondu les 1500 personnes interrogées.

Résultats

Les membres des Premières Nations sont partagés à peu près à égalité quant à leur sensibilisation aux stratégies de réduction des dommages causés par l'abus des drogues et de l'alcool, la moitié se disant au courant. Une majorité écrasante des membres des Premières Nations qui ont entendu parler des stratégies de réduction des dommages causés par l'abus des drogues et de l'alcool sont en faveur de ces stratégies pour leurs collectivités. De même, une majorité relative des membres des Premières Nations appuient la création de lignes directrices nationales sur la consommation d'alcool, dont les collectivités autochtones pourraient se prévaloir.

En ce qui concerne leur comportement en matière de sécurité, les trois quarts des membres des Premières Nations disent toujours boucler leur ceinture de sécurité lorsqu'ils conduisent ou voyagent comme passagers dans un véhicule automobile. De même, la majorité écrasante des ménages des Premières Nations qui comprennent des enfants de moins de 5 ans utilisent toujours un siège de sécurité pour enfant lorsqu'ils transportent un enfant dans un véhicule automobile. Bien que la majorité des membres des Premières Nations se sentent très en sécurité lorsqu'ils déambulent dans leur collectivité durant le jour, ils ne sont que le tiers à en dire autant lorsqu'ils y déambulent le soir ou la nuit.

Près des trois quarts des membres des Premières Nations disent avoir au moins des connaissances de base en prévention du suicide, en particulier à propos des signes avant-coureurs du suicide et des facteurs de risque. Ils sont toutefois majoritaires à reconnaître que les images négatives entourant le suicide ou les problèmes de santé mentale empêchent les gens de demander l'aide dont ils auraient besoin.

Un peu moins de la moitié des membres des Premières Nations qui vivent dans une réserve disent savoir quelque chose au sujet du Guide alimentaire canadien conçu pour les membres des Premières Nations, les Inuits et les Métis (et ils sont un peu plus de la moitié à ne pas être au courant de ce guide). Par contre, plus

des trois quarts des membres des Premières Nations connaissent des programmes pour aider les résidents de leur collectivité à prévenir ou à soigner le diabète. En outre, ils sont une majorité écrasante à se souvenir d'avoir vu de la publicité ou de la documentation d'intérêt public sur le diabète dans leur collectivité au cours de la dernière année. Il s'agissait le plus souvent d'affiches, de brochures, de documentation provenant des cliniques de santé ainsi que de la publicité ou de la documentation publique sur des séminaires.

1. OVERVIEW

1.1 STUDY OBJECTIVES AND ISSUES

The conditions of life for First Nations' people living on-reserve have been the subject of continuous debate, controversy, and negotiation for generations. Those conditions in turn were shaped by policies inspired by sometimes-competing or unclear objectives. Traditionally, the voices of First Nations people have not been prominent in the debate about their own future; however, this has begun to change, slowly, over time. Legislation has reflected these changing attitudes, gradually enabling First Nations people to take greater control over programs delivered in their communities, particularly in the areas of health and social services. Increasingly, government programs are developed and re-shaped with an eye to facilitating greater control.

Today's government initiatives have been structured in an attempt to balance the desire for First Nations' self-determination and Canada's constitutional and statutory obligations to status Indians. These efforts are made more vital and urgent in light of the troubling conditions on many reserves in Canada and for First Nations people living off-reserve – poor health outcomes (as measured by indicators such as morbidity and mortality rates), substandard and overcrowded housing conditions, inadequate water infrastructure, and limited participation in economic opportunities and post-secondary education.

The change in federal government in January 2006 has resulted in a re-examination of many of the social and political issues associated with First Nations. The current government has taken a major initiative to address the issue of residential schools, introduced a package to address First Nations' drinking water standards, and committed to changes in on-reserve elementary and secondary education. It has also launched a process to address matrimonial realty property rights for women. Provincial and territorial governments are also undertaking their own initiatives to address conditions on- and off-reserve.

However, the priorities and strategies for action are a matter of continuing contention not only between the Aboriginal and non-Aboriginal communities, but also within them. Building workable structures and working relationships that produce practical solutions to the challenges of the various communities affected requires not just consultation but also high-calibre research.

The purpose of this EKOS Research study is to enrich the dialogue through which First Nations people can express themselves on matters that affect them in their personal, social, economic and political lives. It explores issues of concern to First Nations people living on-reserve in the belief that this can assist in developing policies and strategies that will reflect and help to address their needs.

The study will use both quantitative and qualitative research techniques to examine a wide range of inter-related issues concerning First Nations people living on-reserve and their interactions with the various levels of government. This document presents the results of the Health and Safety portion of the second component of the First Nations On-Reserve Syndicated Study: a national telephone survey of First Nations people living on-reserve.

