



First Nations of Quebec and Labrador Regional Longitudinal Health Survey 2002/03

Environmental Health Impact Assessment Survey

Final Report

By

The FNQLHSSC Research Department



**COMMISSION DE LA SANTÉ ET DES SERVICES SOCIAUX
DES PREMIÈRES NATIONS DU QUÉBEC ET DU LABRADOR**
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Executive Summary

The Environmental Health Impact Reports was developed to improve the results of the Quebec Region First Nations Regional Longitudinal Health Survey 2002 (RHS 2002). All participating communities were invited to take part in the environmental health impact assessment survey. Out of 23 communities, 16 accepted to take part in the survey. Survey questionnaires covering 10 topics were distributed to appropriate community authorities. Topics covered in the questionnaire included 1) The external environment; 2) Housing and infrastructure; 3) Nutrition; 4) Employment & economic development perspectives; 5) Education; 6) Justice and safety; 7) Health services; 8) Social services; 9) Identity; and 10) Governance.

The collected data allowed us to identify specific issues facing Quebec First Nations communities, including:

- Lack of access to housing due to a lack of financial resources for building new housing units despite an ever-increasing population requires the implementation of effective and sustainable solutions to reduce overcrowding and related issues.
- Obstacles to community economic development result in various issues such as income security dependency and educated community members leaving their communities. This situation is all the more problematic in remote communities.
- The average body mass index is higher in those communities where the cost of food is higher and with poor access to fresh food.
- Traces of contaminants were found in the drinking water of some communities during the 5 years prior to the survey.
- Crime is perceived to have increased or remained unchanged.
- Lack of access to health and social services, especially in remote communities.
- Communities have difficulty preserving their identity, culture and language.

All of these issues illustrate the gap between First Nations and the general Quebec population in terms of living conditions. Efforts made to address this gap and improve First Nations well-being must respect First Nations values and foster sustainable change.

Highlights

External Environment

Emergency response

- Of all communities that have an emergency response plan in case of fire, flood or other potentially dangerous situations, 31.1 % informed their members of the existence of such a plan through newsletters or other publications.
- Only 37.5 % of emergency response coordinators attended the training offered by INAC under the emergency planning funding program.

Drinking water, soil and ambient air contamination

- Traces of contamination were found in the drinking water of one in four communities (25 %).

Natural hazards

- One quarter of all communities surveyed reported having experienced flooding and 12.5 % forest fires during the 5 years prior to the survey.

Access to Housing

- A little less than one third (31.3 %) of all communities surveyed have no community housing projects despite the dramatic increase in First Nations population.
- Most First Nations communities (87.5 %) keep waiting lists for on-reserve housing.
- One in three communities (36.7 %) has a waiting list of 4 to 6 years for on-reserve housing. Nearly one in four communities (21.4 %) has a waiting list of 7 years or more.

Nutrition

- The average body mass index among First Nations tends to increase in communities with poor access to fresh food.
- Healthy food is more expensive in isolated communities. This seems to contribute to a higher average body mass index in these communities. Communities offering services in order to provide better access to fresh food and encourage healthy eating are located in non-isolated areas.

Employment

- An increasing number of Aboriginal college or university graduates work off-reserve. Skilled Aboriginal workers are more likely to leave their communities than other community members.
- Between 20 % to 40 % of all on-reserve jobs are held by non-Aboriginals.

Education

- Most communities (87.5 %) manage their own postsecondary education funding programs.
- Communities offering distance education programs are located in less geographically isolated areas.

Justice and Safety

Police Services

- Most communities (81.3 %) have an independent, self-administered police force.
- More than one quarter of communities (28.6 %) protected by external police forces have to wait 50 minutes or longer before they receive police services.

Crime

- In most communities, it is estimated that crime remained unchanged or increased over the five years prior to the survey.

Health Services

Access to health care

- Only 18.8 % of communities have daily access to a physician and half of communities (50.0 %) have weekly access to a physician.

Traditional medicine

- Nearly one third of communities (31.3 %) offer traditional medicine services through the health care centre or a community program.

Physical activity facilities

- Isolated communities have less physical activity facilities.

Social Services

Income security

- In more than half of all communities, income security recipients have been receiving benefits for a continuous period of 4 consecutive years or more.

Youth programs and services

- Communities' level of isolation seems to impact the number of programs and services available to youth. The more isolated the community, the lower the number of programs and services available for youth.

Identity Issues

Language

- Just over two thirds of communities (68.8 %) offer Aboriginal language courses or immersion programs as part of the school curriculum. Such programs are the most commonly offered in Native communities. Very few communities offer Aboriginal language programs and courses for adults.
- Over two thirds of communities (68.8 %) offer Aboriginal language and culture courses or immersion programs as part of the school curriculum and 12.5 % offer Aboriginal language programs for adults.
- Only 6.3 % of communities have an Aboriginal language use policy in place for community staff.

First Nations status

- In half of communities, there is a variation between 40 % to 100 % of children aged 15 and under that are registered under section 6(2) of the *Indian Act*.

First Nations Governance**Self-government**

- At the time of the survey, half of communities were negotiating self-government agreements for greater control or law-making authority.

Female representation in band councils

- On average, band councils have a gender ratio of two women for every five men. In almost every community (93.8 %), the chief is a man.

Table of Contents

1.	Background	1
2.	Methodology	2
2.1.	Sampling	2
2.2.	Questionnaire.....	5
2.3.	Research limitations	5
3.	External Environment	9
4.	Housing and infrastructure	14
4.1.	Access to housing.....	14
4.2.	Home amenities and energy efficiency.....	16
5.	Nutrition	17
5.1.	Healthy nutrition education and awareness.....	17
5.2.	Access to fresh food and food basket cost.....	18
5.3.	Traditional food	20
6.	Employment perspectives and economic development	20
6.1.	Employment.....	21
6.2.	Services available in the communities.....	22
7.	Education.....	23
7.1.	Postsecondary education programs	23
7.2.	Education in the communities.....	23
8.	Justice and safety.....	27
8.1.	Police service.....	27
8.2.	Crime in the communities	28
8.3.	Emergency services	29
9.	Health services	30
9.1.	Access to health care	30
9.2.	Traditional medicine.....	31
9.3.	Access to hospitals	31
9.4.	Other health services available.....	31
9.5.	Physical activity facilities.....	31
10.	Social services.....	32
10.1.	Income security.....	32
10.2.	Social services programs and infrastructure	33
11.	Identity issues.....	35
11.1	Language.....	35
11.2	Culture and spirituality	36
11.3	Community members.....	36
12.	First Nations governance.....	37
12.1	Self-government	37
12.2	Administration	37
12.3	Information on band council activities.....	38
12.4	Female representation in band councils.....	38
13.	Conclusion.....	39
14.	Recommendations.....	41
15.	Bibliography.....	45
16.	Appendices.....	49
16.1.	Invitation letter.....	50
16.2.	Questionnaire.....	52

1. Background

The 2002 wave of the First Nations of Quebec Regional Longitudinal Health Survey (RHS) answered many questions and raised many issues affecting First Nations. In fact, this survey is just a beginning in terms of First Nations health research. There is growing awareness among Aboriginal authorities across Canada of the need for quality research conducted by and for First Nations. While respecting Ownership, Control, Access and Possession (OCAP) principles, this report illustrates First Nations' efforts toward self-determination.

The environmental health impact assessment survey is a complement to RHS 2002 – Quebec Region. As its name suggests, it is intended to identify the various environmental factors potentially affecting the health of First Nations community members. By “environment” we mean the combination of external physical and social conditions that affect and influence First Nations communities. The report addresses the following ten environment-related topics:

- 1: External environment
- 2: Housing and infrastructure
- 3: Nutrition
- 4: Employment and economic development
- 5: Education
- 6: Justice and safety
- 7: Health care services
- 8: Social services
- 9: Identity issues
- 10: Governance

2. Methodology

2.1. Sampling

The First Nations Environmental Health Impact Assessment Survey was conducted using a two-level sample:

- A sample of communities to allow for comparisons on a community basis (Unit = community).
- A sample of community adults to allow for comparisons on a population basis (Unit = community adults).

On the first level, communities are used as sampling units. A questionnaire was submitted to relevant community authorities in order to obtain a picture of the situation. On the second level is the adult population of participating communities. Specific data from RHS 2002 were used to highlight variations, based on environmental factors identified in the environmental health impact assessment survey questionnaire.

Sample of communities

The 23 Quebec communities that took part in RHS 2002 were invited to participate in the Environmental Health Impact Assessment Survey. 16 out of the 23 communities accepted to participate.

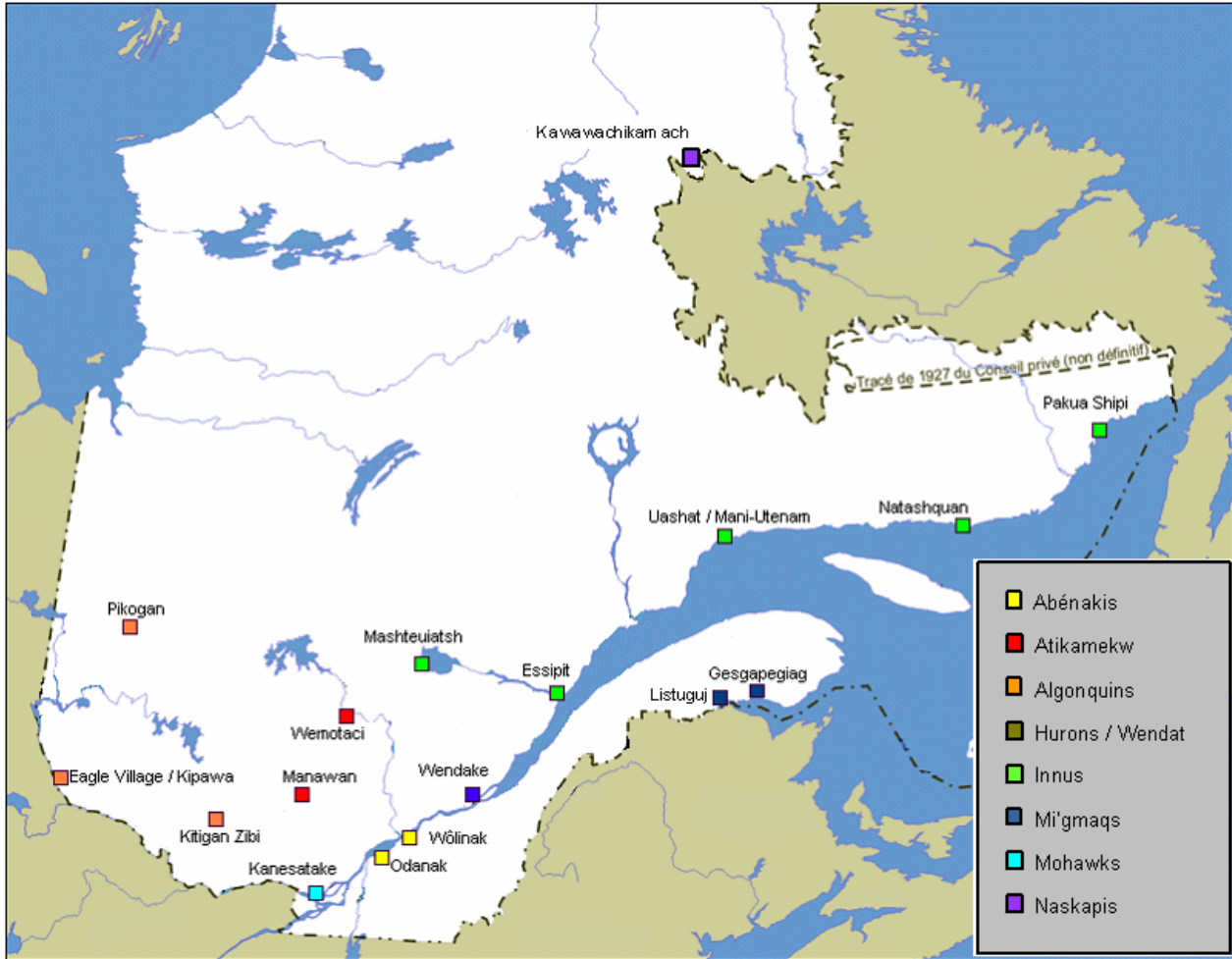
Table 1: Participating communities

Nation	Participated in RHS	Participated in the environmental health impact assessment survey
Abenaki	Odanak	X
	Wôlinak	X
Algonquin	Eagle Village-Kipawa	X
	Kitigan Zibi	X
	Lac Simon	
	Pikogan	X
	Timiskaming	
Atikamekw	Manawan	X
	Opitciwan	
	Wemotaci	X
Huron / Wendat	Wendake	X
Innu	Betsiamites	
	Essipit	X
	Mashteuiatsh	X
	Natashquan	X
	Pakua Shipi	X
	Uashat Mak Mani-Utenam	X
	Unamen Shipu	
Malecite	Malecite*	
Mi'gmaq	Gesgapegiag	X
	Listuguj	X
Mohawk	Kanesatake	X
Naskapi	Kawawachikamach	

*Although there is no Malecite community, the Malecite Nation was invited to participate in RHS. However, given that Malecite territory is uninhabited, the Nation could not be invited to take part in the Environmental Health Impact Assessment Survey.