1.2 METHODOLOGY

The survey methodology involved a telephone survey of 1,500 First Nations residents living on-reserve. The survey included an over sample of 332 Aboriginal youth on-reserve, between the ages of 16 and 24. Of the 1,500 interviews, just over 300 were conducted with Wave I respondents for the purposes of being able to link results from the two sets of responses. In most cases, results of the Wave I respondents are the same as the results for new respondents in Wave II questions. Because these Wave I respondents tend to be somewhat older, they are in some cases more negative in their responses. Where there are differences between the two samples, the topline results are typically not changed by more than three to five per cent by the presence of the Wave I respondents in the overall sample. Interviews were conducted between January 15 and March 2, 2008. The response rate for the survey is 40 per cent.

The survey results are valid within a margin of error of +/- 2.5 percentage points for items to which all 1,500 individuals responded, 19 times out of 20. The margin of error increases for population sub-groups (for example, the margin of error for findings related to youth is +/- 5.3 per cent). The data were weighted based on Statistics Canada population figures from the 2006 Census according to age, gender and region for the First Nations population living on-reserve.

2. HEALTH AND SAFETY

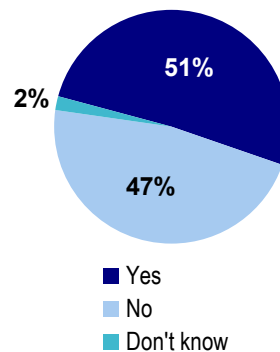
2.1 HARM REDUCTION STRATEGIES

a) Awareness

First Nations people are almost evenly split in terms of awareness of harm reduction strategies related to drug or alcohol use: 51 per cent have heard or read about these strategies, while 47 per cent have not. Survey respondents were informed that harm reduction strategies are public health policies or programs intended to reduce the harm caused by drug or alcohol use, and which do not necessarily require drug or alcohol users to stop their use.

Awareness of Harm Reduction Strategies

“Have you ever heard or read about harm reduction strategies related to drug or alcohol use?”

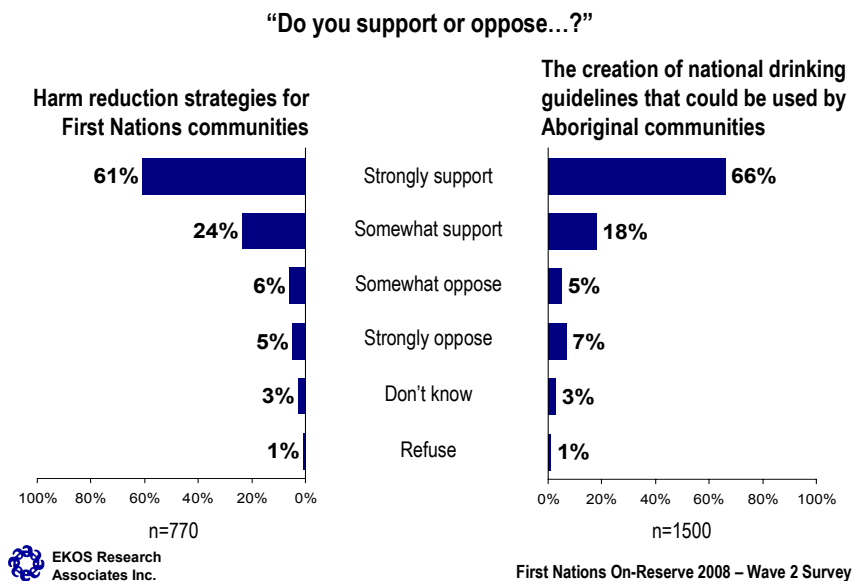


- First Nations people in Quebec (61 per cent), individuals that rent their homes (60 per cent) and Internet users (53 per cent) are most likely to have heard or read about harm reduction strategies; while those aged 25 to 34 (45 per cent) are less likely to be aware of such strategies.
- Respondents with higher levels of education are also more likely than their counterparts to be aware of harm reduction strategies related to drug and alcohol use (47 per cent of those with less than a high school education are aware, compared to 59 per cent of respondents with a university education).

b) Support for Harm Reduction Strategies and Guidelines

An overwhelming majority of First Nations people who have heard about harm reduction strategies related to drug or alcohol use (85 per cent) support these strategies for their communities, including three in five (61 per cent) who strongly support such measures. An overwhelming majority of First Nations people (84 per cent) also support the creation of national drinking guidelines that could be used by Aboriginal communities, with two-thirds (66 per cent) saying that strongly support these guidelines. In responding to this question, respondents were informed that alcohol drinking guidelines have been developed in some provinces that inform people of unsafe drinking levels or risky drinking practices (such as drinking while driving), and were then asked whether they would support or oppose the creation of national drinking guidelines that could be used by Aboriginal communities.

Support vs. Opposition re: Harm Reduction Strategies

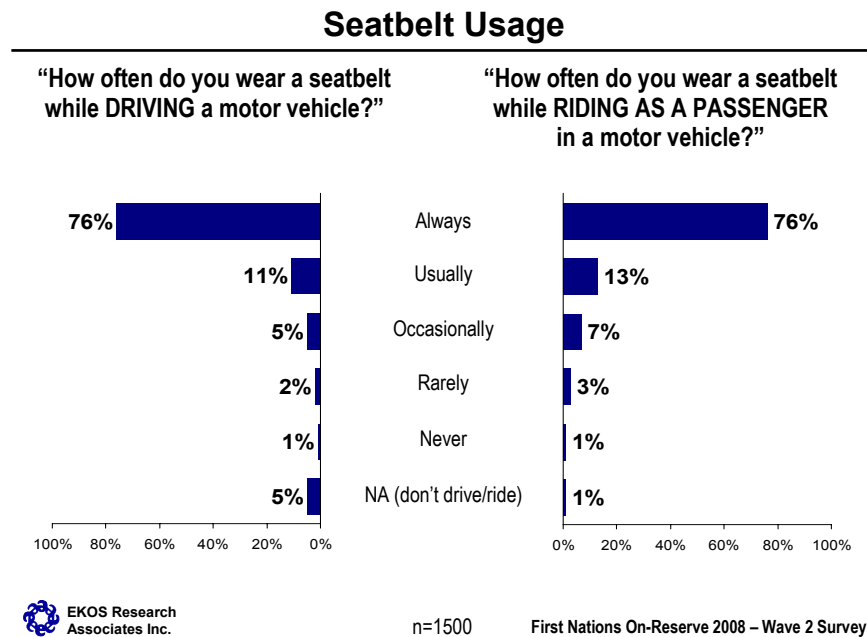


- Women are more likely than men to say they strongly support harm reduction strategies (66 per cent of women strongly support such strategies, compared to 56 per cent of men).
- First Nations youth are least likely to say they strongly support harm reduction strategies, while support is strongest among those over the age of 55 (the level of support rises from 42 per cent of those under 25 to 73 per cent of those 55 and older).
- As education increases, so does strong support for harm reduction strategies (from 55 per cent of those with less than a high school education to 75 per cent of those with a university education).

- Women are more likely than men to say that they strongly support national drinking guidelines (70 per cent of women strongly support, compared to 62 per cent of men), as are university educated individuals (75 per cent strongly support).
- Support is also stronger among those who are employed (72 per cent strongly support, compared to 56 per cent of those who are unemployed).
- First Nations youth are the least likely to express strong support (support rises from 53 per cent of youth under 25 to 76 per cent of those 55 and older).
- First Nations people renting their homes are also more likely than their counterparts to say they strongly support the creation of national drinking guidelines (76 per cent strongly support).

2.2 SEATBELT USAGE

A strong majority of First Nations people say that they always wear their seatbelt while driving or riding as a passenger in a motor vehicle (both 76 per cent), while fewer than five per cent say that they rarely or never do.



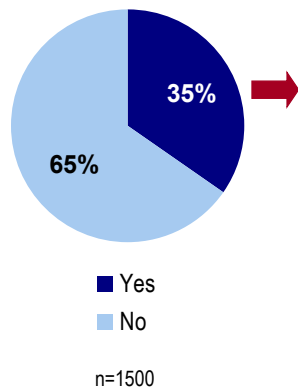
- First Nations people residing in British Columbia and Atlantic Canada are the most likely to say they always wear a seatbelt while driving a motor vehicle (82 per cent and 80 per cent respectively), while those living in Manitoba are the least likely to do so (69 per cent always do).
- Use of a seatbelt while driving increases with age (from 63 per cent of those under 25 to 85 per cent of those 45 and older).
- The likelihood of always wearing a seatbelt while driving also rises with education (from 69 per cent of those with less than a high school education to 86 per cent of those with a university education) and income (from 65 per cent of those with annual household incomes of less than \$10,000 to 84 per cent of those with annual household incomes of \$30,000 or more).
- As well, those who are employed are also more likely than their counterparts to say they always wear a seatbelt while driving a motor vehicle (81 per cent do, compared to 67 per cent of those who are unemployed).

- With regard to using a seatbelt while riding as a passenger in a motor vehicle, results are similarly stronger in the Atlantic and British Columbia (where 89 and 84 per cent, respectively, said always) and lower in Manitoba (67 per cent said always).
- Women are more apt to wear their belt as a passenger (79 per cent said always).
- The incidence also increases with age (85 to 89 per cent of 45 to 54 year olds and those 55 and over said that they always wear a belt as a passenger).
- Lastly, results vary with income and education, with those reporting the highest annual household incomes levels (\$50,000 and above) and highest education (university) being more apt to report that they always wear a belt as a passenger (83 and 81 per cent respectively).