Below is a map of communities that participated in the Environmental Health Impact Assessment Survey.

Map 1. Communities that participated in the Environmental Health Impact Assessment Survey



Sample of adults in participating communities

As previously mentioned, specific data from RHS 2002 was used for the purposes of determining variation based on specific environmental factors.

For each community that participated in the Environmental Health Impact Assessment Survey, we have used data provided by adults (18 or older) in RHS 2002.

The RHS 2002 sample used in this survey is as follows:

Table 2: Sample of adults in communities that participated in the Environmental Health Impact Assessment Survey

Nation	Community	Population*	Sample	Error margin (\pm) z=95 %, p=20 %
Abenaki	Odanak	101	99	1.0 %
	Wôlinak	56	13	19.8 %
Algonquin	Eagle Village - Kipawa	175	25	14.8 %
	Kitigan Zibi	1005	85	8.2 %
	Pikogan	311	124	5.5 %
Atikamekw	Manawan	936	76	8.7 %
	Wemotaci	572	92	7.5 %
Huron / Wendat	Wendake	949	207	4.8 %
Innu	Essipit	148	92	5.0 %
	Mashteuiatsh	1313	131	6.5 %
	Natashquan	413	44	11.3 %
	Pakua Shipi	141	22	15.7 %
	Uashat / Mani-Utenam	1596	67	9.4%
Mi'gmaq	Gesgapegiag	330	42	11.4 %
	Listuguj	1095	137	6.3 %
Mohawk	Kanesatake	1007	112	7.0 %
Naskapi	Kawawachikamach	316	121	5.6 %
TOTAL		10461	1489	1.9 %

Source: Indian and Northern Affairs Canada (INAC) 2001

To ensure quality analysis, the data were weighted by community and gender. For more details concerning adult sampling in participating communities, please refer to the *Quebec Region First Nations Regional Longitudinal Health Survey 2002 – Methodological Report*.¹

¹ FNQLHSSC, Quebec Region First Nations Regional Longitudinal Health Survey 2002 – Methodological Report, ISBN 0-9637619-8-4

2.2. Questionnaire

The questionnaire used for conducting the survey was distributed to all participating communities' health directors, who, along with band council managers, were invited to complete them. In some cases, the involvement of other community administrators was necessary due to the fact that the survey addressed topics that were beyond the scope of health and social services.

The survey questionnaire addressed the following ten topics:

- 1: External environment
- 2: Housing and infrastructure
- 3: Nutrition
- 4: Employment perspectives and economic development
- 5: Education
- 6: Justice and safety
- 7: Health services
- 8: Social services
- 9: Identity issues
- 10: Governance

2.3. Research limitations

The major limitation of this research relates to the fact that some data collected through the questionnaire is based on respondent estimates. In addition, the questionnaire was distributed to health directors who were required to answer many questions addressing issues that go beyond the sphere of health. Health directors were therefore encouraged to consult the relevant people in their communities for answering the questionnaire. Yet, no mechanism was provided for referring health directors to the relevant people concerning specific issues. The choice of information sources was left to the discretion of health directors. Consequently, it is rather difficult to determine precisely who answered the questions.

Since participation in the survey was on a voluntary basis, some communities refused to answer the questionnaire, which resulted in a smaller sample. **Consequently, the findings of the survey may not be generalized to all Quebec communities.**

FINDINGS

3. External Environment

Emergency response plan

Through management and accountability frameworks, the regional office of Indian and Northern Affairs Canada (INAC) provides communities with funding for developing emergency response plans in case of fire, flood or any other potentially dangerous situations. A large majority of communities (93.8 %) do have such emergency plans. Among those, 31.3 % informed their members of the existence of such a plan through newsletters or other publications.

Most communities (81.3 %) use the services of an emergency response coordinator. Although training was offered to emergency response coordinators until 2005 under INAC's emergency planning funding program, only 37.5 % of coordinators had received the training at the time of the survey.

Drinking water, soil and ambient air contamination

Table 3 shows the proportion of communities that had their drinking water, soil and ambient air tested for contamination during the past 5 years is indicated in Table 3.

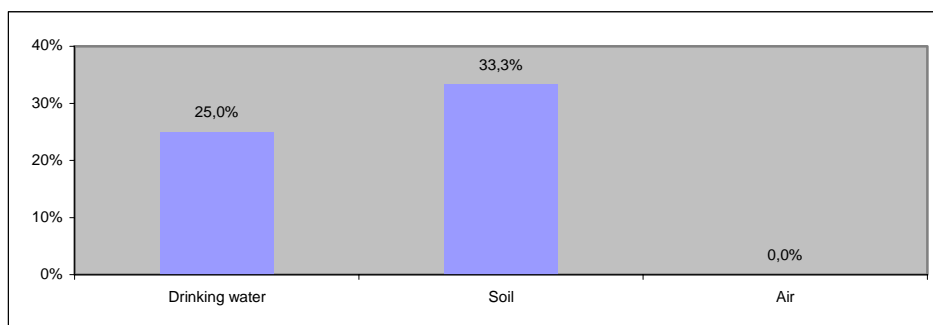
Table 3: Communities that had their drinking water, soil and ambient air tested for contamination during the 5 years prior to the survey

Type of test	% of communities
Drinking water	100.0 %
Soil	37.5 %
Air	18.8 %

Drinking water is the number one concern of community authorities. As a matter of fact, all communities had their water tested during the past 5 years. Soil and ambient air tests were conducted in 37.5 % and 18.8 % of communities respectively.

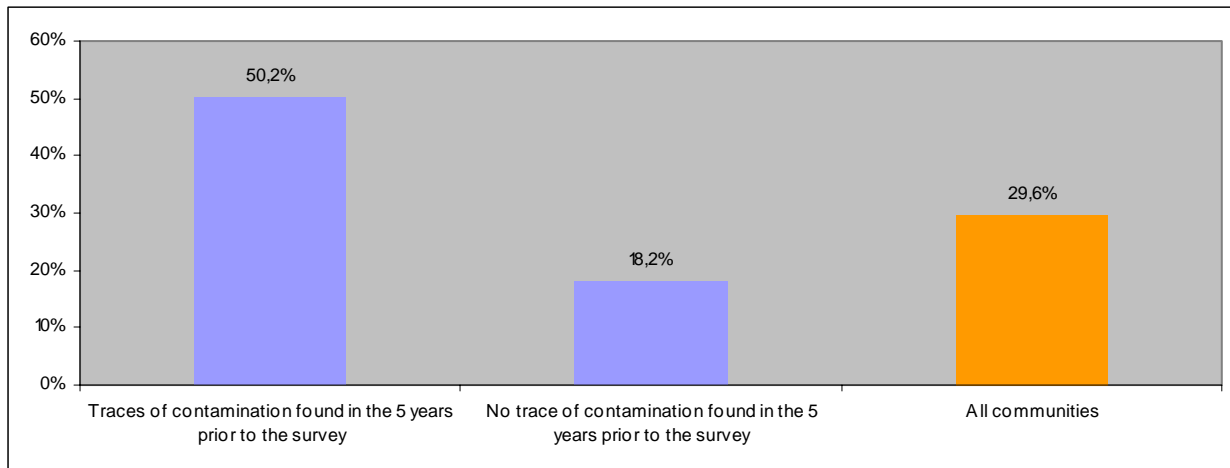
Figure 1 shows the proportion of communities where drinking water, soil or air tests showed positive results.

Figure 1. Communities where tests showed drinking water, soil or air contamination



Almost all communities (93.8 %) have water treatment facilities or water treatment agreements with neighbouring municipalities. However, although all water treatments facilities meet applicable standards, water tests showed traces of contaminants in one in four communities (25.0 %). In most cases, contamination consisted of trihalomethane, which is formed when chlorine in the water reacts with natural organic matter. Soil tests showed traces of contaminants in one third (33.3 %) of communities.

Figure 2. Adults who consider their main source of drinking water unsafe for drinking due to contamination



Less than the third of all adults (29.6 %) consider their main source of drinking water unsafe for drinking. In the communities where tests showed traces of contamination, this proportion is 50.2 %. Finally, 18.2 % of adults living in communities where no trace of contaminant was found consider their main source of drinking water unsafe for drinking.

In the five years prior to the survey, 62.5 % of communities were subject to a boil water advisory at some point. In spite of boil water advisories being issued and traces of contaminants being found in drinking water, few communities have drinking water safety standards, clean air standards or soil contamination regulations in place, as shown in Table 4.

Table 4: Communities that have regulations governing drinking water, air and soil quality

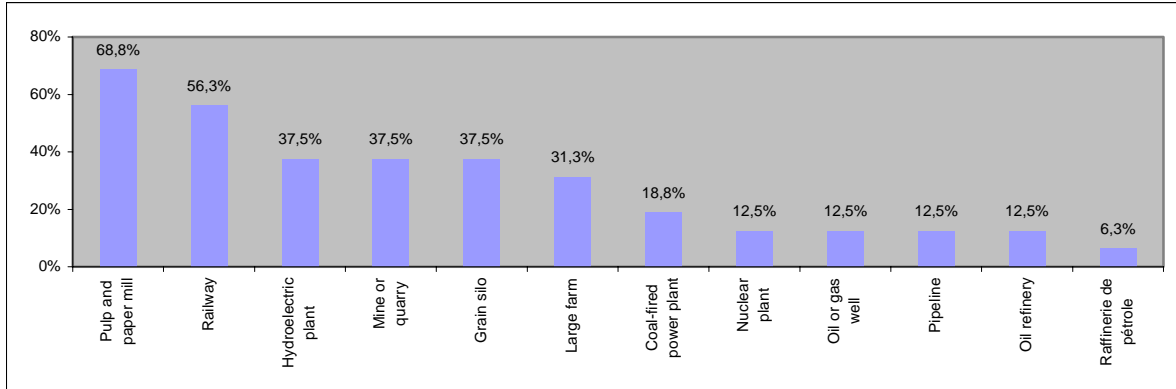
Type de regulation	% of communities
Drinking water	31.3 %
Soil	18.8 %
Air	12.5 %

Less than one in three communities (31.3 %) has drinking water safety regulations in place and the proportion of communities that have regulations governing air and soil quality is even lower (18.8 % and 12.5 % respectively).

Proximity of Industrial Facilities

Figure 3 shows the proportion of communities located near industrial facilities.

Figure 3. Communities located near (within a 100-km radius of) industrial facilities



Industrial facilities listed in figure 3 constitute potentially significant sources of contamination due to emissions and/or potential accidents. More than half of all communities are located within a 100-km radius of a pulp and paper mill or railway. Nearly one third of communities are located within a 100-km radius of a hydroelectric plant, mine, quarry, grain silo or large farm. Table 5 shows the environmental impact of each type of industrial facility.

Table 5: Industrial facilities and their environmental and health impact

Industrial facilities	Environmental and health impact
Agriculture Large farms Grain silos	Common health hazards associated with pesticide use and farming include: acute or chronic effects of pesticide exposure as well as the effects of enteric pathogenic bacteria from livestock manure or water. ² The turning or tilling of soils, especially in dry, windy conditions, contributes to higher levels of particulate matter within the air. ³
Electric power Hydroelectric plant Coal-fired power plant Nuclear plant	Hydro power By diverting water out of the water bodies for power, dams remove water needed for healthy in-stream ecosystems thereby disrupting the natural river flows. In addition, bacteria present in decaying vegetation can also change mercury, present in rocks underlying a reservoir, into a form that is soluble in water. Mercury accumulates in the bodies of fish and poses a health hazard to those who depend on these fish for food. ⁴ Coal-fired power Electricity generation produces a large share of Canadian nitrogen oxides and sulphur dioxide emissions, which contribute to smog and acid rain and the formation of fine particulate matter. ⁵ Nuclear power A nuclear accident may result in the release of radioactive iodine, which may cause an increase in the number of thyroid gland cancer, especially in children. In the long term, increased incidence of lung cancer, digestive system cancer and blood cancer may also be observed as a result of radiation exposure. ⁶
Oil industry Oil or gas wells Pipelines Oil refineries	Oil and gas wells Air pollution emissions from the industry include toxics, such as benzene and particulates, smog precursors, acid emissions and greenhouse gases, such as methane and carbon dioxide. ⁷ Oil refineries The petroleum refining process results in the release of a number of air pollutants, including: sulphur oxides, nitrogen oxides, volatile organic compounds, particulate matter, carbon monoxide, and benzene, as well as many greenhouse gases. Pipelines Pipeline breaks can result in groundwater and soil contamination.
Mine or quarry	The operations carried out in order to purify some metals can produce atmospheric emissions of heavy metals, suspended particulates, and cyanides. The mining industry in general consumes a considerable amount of water in order to process ore. The pollutants that may be found in mining effluents include suspended solids and various heavy metals. ⁸
Railway	Derailment can result in the release of various toxic substances that might contaminate groundwater, ambient air, and soil.
Pulp and paper mill	The pulp and paper industry releases large volumes of polluted effluents. Deposits of toxic substances in rivers can affect aquatic life. Such deposits may also release methane, phenol, hydrogen sulphide, acids, nutrients (such as nitrogen and phosphorus), as well as other organic contaminants. The pulp and paper industry releases various contaminants into the atmosphere. Most emissions result from process equipment used by chemical pulp mills. Contaminants released by the pulp and paper industry include suspended solids, total reduced sulphur compounds (TRS), sulphur dioxide (SO ₂), nitrogen oxides (NO _x), polycyclic aromatic hydrocarbon (PAH), and volatile organic compounds (VOC). ⁹
Chemical plant	Depending on the nature of the facility, various harmful substances can be released into the atmosphere, water and soil.