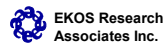
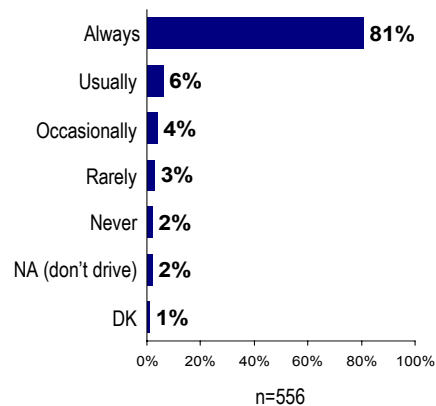
One-third of First Nations households (35 per cent) have children who are under five years of age in their household, and an overwhelming majority of those households (81 per cent) say that they always use a child seat when transporting children in a motor vehicle. Similar to the findings with general seatbelt usage, only five per cent say that they rarely or never use a child seat.

Number of Children in Household/Child Seat Usage

“Do you have children in your household who are under five years of age?”



“How often do you use a child seat when transporting children under the age of five in a motor vehicle?”



First Nations On-Reserve 2008 – Wave 2 Survey

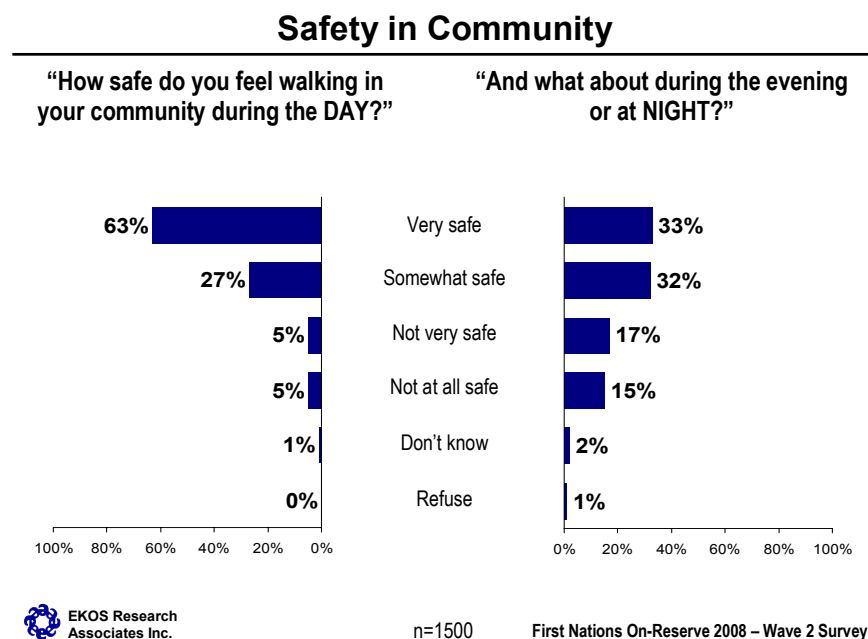
- First Nations people residing in British Columbia (92 per cent) are the most likely to say they always use a child seat when transporting children, while those living in Ontario (72 per cent) and Manitoba (69 per cent) are the least likely to do so.
- The proportion who always use a child seat when transporting children rises with education (from 74 per cent of those with less than a high school education, to 88 per cent of those with

a university education) and income (73 per cent of those with an annual household income below \$10,000 to 92 per cent of those with an income of \$50,000 or more).

- Those who are employed are also more likely to say they always use a child seat when transporting children (87 per cent, compared to 71 per cent of those who are unemployed).
- First Nations youth under the age of 25 (75 per cent) are the least likely of all age groups to say they always use a child seat.

2.3 COMMUNITY SAFETY

Looking at the views concerning safety in the community, First Nations people were asked to comment on how safe they felt walking in their neighbourhoods during the day, or walking during the evening and at night. While a majority of First Nations people feel very safe walking during the day (63 per cent), only one-third (33 per cent) feel that way during the evening or at night.



- Regionally, First Nations people living in Quebec and Atlantic Canada feel the safest walking in their communities during the day and at night (72 per cent and 75 per cent feel very safe during the day respectively, and 52 per cent and 48 per cent at night), while those living in Alberta feel the least safe (44 per cent feel very safe during the day and 20 per cent at night). Those in Manitoba are also less likely to feel safe at night (26 per cent feel very safe at night).
- First Nations people who own homes are also more likely to say that they feel safe walking in their communities (72 per cent feel very safe during the day, and 39 per cent at night).