Natural disasters and industrial accidents

In addition to having a direct impact on the geographical or natural environment, most natural disasters have an impact on human health. Figure 4 shows the proportion of communities that experienced natural disasters or industrial accidents.

² Institut national de santé publique du Québec: <http://www.inspq.qc.ca/domaines/index.asp?Dom=50&Axe=53>

³ Environment Canada: <http://www.ec.gc.ca/cleanair-airpur/default.asp?lang=En&n=FF060110-1>

⁴ Environment Canada: <http://www.ec.gc.ca/cleanair-airpur/default.asp?lang=En&n=75DA1B8E-1>

⁵ Environment Canada: <http://www.ec.gc.ca/cleanair-airpur/default.asp?lang=En&n=DC4D330A-1>

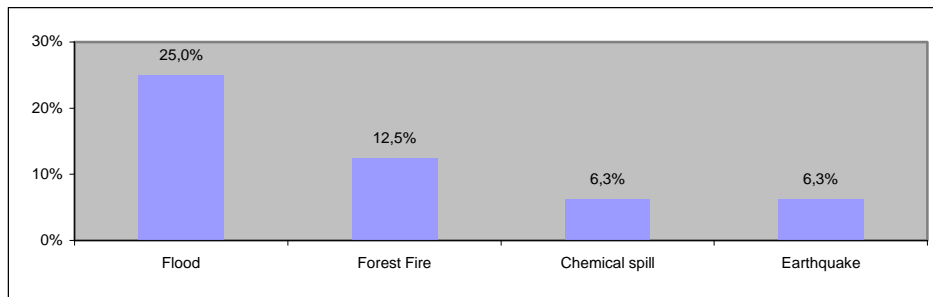
⁶ En cas d'accident nucléaire, je sais quoi faire: <http://www.urgencenucleaire.qc.ca/radioactivite.php>

⁷ Environment Canada: <http://www.ec.gc.ca/cleanair-airpur/default.asp?lang=En&n=AE592ACD-1>

⁸ Canada (2004(a))

⁹ Forum environnement: SEME: http://seme.uqar.qc.ca/menu/cadre_chemin3_niv1_fin.htm

Figure 4. Communities that experienced natural disasters or industrial accidents during the five years prior to the survey



Situations listed in figure 4 that occurred most often are floods and forest fires.

Common health risks associated with floods include contamination of water, consumer products and objects as well as mould growth in buildings: "Flood water may contain various chemical and/or bacteriological contaminants posing a health hazard (pulmonary diseases, gastroenteritis, and wound infection). It may also contaminate drinking water (public water supply systems and private wells), consumer products (food, drugs), and any objects (furniture, carpets, toys) it comes in contact with."¹⁰ "Mould growth is possible in flooded buildings. Chronic exposure to toxic substances produced by mould such as spores, mycotoxins, and volatile chemicals pose a serious health hazard to humans, especially with regard to the respiratory system (e.g. asthma, rhinitis, bronchitis)"¹¹.

The potential human health hazards of forest fires are mostly associated with "the release of polluting particulate matter, carbon monoxide and oxides of nitrogen, sulphur dioxide and organic compounds. Fine airborne particles (diameters smaller than 2.5 µm) have potentially detrimental health effects because they can penetrate deep into the human lungs"¹².

¹⁰ Agence de la santé et des services sociaux de la Mauricie et du Centre du Québec, Santé et environnement, Inondation <http://www.agencecsss04.qc.ca/documents/fiches/inondation.html>

¹¹ Agence de la santé et des services sociaux de la Mauricie et du Centre du Québec, Santé et environnement, Moisissure <http://www.agencecsss04.qc.ca/documents/fiches/moisissure.html>

¹² Food and Agriculture Organization of the United Nations: Health guidelines for vegetation fire events: <http://www.fao.org/docrep/009/a0789e/a0789e10.htm>

4. Housing and infrastructure

4.1. Access to housing

Overcrowding

According to the Canada Mortgage and Housing Corporation (CMHC), housing that is acceptable is housing that meets the three following criteria¹³:

Adequate condition (does not require major repairs);

Suitable size (sufficient number of bedrooms);

Affordability (costs less than 30% of before-tax household income).

Access to acceptable housing is a widespread issue in many First Nations communities in Quebec and Canada. Among the many factors affecting access to acceptable housing is the fact that the average per capita income in First Nations communities is lower than 50 % of the Canadian average. In addition, the First Nations birth rate is twice the national average. According to INAC, the projected number of new households in First Nations will average 4,500 per year over the next 10 years (i.e., a total of 45,000 new households). Failure to provide new households with acceptable housing may ultimately result in overcrowding of existing housing units. "Overcrowding not only reduces the life span of a house, it worsens social problems such as poor health conditions, family tensions and violence. »¹⁴ As regards the life span and sanitary conditions of existing housing and hygiene conditions, RHS 2002 – Quebec Region determined that 54.5 % of adults in participating communities considered their homes required major repairs and that 35.8 % lived in homes with mould problems.

In this respect, Chapter 6 of the April 2003 Report of the Auditor General of Canada summarizes the issues of overcrowding and housing quality issues in First Nations communities:

"People living on reserves face some fundamental and long-standing issues that impede progress toward better housing conditions. In 2001, INAC estimated that reserves had a shortage of 8,500 houses and about 44 percent of the existing 89,000 houses needed renovations. (...). Current federal funding is expected to support the construction of about 2,600 houses and the renovation of about 3,300 houses a year."¹⁵

Another challenge facing First Nations is the fact that communities are located on Crown lands, which makes access to mortgages or funding difficult, thus preventing the construction of new housing units.

¹³ CMHC (2002)

¹⁴ Indian and Northern Affairs Canada: First Nations Housing: http://www.ainc-inac.gc.ca/pr/info/info104_e.html

¹⁵ Canada (2003(a)), p.5

Table 6: Communities that have elements in place to facilitate access to housing

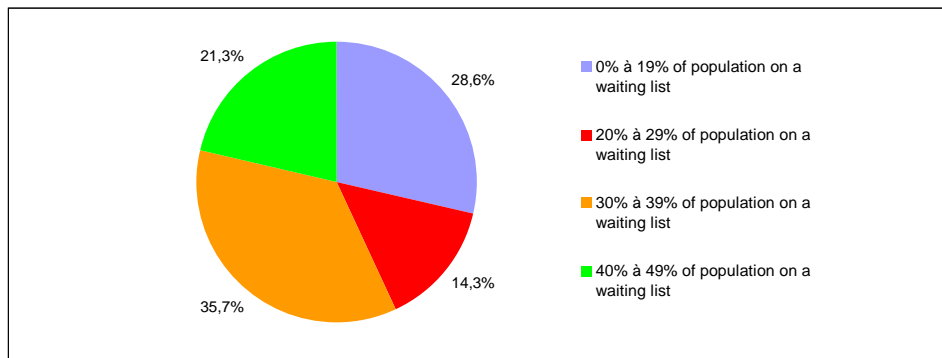
Elements facilitating access to housing	% of communities
Access to technical expertise	93.8 %
Funds for maintenance and repairs	87.5 %
Suitable parcels of land	81.3 %
Housing construction crews or workers	75.0 %
Capital to construct new homes (houses, apartment buildings, etc.) - from the band	62.5 %
Capital to construct new homes - from subsidies	56.3 %
Capital to construct new homes - from banks/lending institutions	31.3 %

Table 6 shows that access to funding for the construction of new housing units is the least accessible elements of the list. This summarizes the issue discussed in the previous paragraph. Lack of access to capital funding for the construction of new homes combined with the fact that 31.3 % of communities have no community housing project may result in further overcrowding.

Waiting lists

Increasing demand for housing combined with lack of access to capital for the construction of new housing units may, in addition to overcrowding, result in the creation or expansion of waiting lists. As a matter of fact, most First Nations communities (87.5 %) keep waiting lists for on-reserve housing.

Figure 5. Distribution of communities by number of people on housing waiting lists

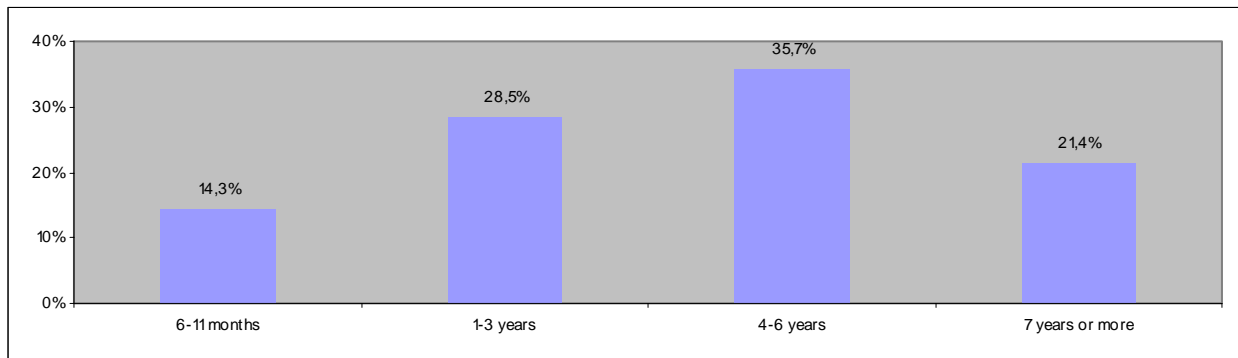


Note: Percentages indicated in this graph are calculated based on the total number of communities that keep housing waiting lists.

Figure 5 shows that more than one third (35.7 %) of communities that keep waiting lists have 30 % to 39 % of their populations on a waiting list. Less than one quarter of communities (21.3 %) have 40 % or more of their population on a waiting list for housing.

This situation is all the more disturbing as waiting times can be up to several years in some communities.

Figure 6. Distribution of communities by waiting times for housing



Note: Percentages indicated in this graph are calculated based on the total number of communities that keep housing waiting lists.

Figure 6 shows that waiting times ranging from 4 to 6 years are necessary for obtaining housing in more than one third (36.7 %) of communities with waiting lists. In nearly one in four communities (21.4 %), waiting times are up to 7 years or more.

4.2. Home amenities and energy efficiency

Based on the results of the survey, all community homes have electricity, indoor plumbing and running water. In three in four of all communities (75.0 %), the most commonly used heating method is electric baseboard heating. According to Natural Resources Canada’s Office of Energy Efficiency, electric heating is one of the most efficient heating methods. “Electric space heating equipment that uses electric resistance heating is typically 100 per cent efficient because all of the electrical energy used is converted into heat and there are no combustion losses through the chimney.”¹⁶ Table 7 shows the average annual cost of heating a home in the communities.

Table 7: Distribution of communities by average cost of heating a home

Annual heating cost	% of communities
\$1,000 - \$1,499/year	43.8 %
\$1,500 - \$1,999/year	31.3 %
\$2,000 - \$2,999/year	18.8 %
\$3,000 - \$3,999/year	6.3 %

Programs aimed at promoting energy efficiency and alternative energy sources seem not to be a priority in the communities. As a matter of fact, very few communities reported participating in such programs.