- Women feel less safe than men (58 per cent of women feel very safe during the day and 26 per cent at night, compared to 68 per cent of men during the day and 41 per cent at night)
- Respondents with the lowest annual household incomes (under \$10,000) are less apt than those with higher incomes to feel very safe during the day (54 per cent) or at night (24 per cent). The proportion that feel very safe during the day also rises with education (from 57 per cent of those with less than a high school education, to 71 per cent of those with a university education).
- Those who are employed are more apt to feel very safe (65 per cent do during the day and 37 per cent at night) compared to those who are unemployed.
- Parents are also less likely than others to feel very safe in their community during the day (58 per cent, compared to 67 per cent of those who are not parents) or at night (29 per cent, compared to 37 per cent of those who are not parents).

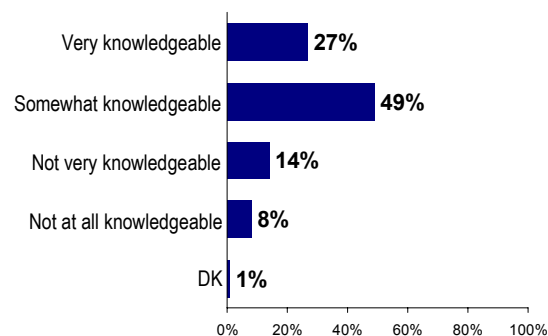
2.4 SUICIDE PREVENTION

a) Knowledge Levels

A large majority of First Nations people (76 per cent) feel at least somewhat knowledgeable regarding the basic facts about suicide prevention, including the warning signs, risk factors and what they can do to help. More than one in four (27 per cent) rate themselves as being very knowledgeable in this area, while less than one in ten (eight per cent) say they are not at all knowledgeable.

Knowledge Regarding Suicide Prevention

“How knowledgeable do you feel that you are regarding the basic facts about suicide prevention (including the warning signs, risk factors and what you can do to help)? Would you say...?”



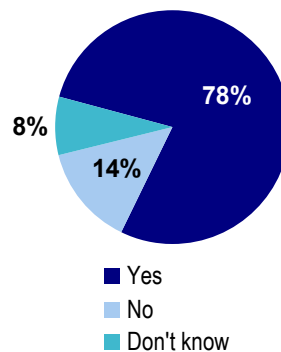
- First Nations people living in the Atlantic are the most apt to rate themselves as knowledgeable (39 per cent said that they are very knowledgeable). Residents in Quebec are more apt to feel that they are not very knowledgeable about suicide prevention (26 per cent), and those in Ontario are more inclined to say they are only somewhat knowledgeable (56 per cent).
- The proportion of respondents who feel very knowledgeable regarding the basic facts of suicide prevention rises with education (from 24 per cent of those with less than a high school education to 35 per cent of those with a university education).

b) Barriers to Seeking Help

First Nations people were also asked whether they think that the negative image surrounding suicide or mental health problems prevent people from seeking help when it is needed. A strong majority of respondents (78 per cent) feel that it does; with only 14 per cent saying that they do not feel the negative image surrounding suicide or mental health is a barrier to seeking help.

Negative Images as Barriers to Seeking Help

“Do you think that the negative image surrounding suicide or mental health problems prevent people from seeking help when it is needed?”



- First Nations people living in Saskatchewan are more likely to feel that the negative image surrounding suicide or mental health problems prevent people from seeking help (83 per cent do), while those living in Quebec (67 per cent) and Atlantic Canada (66 per cent) are the least likely to feel this way.

- Respondents with a university education are less likely than their counterparts to feel that this negative image is a barrier to seeking help (73 per cent do).

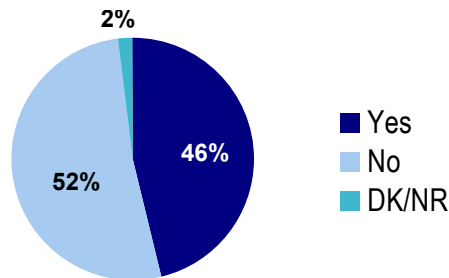
2.5 NUTRITION AND DIABETES

a) Knowledge of Canada's Food Guide – First Nations, Inuit and Métis

Just under half of First Nations people living on-reserve (46 per cent) say they know something about Canada's Food Guide tailored for First Nations, Inuit and Métis, which was released in April 2007. Just over half (52 per cent) are not aware of this Food Guide.

Knowledge of Canada's Food Guide

"Do you know anything about Canada's Food Guide tailored for First Nations, Inuit and Métis?"