¹⁶ Canada (2003(c)), p.4

Table 8: Communities participating in programs aimed at promoting energy efficiency or alternative energy sources in private homes

Program	% of communities
Innovative housing program (INAC)	6.3 %
Hydro-Québec's EnerGuide program	6.3 %
EnerGuide program for new homes (Natural Resources Canada)	0.0 %

5. Nutrition

5.1. Healthy nutrition education and awareness

Nutrition is a determinant of health. Poor nutrition increases the risk of developing medical conditions. Poor nutrition also results in overweight or obesity, which increases the risk of developing medical conditions including diabetes, heart diseases and cancer. According to a study conducted by the Netherlands National Institute for Public Health and the Environment (RIVM), poor nutrition is as harmful as smoking. First Nations are not exempt from such medical problems. According to RHS 2002 – Quebec Region, half of children (52.2 %), 42.0 % of adolescents and more than the half of adults (67.0 %) are overweight or obese. Those alarming results can be explained by the dramatic changes that have occurred in First Nations' eating habits over the past few decades:

“Many of the risk factors tend to be worse in the Aboriginal communities for a variety of reasons. Aboriginal peoples are likely to be genetically predisposed to store energy from the diet very efficiently, due to the nomadic lifestyle of their ancestors. Patterns of dietary change, from traditional food to a diet high in energy, saturated fat and simple sugars, have been observed in many Aboriginal communities¹. Briefly, the problem can be summarized as the adoption of a market diet high in energy, saturated fat and simple sugars, along with an increased tendency towards sedentary lifestyles and reduced activity, all of which leads to a rise in the prevalence of obesity and increased risk of diabetes. Many studies have documented an increasing prevalence of obesity within Aboriginal communities over a few decades.”¹⁷

This is supported by the fact that the prevalence of cardiovascular diseases is 1.5 times higher and the prevalence of type 2 diabetes is 3 to 5 times higher among Aboriginal people than among Canadians as a whole.

It seems that community authorities are aware of the importance of promoting healthy eating habits. As a matter of fact, all communities reported promoting healthy nutrition education and awareness.

Table 9 shows the proportion of communities offering nutrition education and awareness programs.

Table 9: Communities offering healthy nutrition education and awareness programs

Program	% of communities
Community health nurses and/or community health representatives programs	100.0 %
Aboriginal Head Start On Reserve (AHSOR)	87.5 %
Canada Prenatal Nutrition Program (CPNP)	87.5 %

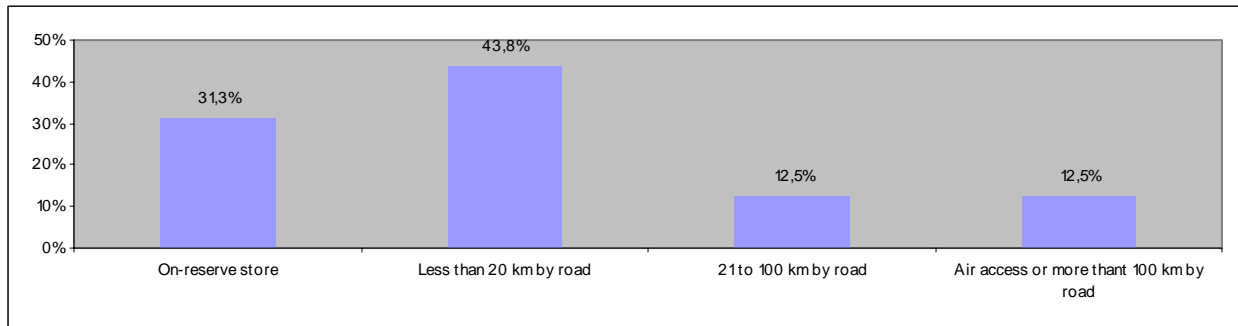
¹⁷Canada (2002), p.67

Nutrition and diet programs for diabetes educators	87.5 %
Dieticians and/or nutritionists programs	81.3 %
Breast-feeding support groups	62.5 %
Community cooking	37.5 %

5.2. Access to fresh food and food basket cost

Accessibility and the cost of fresh food influence significantly eating habits. The distance to travel and the price to pay for healthy and nutritious food are not the same from one community to the next. Graph 7 shows communities' level of access to fresh food.

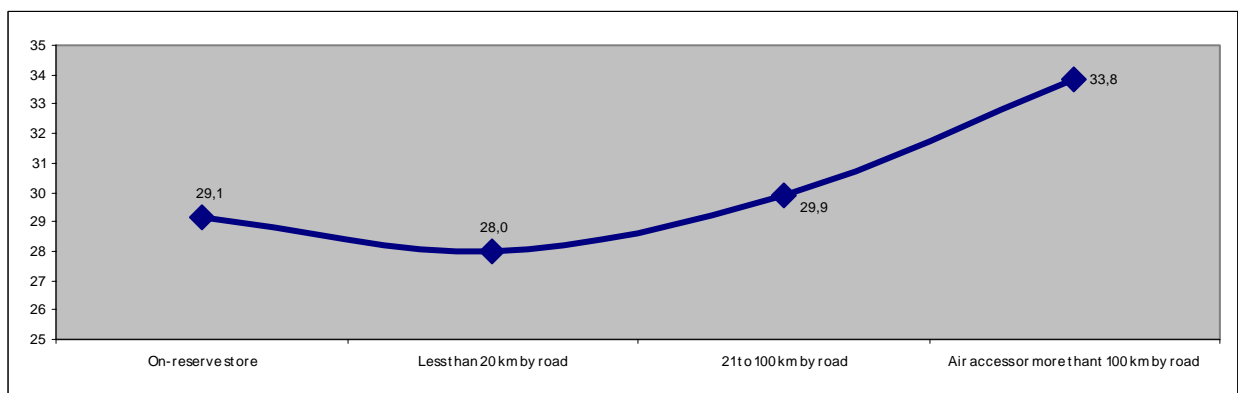
Figure 7. Distribution of communities by distance to travel to get fresh food



Graph 7 shows that 43.8 % of communities are located within 20 km of a store selling fresh food. A little less than one third of communities (31.3 %) have a store that sells fresh food. Finally, one quarter of communities (25.0%) are located more than 20 km away from a store where fresh food is available (12.5 % between 21 km and 100 km and 12.5 % more than 100 km).

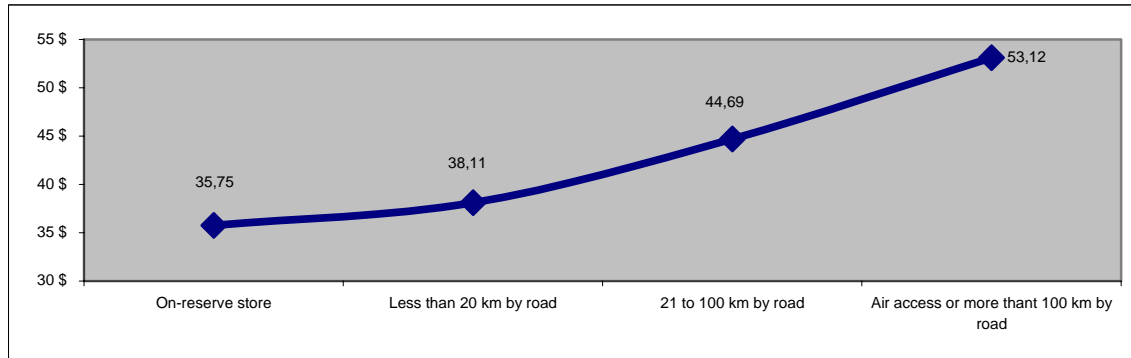
When comparing the average body mass index of adults in different communities, it appears that the average body mass index tends to increase in communities where fresh food is less easily available.

Figure 8. Average body mass index of community adults based on access to fresh food



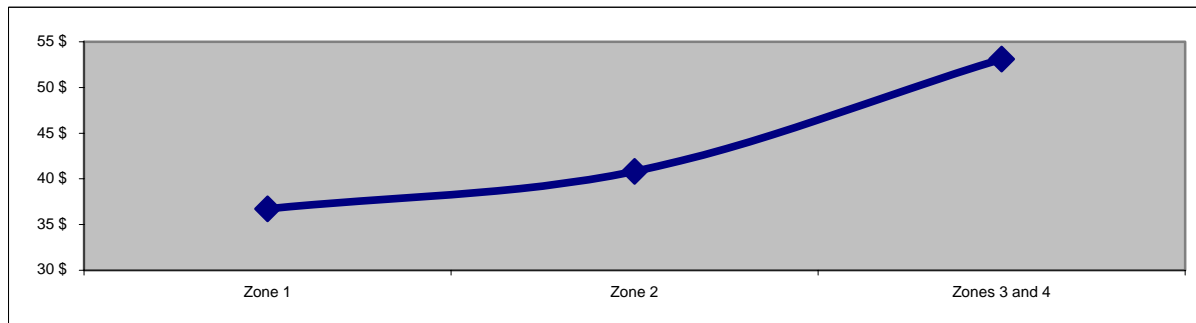
It also appears that the distance to travel to get fresh food significantly impacts the cost of the food basket.¹⁸ The longer the distance community members have to travel to get fresh food, the higher the cost of their food basket.

Figure 9. Cost of the food basket based on access to fresh food



The same is true for geographic isolation. The more isolated the community is, the higher the cost of the food basket.

Figure 10. Cost of the food basket based on geographic isolation



Note: Due to the small number of participating communities in those regions, zones 3 and 4 were merged.

Data presented in graphs 8, 9 and 10 show that the more isolated the community is, the higher the cost of healthy food, which seems to account for a higher average body mass index in remote communities.

Some communities offer services aimed at providing better access to fresh food and promoting healthy nutrition. Table 10 shows the proportion of communities offering such programs.

¹⁸ This food basket is not representative of the regular food basket. It reflects the cost of the following grocery items:

- A loaf of bread
- 400g cheddar cheese
- A dozen eggs
- 10 kg bag of flour
- 4 L milk
- 1 kg jar of peanut butter
- 10 lbs. of potatoes
- 16 to 19 oz. can of soup
- 6 oz. can of tuna
- 5 lbs. of sugar
- 5 lbs. of apples

Table 10: Communities offering services for improving access to fresh food and promoting healthy nutrition

Services offered	% of communities
Cooking lessons	25.0 %
Community gardens	12.5 %
Low-budget shopping	0.0 %
Community greenhouses	0.0 %

One in four communities (25.0 %) offers cooking lessons and 12.5 % has community gardens. All the communities offering this type of services are located in less isolated regions (zones 1 and 2). And yet isolated communities have the most alarming obesity rates, the lowest level of access to fresh food and the highest food prices.

5.3. Traditional food

Although fresh food is not easily accessible in some communities people may opt for traditional food. For instance, traditional food available in the communities includes various types of meat that are relatively low in fat compared with meat sold at the grocery store. Table 11 shows the proportion of communities where traditional food is available (and if it is safe to consume).

Table 11: Communities where traditional food is available

Traditional food	% of communities	Safe to consume (n = communities where traditional food is available)		
		Yes	Doesn't know	No answer
Moose	100.0 %	80.0 %	6.7 %	13.3 %
Berries	93.8 %	86.7 %	0.0 %	13.3 %
Fish	87.5 %	92.9 %	0.0 %	7.1 %
Goose	62.5 %	10.0 %	0.0 %	0.0 %
Deer	56.3 %	77.8 %	11.1 %	11.1 %
Caribou	12.5 %	100.0 %	0.0 %	0.0 %
Wild rice	6.3 %	0.0 %	0.0 %	0.0 %

Table 11 shows that several types of traditional food are available in most communities. No community reported that traditional food was unsafe to consume.

6. *Employment perspectives and economic development*

In terms of employment and economic development, First Nations are facing a difficult situation. According to the General Auditor of Canada¹⁹, First Nations face several barriers to economic development that can be grouped into three categories. The table below outlines these barriers.

¹⁹ Canada (2003 (b))

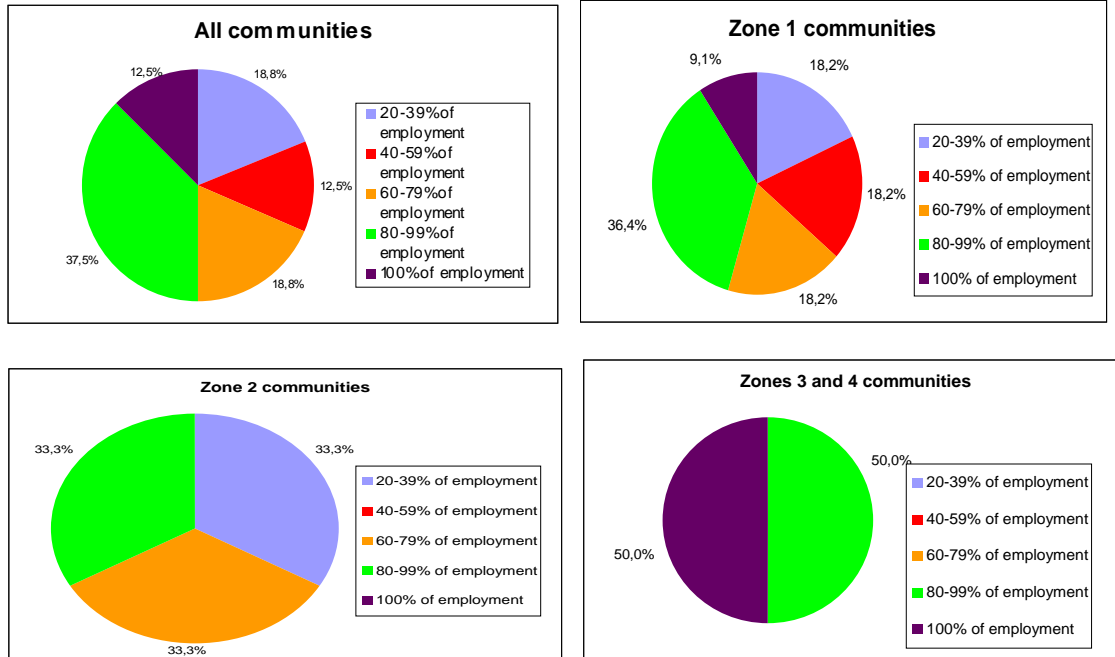
Table 12: Barriers to economic development

Categories	Barriers
Barriers to accessing economic development resources	Restricted access to natural resources. Difficulty accessing capital.
Barriers to accessing federal business support programs	Keeping track of the requirements of different programs is a substantial burden. Federal officials, when reviewing projects, are reluctant to take risks. Project approval processes do not move at the speed of business. Program criteria are difficult to adapt to large-scale, complex economic development projects.
Barriers resulting from federal management and institutional development approaches	The <i>Indian Act</i> processes are burdensome. Resources are lacking to build institutional arrangements in a timely way.

6.1. Employment

Employment opportunities in the communities are rather limited in a context where economic development is facing many barriers. In this respect, it should be mentioned that RHS 2002 – Quebec Region determined that half of adults (51.0 %) in participating communities were unemployed. Lack of employment opportunities is all the more obvious in isolated or remote communities. In a large proportion of communities, the main employer is the band council.

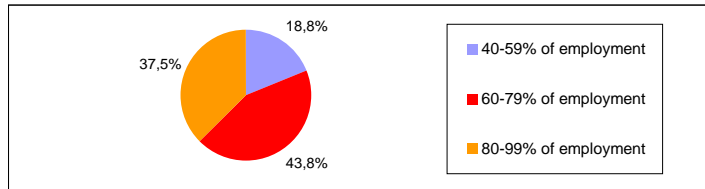
Figure 11. Distribution of communities by percentage of employment provided by the band council



Note: Due to the small number of participating communities in those regions, zones 3 and 4 were merged.

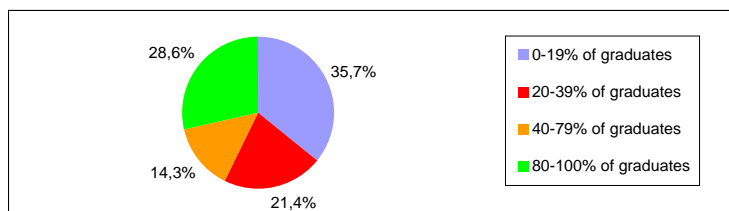
As shown in Graph 11, in a large number of communities, the band council is the main employer. This phenomenon is even more pronounced in isolated communities. However, it should be mentioned that part of the jobs available in the community are held by non-Aboriginals.

Figure 12. Distribution of communities by percentage of available jobs held by First Nations



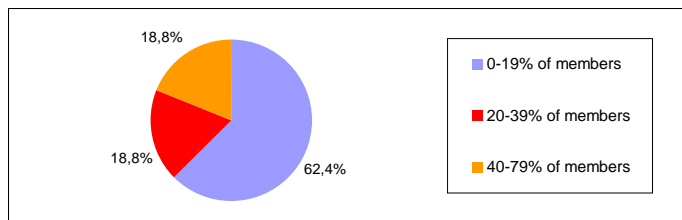
Graph 12 shows that 40 % to 80 % of jobs are held by First Nations in almost two thirds of communities. At first glance, lack of skilled human resources can be seen as the main reason why a part of the jobs available in the communities are held by non-Aboriginals. In this respect, RHS 2002 – Quebec Region determined that 49 % of First Nations adults did not complete secondary school. However, this is not the only factor accounting for this phenomenon. It also seems that part of First Nations Cégep or university graduates tend to work off-reserve.

Figure 13. Distribution of communities by percentage of their members who graduated from Cégep or university and working on-reserve.



In several communities, a significant number of Cégep or university graduates work off-reserve (or Crown lands). When not considering education level, the opposite trend can be observed. In a majority of communities, most members (regardless of education level) work on-reserve (or Crown lands). This suggests that communities experience a massive exodus of their members with an academic background.

Figure 14. Distribution of communities by percentage of their employed members working off-reserve (regardless of education)



6.2. Services available in the communities

Table 13 shows the percentage of communities offering various types of services.

Table 13: Services available in the communities

Services	% of communities
Convenience store	100,0%
Gas station	93,8%
Year-round road access	93,8%
Employment services centre	87,5%
Community radio station	81,3%
Handicrafts shop	75,0%
Restaurant or café	56,3%
Year-round access by air, train or boat	56,3%
Grocery store	37,5%
Elders home	37,5%
Ecotourism facilities	31,3%
Bank	25,0%
Campsite	25,0%
Museum	25,0%
Hiking trails	18,8%
Other accommodation (e.g. shelters)	18,8%
Marina	18,8%
Hotel or motel	12,5%
Community TV station	12,5%
Casino	0,0%

7. Education

According to the Royal Commission on Aboriginal Peoples, education is one the main factors to consider in connection with Aboriginal self-government:

“Preparing Aboriginal people to assume the complete range of responsibilities associated with self-governance must be recognized as a top priority in post-secondary education. At this historical juncture, Aboriginal people, governments, educational institutions and professional organizations all have crucial roles in building the capacity of Aboriginal nations and their communities to exercise self-government.”²⁰

According to RHS 2002 – Quebec Region, about half of First Nations adults (49 %) living on reserves did not complete high school.

7.1. Postsecondary education programs

87.5 % of participating communities manage their own postsecondary education program. Those programs mostly consist of scholarships designed to cover tuition fees, books, supplies, and living expenses. According to RHS 2002/03, 6.1 % of First Nations adults graduated from university.

7.2. Education in the communities

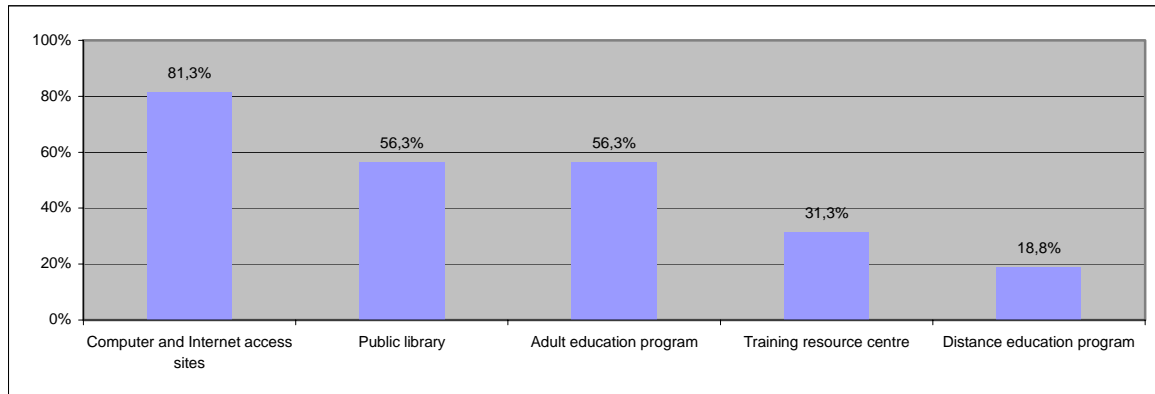
Education services

For most First Nations, pursuing postsecondary education requires leaving their community. This reality is all the more pronounced in isolated communities. It is therefore important to ensure on-reserve education services are available.

²⁰ Canada (1996), Volume 3, section 5.9.

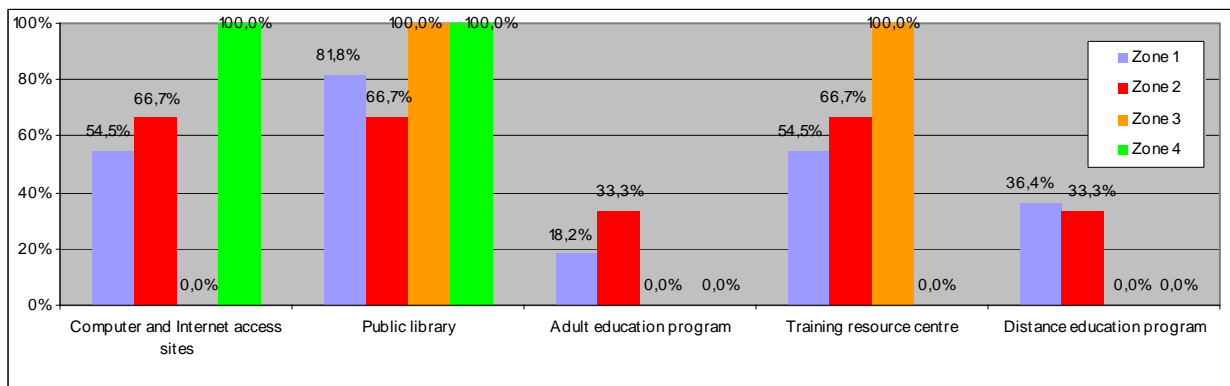
Graph 15 below shows the percentage of communities offering some level of education services.

Figure 15. Communities offering some level of education services



Graph 16 shows that a wider range of services is available in less isolated communities.

Figure 16. Percentage of communities offering some level of education services based on geographic isolation

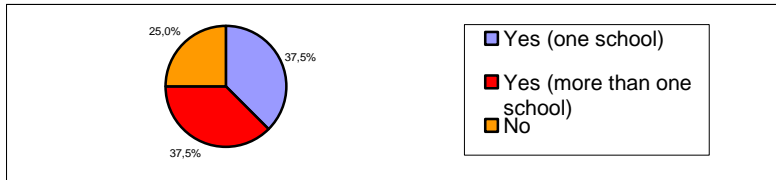


Surprisingly enough, only less isolated communities (zones 1 and 2) offer distance education programs. And yet, isolated communities would greatly benefit from such programs given their geographic situation and related travel issues.

Community schools

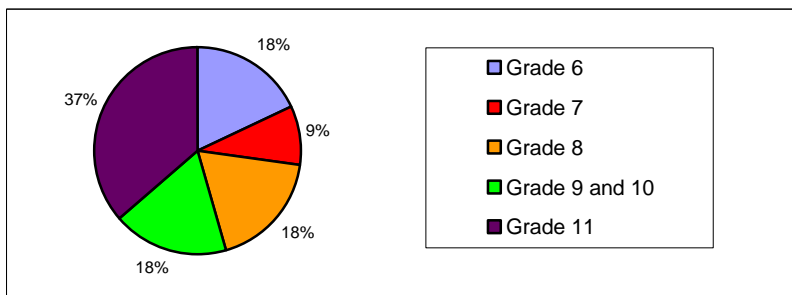
Graph 17 below shows the percentage of communities that have one or several schools.

Figure 17. Communities that have one or several schools



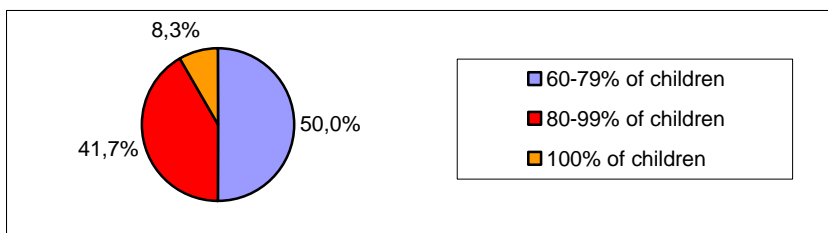
As Graph 17 shows, 25.0 % of communities have no school. All of them are located in zones 1 and 2 and half of them are small-size communities (less than 300 inhabitants). In all cases, community schools are managed and controlled by the community itself.

Figure 18. Distribution of communities that have one or more schools by highest level of education offered



Graph 18 shows it is possible to complete secondary studies in more than one third (36.4 %) of communities that have one or more schools. In the communities that have one or more schools, a large proportion of school age children receive their education on-reserve.