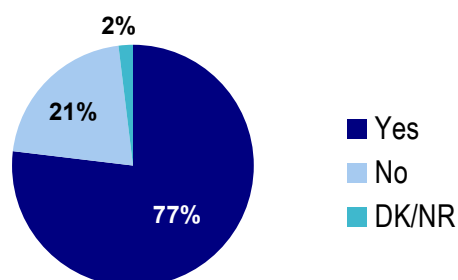
- Regionally, respondents living in Alberta are the least likely to know about Canada's Food Guide for First Nations, Inuit and Métis (39 per cent do). The highest awareness is found among residents living in Quebec, the Atlantic and Saskatchewan (50 to 51 per cent).
- Women (54 per cent), those earning \$50,000 or more in annual household income (53 per cent), parents (52 per cent), those over the age of 25 (50 per cent) and the employed (49 per cent) are more likely than their counterparts to be knowledgeable about this Food Guide.
- Knowledge of the Food Guide increases with educational attainment (from 34 per cent of those with less than a high school education, to 62 per cent of those with a university education).
- First Nations youth under 25 years of age (33 per cent) are the least likely of all age groups to know about Canada's Food Guide tailored for First Nations, Inuit and Métis.

b) Knowledge of Diabetes Programs

Looking at the level of knowledge regarding diabetes programs, First Nations people were asked if they know of any programs in their community to help residents prevent or manage diabetes. An overwhelming majority of respondents (77 per cent) indicate familiarity with such programs while about one in five (21 per cent) say that they are unaware.

Knowledge Regarding Diabetes Programs

“Do you know of any programs in your community to help residents prevent or manage diabetes?”

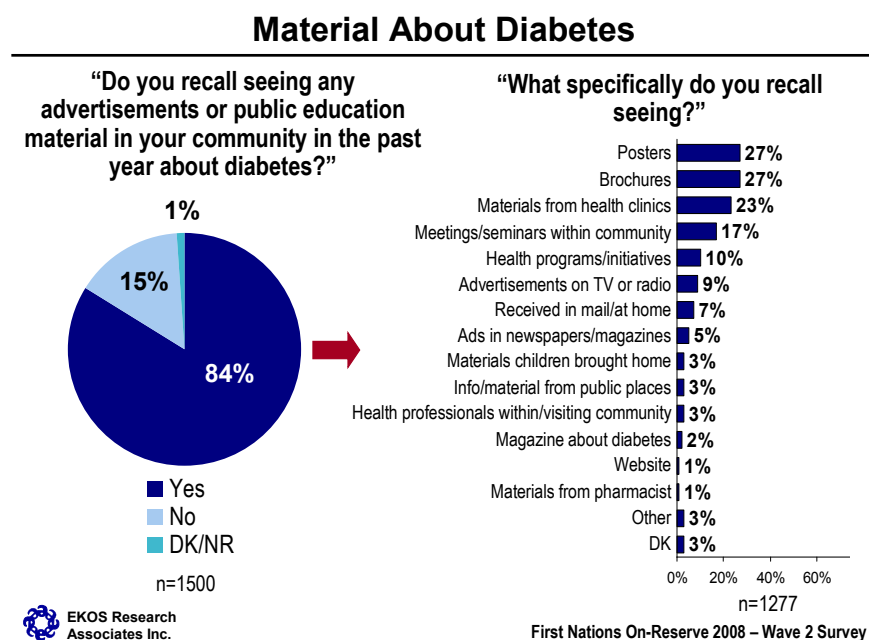


- First Nations people living in Atlantic Canada are the most likely to say they know about diabetes programs in their community (88 per cent do), while those living in British Columbia are least likely to be aware (69 per cent are).
- Women (83 per cent), those over the age of 25 (83 per cent) and the employed (82 per cent) are also more likely than their counterparts to know about diabetes programs in their community.
- As level of education increases, so does the likelihood of knowing about programs to help residents prevent or manage diabetes (from 68 per cent of those with less than a high school education, to 87 per cent of those with a university education).

c) Recall of Diabetes Materials

An overwhelming majority (84 per cent) of First Nations people recall seeing advertisements or public education material about diabetes in their community in the past year. Only 15 per cent say that they have not seen any material about diabetes.

When asked what specifically they recall seeing, respondents most often say they remember seeing posters (27 per cent), brochures (27 per cent), materials from health clinics (23 per cent) and advertisements or public education material at seminars (17 per cent). Fewer recall seeing information through a health program or initiative (10 per cent), TV or radio messages (nine per cent), mail sent to their homes (seven per cent), and advertisements in newspapers and magazines (five per cent). All other responses were provided less than five per cent of the time.



- Regionally, First Nations people living in British Columbia are the least likely to recall seeing any such material (76 per cent do).
- The employed (88 per cent) and respondents over the age of 25 (87 per cent) are also more likely than their counterparts to recall seeing material about diabetes.
- Those with less than a high school education (80 per cent) are less likely to recall seeing material in comparison to those with higher educations.