Figure 19. Distribution of communities that have one or more schools by percentage of primary and secondary school-age children registered in on-reserve schools



Community school policies and programs

In addition to being a place where children receive education, school is the best place to teach cultural values and healthy lifestyles. Table 14 shows that healthy lifestyles as well as First Nations languages, culture and traditions are taught in most community schools. In spite of poor nutrition and obesity-related health issues affecting First Nations, it appears that physical education and nutrition are not as widely taught as they should be. In this respect, RHS 2002 determined that 61.8 % of adolescents consumed junk food at least once a day and that 52.3 % of children were overweight or obese.

Table 14: Community school policies and programs

Programs and policies	% of communities*
Healthy lifestyles	100.0 %
First Nations language courses	91.7 %
First Nations cultural programs	91.7 %
Physical activity policy	66.7 %
Breakfast program	58.3 %
Nutrition policy	58.3 %
Lunch program	33.3 %

Note: The above percentages are calculated based on the number of communities that have one or several schools on their territory.

Early childhood and education

Preschool education is the key to a successful future. Among the benefits of early learning is the fact that graduates of early learning programs are less likely to be held back in school, are less likely to need special education, and are more likely to obtain a high school diploma.

Day care services provide a context where preschoolers are given the opportunity to socialize and develop the skills they will need to succeed in school. In addition, parental responsibilities can be a major challenge to parents wishing to continue or resume their studies. In such situations, day care allows parents to pursue their studies.

Table 15: Communities offering early childhood services

Available programs/services	% of communities
Aboriginal Head Start on Reserve	100.0 %
Community day care centre(s)	62.5 %
On-reserve drop-in day care centre	43.8 %
Off-reserve local day care centre	43.8 %
Off-reserve early childhood programs	37.5 %
On-reserve family day care	18.8 %

8. Justice and safety

8.1. Police service

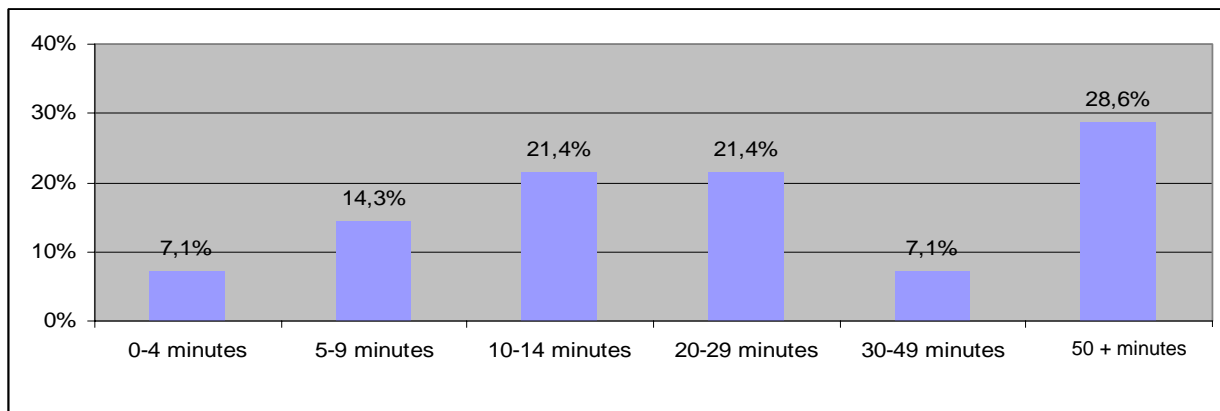
In most communities, police services are delivered by an independent, self-administered police force. In some cases, police services may be provided by neighbouring municipalities, regional Aboriginal police forces, band council police forces, community police forces, provincial (SQ) and federal (RCMP) police forces.

Table 16: Communities receiving police services

Police services delivered by:	% of communities
Independent, self-administered police force (e.g. band constable)	81.3 %
Municipal police force	18.8 %
First Nations collective police force – PTO level	12.5%
First Nations collective police force – Tribal council level	12,5 %
Provincial police force (SQ)	6.3 %
Federal police force (GRC)	6.3 %

Response times vary greatly for off-reserve police services. In less than half of communities (42.8 %), the average response time ranges from 10 to 30 minutes. In a little more than one in four communities (28.6 %), the average response time is 50 minutes or more.

Figure 20. Distribution of communities by response time of off-reserve police services



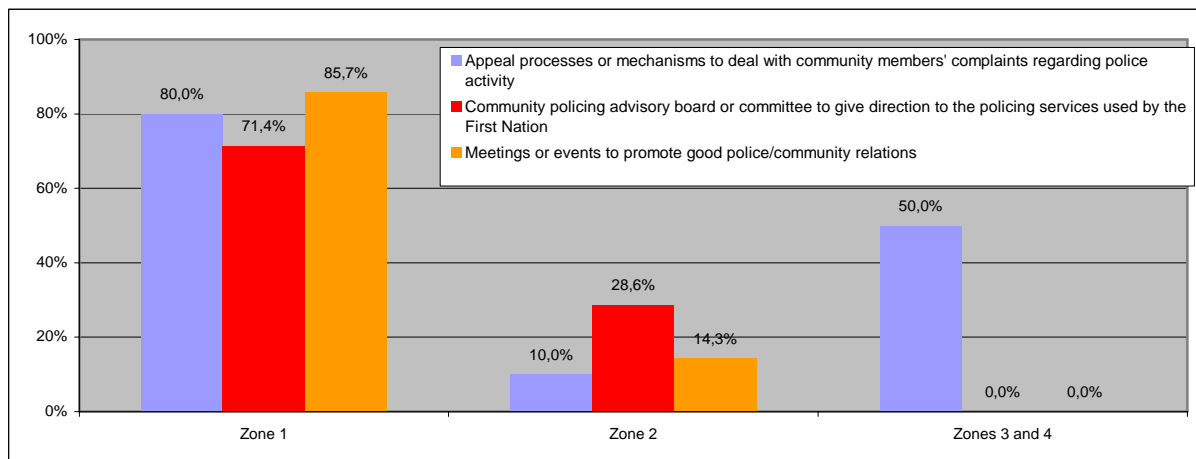
Some communities have established various mechanisms to maintain and promote dialogue between police forces and community members.

Table 17: Communities that have mechanisms in place for promoting good police/community relations

Mechanisms	% of communities
Appeal processes or mechanisms to deal with community members' complaints regarding police activity	62.5 %
Community policing advisory board or committee to give direction to the policing services used by the First Nation	43.8 %
Meetings or events to promote good police/community relations	43.8 %

Graph 21 shows that a larger number of mechanisms for promoting dialogue between police and citizens are in place in less isolated communities.

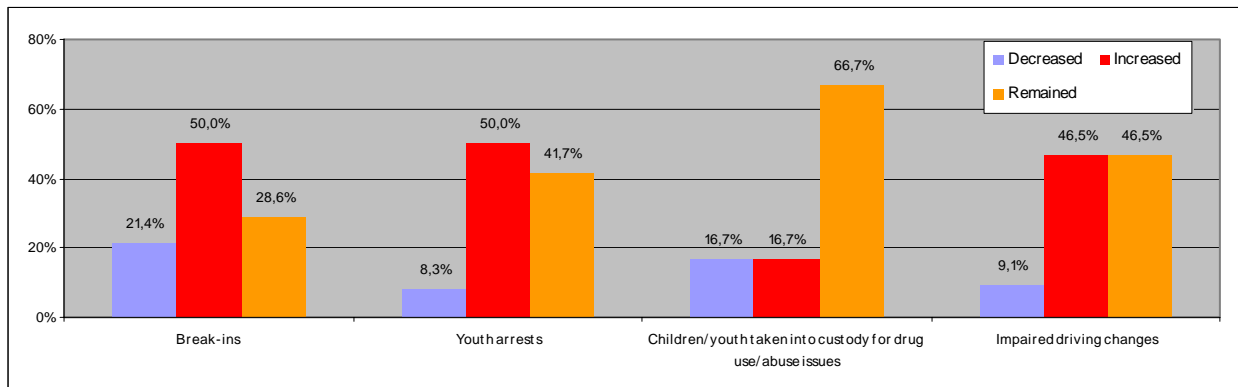
Figure 21. Communities that have mechanisms in place for promoting good police/community relations based on geographic isolation



8.2. Crime in the communities

In most communities, it is estimated that crime remained unchanged or increased over the five years prior to the survey. In about half of communities, it is estimated that the number of break-ins, youth arrests and impaired driving charges have increased. Furthermore, it is estimated that the number of children or youth taken into custody for substance use/abuse issues remained the same in two thirds (66.7 %) of communities.

Figure 22. Distribution of communities by crime rate trends in the 5 years prior to the survey



8.3. Emergency services

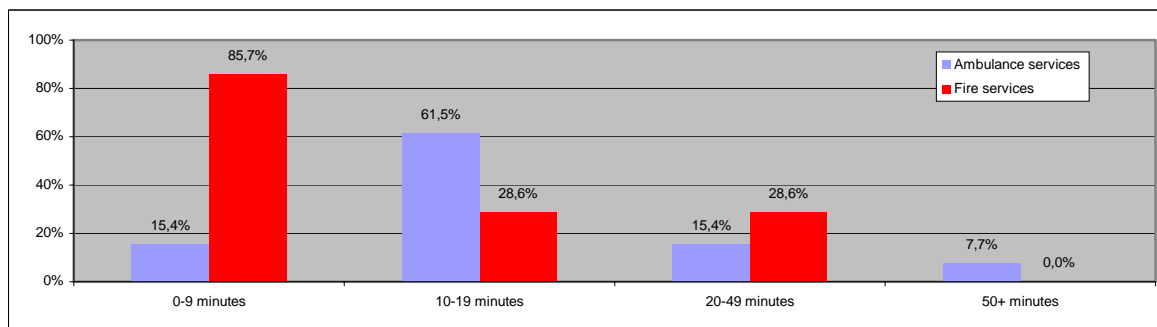
As shown in Table 18, half of communities (50 %) have a fire department with trained staff stationed in the community and 23.1 % have an emergency response team. None of the communities that have an emergency response team indicated that the team was fully trained to handle a wide range of emergencies.

Table 18: Communities where emergency services are available

Emergency services available	% of communities
Fire department with trained staff stationed in the community	50.0 %
Emergency response team	23.1 %
Ambulance services stationed in the community (vehicle and operator, whether by automobile or air ambulance)	12.5 %

Few communities (12.5 %) have ambulance services stationed in the community. Among those that do not have such services, 92.9 % have access to off-reserve ambulance services. 50 % of communities have a fire department. Among those that do not have such services, 87.5 % have access to off-reserve fire services.

Figure 23. Distribution of communities using off-reserve ambulance and fire services by response time



Note: The above percentages are calculated based on the number of communities that do not have local services.

9. Health services

The goal of the Federal Indian Health Policy is to provide First Nations with quality health care.

"In 1979, a new Indian Health Policy was announced. It stated that uninsured benefits would rely upon "professional medical and dental judgment." The policy also recognized the need for community development, a strong relationship between Indian people, the federal government, and the Canadian health system."²¹

The goal of the Federal Indian Health Policy is to achieve an increasing level of health in Indian communities, generated and maintained by the Indian communities themselves. This increasing level of health in Indian communities must be built on three pillars.

1. Community development (socio-economic, cultural and spiritual).
2. The relationship between the federal government and Aboriginals must be strengthened by opening up communication with the Indian people and by encouraging their greater involvement in the planning, budgeting and delivery of health programs.
3. Involvement of the Canadian health system both at the prevention and intervention levels (public health activities on reserves, health promotion, detection and mitigation of hazards to health in the environment, diagnosis and treatment of disease, and rehabilitation of the sick).

9.1. Access to health care

Table 19 shows the percentage of communities that have access to various health services.

Table 19: Available health services

Services available on a daily basis	% of communities	Services available on an occasional basis	% de communautés
Physicians stationed in the community every day	18.8 %	Physicians visiting the community at least weekly	50.0 %
Nurses stationed in the community every day	87.5 %	Nurses visiting the community at least weekly	68.8 %
Dentists stationed in the community every day	25.0 %	Dentists visiting the community at least twice a year	18.8 %
Traditional healers stationed in the community	31.3 %	Traditional healers visiting the community at least twice a year	31.3 %
A community health centre	100.0 %	---	---
A transition home (from hospital to home)	18.8 %	---	---
Seniors home/centre	43.8 %	---	---
---	---	Speech pathologist visiting the community at least every 3 months	12.5 %
---	---	Physiotherapist visiting the community at least every 3 months	6.3 %

All communities have a health centre. While most communities offer daily access to a nurse, only 18.8 % of communities offer daily access to a physician and half of communities (50.0 %) offer weekly access to a physician. One in four communities (25.0 %) offers year-round access to a dentist whereas 18.8 % have access to a visiting dentist at least twice a year.

²¹Health Canada: History of Providing Health Services to First Nations People and Inuit: http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/services_e.html

9.2. Traditional medicine

In nearly one third (31.3 %) of all communities, traditional healing services are accessible through the health centre or community health program.

9.3. Access to hospitals

None of participating communities has a hospital. 64.3 % of communities have access to a hospital within 25 km. For 21.4 % of communities, the nearest hospital is located 100 km or more away. All participating communities except zone 4 communities have year-round road access to a hospital.

9.4. Other health services available

Table 20 shows that substance abuse, diabetes, foetal alcohol spectrum disorder (FASD), HIV/Aids counselling and prevention services as well as home and community care are available in all communities.

Table 20: Available health services

Services	% of communities
Alcohol and drug counselling	100.0 %
Diabetes prevention programs	100.0 %
FASD prevention and awareness	100.0 %
HIV/AIDS awareness and prevention	100.0 %
Home and community care	100.0 %
Mental health counselling	100.0 %
Pre- and post-natal care	93.8 %
Diabetes management programs	81.3 %
Dietitian/nutritionist services	81.3 %
Suicide prevention	81,3%
Alcohol/substance abuse treatment program	62,5%
Smoking cessation program	62.5 %
Alcohol/substance abuse residential treatment facility	37,5%
FASD assessment and diagnosis	31.3 %
Special needs diagnosis and treatment	31.3 %
Mental health treatment program	25.0 %
Mental health treatment facility	6.3 %

Finally, it appears that counselling, prevention and awareness services are much more accessible in the communities than treatment services.

9.5. Physical activity facilities

Health Canada insists that physical activity greatly impacts the health of individuals.

“Physical activity improves health and well-being. It reduces stress, strengthens the heart and lungs, increases energy levels, helps you maintain and achieve a healthy body weight and it improves your outlook on life. (...) Research shows that physical inactivity can cause premature death, chronic disease and disability.”²²

Access to physical activity facilities influences people’s level of physical activity. It can be assumed that individuals are more likely to practice interesting and motivating activities in communities offering various physical activity facilities.

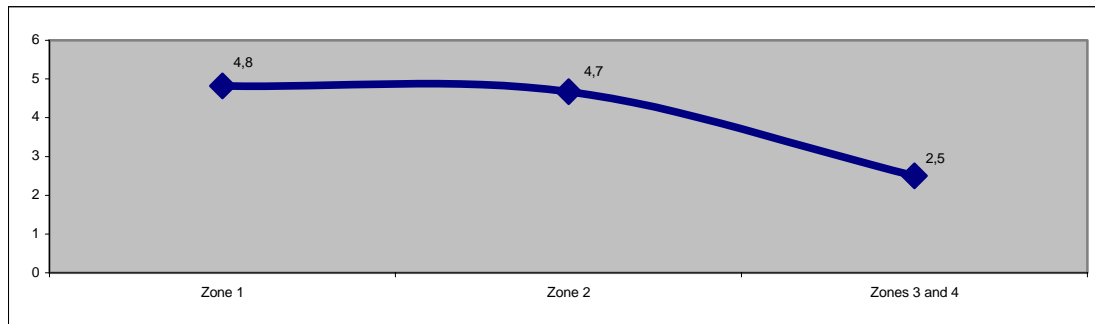
²² Health Canada: http://www.hc-sc.gc.ca/hl-vs/physactiv/index_e.html

Table 21: Available Physical activity facilities

Available facilities	% of communities
Baseball diamond	75.0 %
Indoor/outdoor skating rink	75.0 %
Basketball or volleyball courts	56.3 %
Beach or outdoor swimming area	50.0 %
Canoes, kayaks or paddleboats	50.0 %
Fitness equipment (e.g. treadmills, weights)	43.8 %
Arena	25.0 %
Sports equipment (e.g. archery, lacrosse)	25.0 %
Track for running, walking	18.8 %
Indoor/outdoor swimming pool	18.8 %
Ski equipment/trails	12.5 %
Golf course	0.0 %

In light of the average number of physical activity facilities available in the communities, it appears that the more geographically isolated a community is, the less physical activity facilities are available to its members. As a matter of fact, zone 3 and 4 communities have, on average, half the number of facilities as zone 1 and 2 communities.

Figure 24. Average number of physical activity facilities in the communities according to geographic isolation



Note: The number of facilities in the communities is calculated based on the data provided in Table 21. Due to the small number of participating communities in those regions, zones 3 and 4 were merged.

10. Social services

10.1. Income security

Through its Social Assistance Program, INAC “has engaged in social assistance activities with the broad objective of providing individuals and families with the means to meet basic needs for food, clothing and shelter.”²³ The department's present involvement in social assistance activities is primarily to provide funding to First Nations who in turn deliver programs and services to community members.

The Royal Commission on Aboriginal Peoples and Canada’s Aboriginal Action Plan both emphasized the need to take a new approach to income security programming in the communities. As a result, the Income Security Reform (ISR) initiative was undertaken in 1998 by INAC in partnership with First Nations.

²³ INAC: Social Assistance Program: http://www.ainc-inac.gc.ca/ps/soci_e.html

“The overall objective of the ISR initiative was to transform the on-reserve welfare regime from one of passive support that encourages dependency to a system of integrated programming that promotes self-sufficiency.”²⁴

The goal of the ISR initiative is to “change the on-reserve social assistance program from passive income support to an integrated program that provides greater access to skills development, training and employment opportunities.”²⁵

In Quebec, the ISR resulted among other things in the creation of the *First Nations Income Security Framework Policy*, which gives member communities the opportunity to adjust, to a certain extent, the income security program to local realities and develop community policies. In the case of non-member communities, the program must respect eligibility requirements and schedule determined by the province. In all the communities that participated in the survey, the income security program is administered by the band council. Half (50 %) of communities developed their own income security policies.

In more than half of communities (56.3 %), income security recipients have received benefits for 4 consecutive years or more.

Table 22: Distribution of communities by uninterrupted length of time income security recipients have been receiving benefits

Period	% of communities
4 years and more	56.3 %
2-3 years	0.0 %
18-23 months	6.3 %
7-11 months	6.3 %
4-6 months	6.3 %
Did not answer	25.0 %

10.2. Social services programs and infrastructure

Family violence prevention program for First Nations

The main objective of the Family Violence Prevention Program is to provide necessary funding for the creation and administration of family violence shelters. In addition, the program reimburses costs for shelter services used by First Nations people. Finally, the program is intended to support communities in implementing family violence prevention initiatives and developing local projects.

“INAC’s First Nation Family Violence Prevention Program is one component of Social Policy & Programs, which include Child & Family Services, Social Assistance, Adult Care, the National Child Benefit program and other social services that address individual and family well-being. As part of the 1991-1995 Family Violence Initiative, INAC was provided funds to provide shelter services and family violence prevention projects for First Nations people living on-reserve. When Cabinet authority for funding the original initiative expired in 1995, INAC continued to fund the Family Violence Prevention Program as a priority.”²⁶

Among the communities that participated in the Environmental Health Impact Assessment Survey, 18.8 % have a shelter or transition house for family violence victims and 56.3 % are located within 50 km of such a facility.

²⁴ INAC: Social Assistance Program: http://www.ainc-inac.gc.ca/ps/soci_f.html

²⁵ INAC: Indian and Northern Affairs Canada and Canadian Polar Commission – Performance Report: http://www.ainc-inac.gc.ca/pr/est/pr01_e.pdf

²⁶ INAC: Family Violence Prevention Program for First Nations: http://www.ainc-inac.gc.ca/ps/fvp_e.html

All the communities that have a family violence shelter or transition house are located in zone 1 and all communities that are within 50 km of such a facility are located in zone 1 or 2. It appears that family violence victims living in isolated communities wishing to use such services have to leave their community.

Youth programs and services

While Quebec had 3.6 adults (age 18+) for every minor (0-17 years of age) in 2001²⁷, this ratio was 1.6 adult for every minor in the First Nations communities that participated in RHS. This shows that children and young people aged 0 to 17 years represent a larger proportion of the population in First Nations communities compared with the population of Quebec as a whole. Consequently, the availability of youth programs and services in the communities should not be overlooked. Table 23 shows the percentage of communities offering youth programs and services.

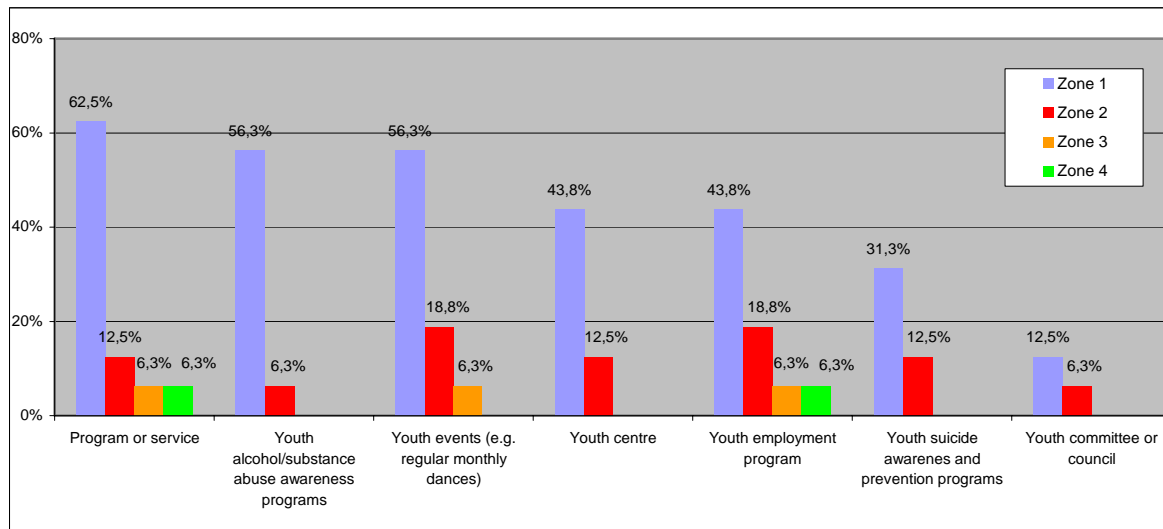
Table 23: Communities offering youth programs and services

Program or service	% of communities
Youth alcohol/substance abuse awareness programs	87.5 %
Youth centre	81.3 %
Youth suicide awareness and prevention programs	75.0 %
Youth events (e.g. regular monthly dances)	62.5 %
Youth employment program	56.3 %
Youth committee or council	43.8 %
Youth mentoring program	18.8 %

As graph 25 shows, communities' level of isolation seems to impact the number of programs and services available to youth. The more isolated the community, the lower the number of programs and services available for youth.

²⁷ Calculated based on data collected by the Institut de la Statistique du Québec (ISQ): http://www.stat.gouv.qc.ca/donstat/societe/demographie/struc_poplt/201-01.htm

Figure 25. Communities offering youth programs and services according to level of geographic isolation



11. Identity issues

Identity can be defined as "a fundamental consciousness of the specificity of the group to which one belongs in terms of ways of living, customs, languages, values, etc."²⁸ Identity is a central issue when it comes to the health and well-being of Aboriginal peoples. As a matter of fact, the loss of identity may result, among other things, in various psychosocial issues. On that subject, Chandler and Lalonde (1998)²⁹ showed that British Columbia First Nations that try to preserve and promote their traditional culture experience fewer suicides than other First Nations.

11.1 Language

According to Dorais, language is a central component of identity. By observing Inuktitut gradually being replaced by English in Inuit communities and studying the impact of this phenomenon on identity, he came to the conclusion that "identity could possibly erode very rapidly without the active and useful presence of the language."³⁰

Table 24: Language services available in First Nations communities

Services	% of communities
Language instruction or immersion in school	68.8 %
Language teacher training	25.0 %
Language instruction or immersion in day care	18.8 %
Adult language classes	12.5 %
Language camps	12.5 %
First Nation staff language use policy	6.3 %

Table 24 shows that the most widely available language services are those intended for children and offered as part of the school curriculum. Aboriginal language instruction or immersion programs are offered in schools in a little more than two thirds of communities (68.8 %). Just over two thirds of communities (68.8 %) offer Aboriginal language instruction or immersion programs as part of the school

²⁸ Dorais, L.-J. (1995)

²⁹ Chandler, M.J, & Lalonde, C, (1998)

³⁰ Dorais, L.-J. (1995), p.304

curriculum. Such programs are the most commonly offered language services in Native communities. A small proportion of communities (12.5 %) offer Aboriginal language programs for adults. Finally, only 6.3 % of communities have an Aboriginal language use policy in place for community staff.