APPENDIX A
QUESTIONNAIRE

INTRO [0,0]

Hello, my name is ... and I'm calling from EKOS Research Associates.

We are speaking to people 16 years of age or older to get their opinions on a number of issues facing First Nations communities today to tell the government of Canada and others what's REALLY important to people in First Nations communities.

It's voluntary, but lots of people like having a chance to give their opinions to the government.

Answers for YOU PERSONALLY will NEVER be given to anybody.

Please note that as a "Thank you" for doing this survey we will be giving away prizes of \$100 after completion of this survey (there is a 1 in 15 chance of winning). If you are interested in being included in the draw we will capture your first name at the end of the survey so that if you win we can call you back to let you know.

It takes about 20 minutes and we can do it right now, or I can call you back?

SEX

Record gender of respondent

DO NOT ASK

Male..... 1
Female 2

QLANG

Record Language of Survey

DO NOT READ

English..... 1
French..... 2

SCR2

Are you a registered Indian, a member of an Indian Band or a First Nation?

Yes, continue; 1
No, thank and terminate Code as IS..... 2 ->THNK2

SCR3

Do you live on a reserve or First Nation for at least 6 months of the year?

Yes, continue; 1
No, thank and terminate Code as NR..... 2 ->THNK2

PR2 [0,0]

Now I have another series of questions on a different set of topics related to health.

HC1

“Harm reduction” strategies are public health policies or programs intended to reduce the harm caused by drug or alcohol use. These programs or policies do not necessarily require drug or alcohol users to stop their use. Have you ever heard or read about harm reduction strategies related to drug or alcohol use?

NOTE: If needed: Examples of harm reduction strategies are needle exchanges, safe drinking programs, safe injection sites, and drug paraphernalia distributions (e.g., pipe kits).

- Yes.....1
- No.....2
- (DO NOT READ) Don't know.....8
- (DO NOT READ) Refuse.....9

HC2

If... HC1.EQ.1

Do you support or oppose harm reduction strategies for First Nations communities? Would that be strongly or somewhat?

- Strongly support.....1
- Somewhat support.....2
- Somewhat oppose.....3
- Strongly oppose.....4
- (DO NOT READ) Don't know.....8
- (DO NOT READ) Refuse.....9

HC3

In some Canadian provinces, alcohol drinking guidelines have been developed that inform people of unsafe drinking levels or risky drinking practices are (such as drinking while driving). Do you support or oppose the creation of national drinking guidelines that could be used by Aboriginal communities? Would that be strongly or somewhat?

- Strongly support.....1
- Somewhat support.....2
- Somewhat oppose.....3
- Strongly oppose.....4
- (DO NOT READ) Don't know.....8
- (DO NOT READ) Refuse.....9

HC4

On another issue, how often do you wear a seatbelt while driving a motor vehicle?

Always.....	1
Usually.....	2
Occasionally.....	3
Rarely.....	4
Never.....	5
Not Applicable (don't drive).....	6
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC5

How often do you wear a seatbelt while riding as a passenger in a motor vehicle?

Always.....	1
Usually.....	2
Occasionally.....	3
Rarely.....	4
Never.....	5
Not Applicable (don't ride).....	6
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC6A

Do you have children in your household who are under five years of age?

Yes.....	1
No.....	2
(DO NOT READ) Refuse.....	9

HC6B

If... HC6A.EQ.1

How often do you use a child seat when transporting children under the age of five in a motor vehicle?

Always.....	1
Usually.....	2
Occasionally.....	3
Rarely.....	4
Never.....	5
Not Applicable (don't drive).....	6
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC7A

How safe do you feel walking in your community during the day?

Very safe.....	1
Somewhat safe.....	2
Not very safe.....	3
Not at all safe.....	4
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC7B

And what about during the evening or at night?

How safe do you feel walking in your community

Very safe.....	1
Somewhat safe.....	2
Not very safe.....	3
Not at all safe.....	4
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC8

On another issue, how knowledgeable do you feel that you are regarding the basic facts about suicide prevention (including the warning signs, risk factors and what you can do to help)? Would you say ... (read top 4)

Very knowledgeable.....	1
Somewhat knowledgeable.....	2
Not very knowledgeable.....	3
Not at all knowledgeable.....	4
(DO NOT READ) Knows warning signs.....	5
(DO NOT READ) Knows risk factors.....	6
(DO NOT READ) Knows where to get help.....	7
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC9

Do you think that the negative image surrounding suicide or mental health problems prevent people from seeking help when it is needed?

Yes.....	1
No.....	2
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC10

On another issue, do you know anything about Canada's Food Guide tailored for First Nations, Inuit and Métis?

Yes.....	1
No.....	2
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC11

Do you know of any programs in your community to help residents prevent or manage diabetes?

Yes.....	1
No.....	2
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC12

Do you recall seeing any advertisements or public education material in your community in the past year about diabetes?

Yes.....	1
No.....	2
(DO NOT READ) Don't know.....	8
(DO NOT READ) Refuse.....	9

HC13 [1,11]

If... HC12.EQ.1

What specifically do you recall seeing?

DO NOT READ LIST; ACCEPT ALL THAT APPLY

Magazine about diabetes.....	1	
Posters.....	2	
Brochures.....	3	
Advertisements on television or radio.....	4	
Website.....	5	
Advertisements in newspapers or magazines.....	6	
Received something in the mail/at home.....	7	
Materials my children brought home from school.....	8	
Materials from or at the health clinic/doctors.....	9	
Materials from the pharmacist.....	10	
Other (specify) -> AHC13; C350 L2 C75.....	77	
Don't know.....	98	X
Refuse.....	99	X
MEETINGS/SEMINARS WITHIN COMMUNITY, GENERAL, EG. SEMINARS, INFO-SESSIONS, GUEST SPEAKERS, WORKSHOPS, SUPPORT GROUPS.....	11	I
HEALTH PROGRAMS/INITIATIVES, EVENTS WITHIN COMMUNITY, EG. DIABETES AWARENESS WEEK, DIABETES WALK, INFORMATION BOOTHS, EDUCATION PROGRAMS.....	12	I
INFORMATION/MATERIAL FROM PUBLIC PLACES WITHIN COMMUNITY, GENERAL, EG. BANK OFFICE, STORES, COMMUNITY CENTERS/BULLETIN BOARDS.....	13	I
HEALTH PROFESSIONALS WITHIN/VISITING COMMUNITY, EG. COMMUNITY HEALTH REPRESENTATIVES, DIETICIANS, NURSES, DOCTORS.....	14	I
MENTIONS OF MESSAGE THEME, UNSPECIFIC AS TO MEDIUM, EG. PROPER DIET/EXERCISE, SYMPTOMS, STATISTICS.....	15	I

DEMOS [0,0]

These last questions will help us with our research and remember that no one will identify who you are or give your answers individually, only totals for each province.

EMPLO

Are you employed? IF Yes-"Which of the following categories best describes your CURRENT status?"
(READ TOP FIVE) IF No -"Which of the following categories best describes your CURRENT status?"
(READ FROM OPTION 6 DOWN)

Self-employed.....	1
Employed full-time.....	2
Employed part-time.....	3
Seasonal employment.....	4
Term employment.....	5
Unemployed.....	6
Unemployed but looking for work.....	7
Student/Attending school full-time.....	8
Retired.....	9
Not in work force/Full-time Homemaker.....	10
Disability / sick leave.....	11
Maternity / paternal leave.....	12
(DO NOT READ) Other (please specify) -> AEMPLO; C150 L1	
C75.....	77
(DO NOT READ) DK/NR.....	99

QAGEX

In what year were you born? NOTE: ANSWER THE FULL YEAR, I.E. 1977 as "1977"

IF HESITANT MOVE ONTO NEXT QUESTION

Year -> AQAGEX; N4.0 [1900-1991].....	1
HESITANT.....	9

QAGEY

If... QAGEX.EQ.9

May I place your age into one of the following general age categories?

Under 18.....	1
18-24 years.....	2
25-29 years.....	3
30-34 years.....	4
35-39 years.....	5
40-44 years.....	6
45-49 years.....	7
50-54 years.....	8
55-59 years.....	9
60-64 years.....	10
65 years or older.....	11
(DO NOT READ) DK/NR.....	99

EDUC

What is the highest level of formal education that you have completed?

Grade 8 or less	1
Some high school.....	2
High school graduate	3
Some college.....	9
Technical/Vocational/College/CEGEP graduate.....	4
Some university	5
Undergraduate university degree (e.g., BA, BSc).....	6
Graduate or post graduate university degree (e.g., M.A., MSc., Ph.D.).....	7
Professional certification (e.g., CPA, P. Eng.).....	8
Other (specify) -> AEDUC; C150 L1 C75	77
DK/NR.....	99

INCME

May I ask what your annual household INCOME is from all sources?

Less than \$10,000	1
\$10-\$19K.....	2
\$20-\$29K.....	3
\$30-\$39K.....	4
\$40-\$49K.....	5
\$50-\$59K.....	6
\$60-\$69K.....	7
\$70-\$79K.....	8
\$80K or above	9
DK/NR.....	99

THNK

Thank you for your cooperation and time!

End of Interview

Completion	1	D
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