11.2 Culture and spirituality

Just like language and culture, spirituality is a central component of cultural identity. In today's global society, minority cultures are being put to a severe test. With a strong and effective communication network, Western culture imposes itself everywhere. This phenomenon can result in the gradual loss of Aboriginal culture and spirituality.

Table 25: Cultural and spiritual activities offered by the communities

Cultural activities	% of communities
Cultural activities in the community (e.g. Pow wows, feasts, potlatches)	87.5 %
Ceremonial events reflecting the community's spiritual beliefs	62.5 %
Cultural teachings shared with community members and others	50.0 %
Cultural workshops on community history, culture or customs	43.8 %
Cultural centre or facility specifically designated for cultural use	25.0 %

Table 25 shows that several communities offer cultural and ceremonial activities and events. Activities focusing on the transmission of culture appear to be less popular.

11.3 Community members

Population

81.3 % of all communities manage their own membership lists and 37.5 % developed their own membership code.

Children registered under section 6(2) of the *Indian Act*

Since the adoption of Bill C-31 in 1985, Status Indians can be registered under section 6(1) or section 6(2) of the *Indian Act*.

"Pursuant to subsection 6(1), a child is now registered as a Status Indian where both parents of the child are or were entitled to registration at the time of their death. Under subsection 6(2), a child is registered where one parent is or was entitled to registration under Section 6(1) at the time of her/his death. Thus, section 6 translates into a loss of registration after two consecutive generations of out-parenting with non-registered partners."³¹

³¹ Status of Women Canada: Indian Registration: Unrecognized or Unstated Paternity: http://www.swc-cfc.gc.ca/pubs/pubspr/066240842X/200506_066240842X_9_e.html

Table 26: Distribution of communities by proportion of children (aged 15 and under) registered under section 6(2) of the *Indian Act*

Children registered under section 6(2)	% of communities
0 % - 19 %	12.5 %
20 % - 39 %	6.3 %
40 % - 59 %	25.0 %
60 % - 99 %	0.0 %
100 %	25.0 %
Did not answer	31.3 %

In half of communities, 40 % to 100 % of children aged 15 and under are registered under section 6(2) of the *Indian Act*.

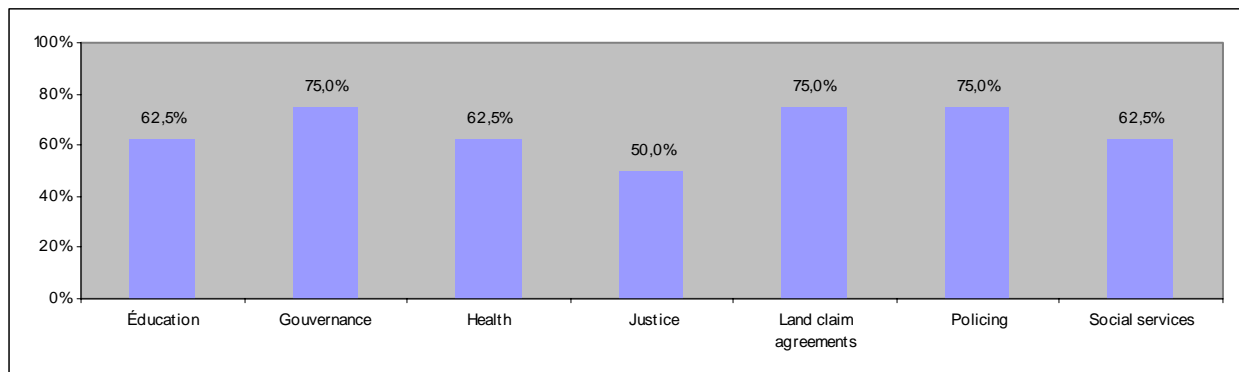
Repatriation of children placed outside the community

Few studies focus on Aboriginal children placed outside their communities. Data shows that family preservation services are less frequently used by Aboriginals than non-Aboriginals. However, according to Blacstock, Trocmé & Bennet (2004), Aboriginal children reported to youth protection services are twice as likely to be placed in foster care as non-Aboriginal children. And yet, 25.0 % of Aboriginal communities are engaged in projects designed to repatriate Aboriginal children who have been removed from their communities by child and family services.

12. First Nations governance

12.1 Self-government

At the time of the survey, half of communities were negotiating self-government agreements for greater control or law-making authority. Graph 26 shows the proportion of communities that are negotiating agreements in various areas.

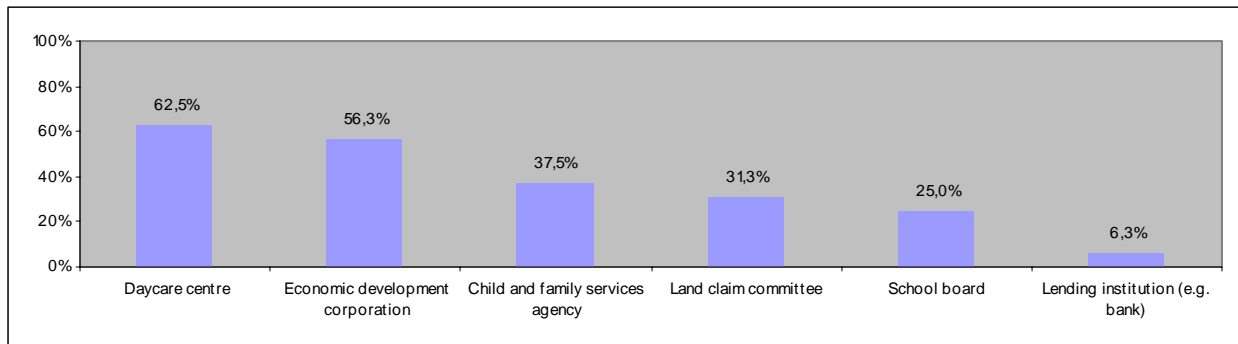
Figure 26. Percentage of communities negotiating self-government agreements in various areas

Note: Percentages provided in this graph are calculated based on the total number of communities negotiating agreements.

12.2 Administration

Of all participating communities, 81.3 % manage and control their own health centre. Graph 27 shows the proportion of communities that delegated governing authority to other organizations.

Figure 27. Communities that designated administrative authorities for governing various organizations



12.3 Information on band council activities

In most communities (93.8 %), the band council provides community members with regular updates on its activities. Nearly half (46.7 %) of these communities provide updates on a monthly basis, 20 % on a bi-monthly or semi-annual annual basis, 13.3 % on an annual basis and 20 % from time to time as required.

To facilitate decision-making, band councils may receive input from various committees on specific issues or groups of individuals living in the community. 50 % of communities have a youth council, 50 % have a women's council and nearly two thirds (62.5 %) have a council of elders.

12.4 Female representation in band councils

On average, band councils have a gender ratio of two women for every five men. In almost every community (93.8 %), the chief is a man.

13. Conclusion

Although the findings of this survey are essentially based on estimates provided by respondents, they draw a rather bleak picture of Quebec First Nations communities.

From several perspectives, First Nations remain in a precarious situation. Although various programs have been implemented to improve living conditions in First Nations communities, there are persistent issues that affect the lives of community members.

Many communities are still facing critical issues that prevent essential needs from being met and resulting in First Nations people living in near third world conditions. For all these reasons, Quebec First Nations community members enjoy a lower quality of life on many levels. Many health and psychosocial issues experienced in the communities can be attributed in part to the deficiencies of the living environment, such as the lack of decent housing, which in turn results in overcrowding and family tensions, poor access to health care and healthy food, which results in poor health conditions, high dependency on income security, which hampers government efforts to promote education and foster economic development, identity issues, which often result in a lack of hope in the future, and so on so forth. These are just a few of the many issues affecting First Nations.

All the issues mentioned above and many others significantly contribute to reduced quality of life in the communities. It is therefore essential to further analyse these issues and identify solutions to address and prevent them.

14. Recommendations

Emergency response

Considering that:

- Only 37.5 % of coordinators received appropriate training.
- Emergency response training has not been offered by INAC since 2005.

We recommend that:

4. INAC provide communities with necessary and sustainable funding to allow them to adequately train their emergency response coordinators.

Drinking water

Considering that:

- 25 % of communities found traces of contaminants in their drinking water.
- 68.7 % of communities have drinking water safety regulations.

We recommend that:

5. INAC's Plan of Action for Drinking Water be continued. It includes:
 - The implementation of the *Protocol for Safe Drinking Water for First Nations Communities*.
 - Mandatory training for all treatment-plant operators and a regime to ensure that all water systems have the oversight of certified operators.
 - Complete specific remedial plans for First Nation communities with serious water issues, starting with the twenty-one communities most at risk.
 - A panel of experts to advise on the appropriate regulatory framework, including new legislation, developed with all partners.
 - A clear commitment to report on progress on a regular basis.

Source: INAC. http://www.ainc-inac.gc.ca/nr/prs/j-a2006/2-02757_e.html

Access to housing

Considering that:

- 31.3 % of all communities have no community housing project despite the dramatic increase in First Nations population.
- 87.5 % of communities have to hold waiting lists for community housing.
- 36.7 % of communities have waiting lists of up to 4 to 6 years for on-reserve housing.

We recommend that:

6. That the AFN's First Nations Housing Action Plan be supported.
7. Measures be implemented for encouraging and supporting housing development initiatives in the communities.

Nutrition

Considering that:

- The average body mass index is higher in communities with poor access to fresh food.
- The average body mass index is higher in communities where the cost of food is higher.

We recommend that:

8. A funding program be established to subsidize the transport of fresh food to isolated communities.
9. Measures be implemented to support community initiatives such as community hunting, community gardens, community greenhouses, community kitchens and food banks.

Employment and education

Considering that:

- Educated Aboriginals tend to live off-reserve.
- 20 % to 40 % of on-reserve jobs are held by non-Aboriginals.

We recommend that:

10. A central, open registration directory of First Nations who have completed academic studies and job opportunities available in First Nations communities and organizations be created.

Distance education

Considering that:

- Isolated (zone 3 and 4) communities do not offer distance education programs.

We recommend that:

1. Communities that do not offer distance education programs be consulted to determine their needs for implementing such a program.

Crime

Considering that:

- Crime is reported to have increased or remained unchanged in most communities over the past 5 years.

We recommend that:

2. Crime prevention be strengthened through community funding from various crime prevention programs and initiatives.
3. Technical support services be made available to assist communities in drafting funding applications.
4. All stakeholders involved in crime prevention and repression in the communities be called upon to identify major crime prevention needs.

Access to health care

Considering that:

- 18.8 % of communities offer daily access to a physician and that 50 % of communities have access to a physician on a weekly basis.

We recommend that:

5. The commitments made at the 2006 First Nations Socioeconomic Forum concerning the development of measures to provide a legal framework to expand the scope of nursing practices in the communities be implemented.

Income security dependency

Considering that:

- 56.3 % of income security recipients have received benefits for 4 consecutive years in more than half of communities.

We recommend that:

6. The First Nations Income Security Framework Policy be promoted in non-member communities.
7. The development of necessary expertise (psychology, social work, counselling and referral, etc.) for implementing the Framework Policy in the communities be encouraged.

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16. *Appendices*

16.1. Invitation letter

First Nations Regional Longitudinal Health Survey 2002/2003

Community questionnaire on the factors impacting First Nations health

QUESTIONNAIRE INFORMATION

The purpose of the questionnaire is to identify the factors impacting the health of First Nations. It is a supplement to the 2002/2003 First Nations Regional Longitudinal Health Survey (FNRLHS). The questionnaire on community factors is designed to supplement FNRLHS data. For instance, the FNRLHS will provide information concerning diabetes and health. The new questionnaire will allow a more in-depth analysis of diabetes information from the FNRLHS, to show whether having a skating rink or hiking trails in the community has an impact on the prevalence of diabetes among community dwellers.

The questionnaire addresses community issues such as environmental problems, education, employment, justice, health and social services programs, etc. The questionnaire is much shorter than the FNRLHS and can be completed by one or several community representatives. Only one questionnaire per participant community is required.

All the data collected using the questionnaire will be kept by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). The data so collected will be subject to the same confidentiality rules as in the FNRLHS.

We are seeking your cooperation to complete the questionnaire. Therefore, we ask you, Health Center Directors, to sign the enclosed memorandum of understanding if you accept to fill out the questionnaire and to send it back to us by fax. If the council adopts a resolution for that purpose, you can but are not required to join a copy of it to the memorandum of understanding. Should you refuse to fill out the questionnaire, please contact Nancy Gros-Louis McHugh, Research Technical Coordinator, at (418) 842-1540 extension 238.

Within the framework of this questionnaire, we will ask you to provide information regarding your community and no personal information, as was the case with the FNRLHS. We also suggest that you contact the people in charge of the various sectors in your community to obtain all the necessary information to complete the questionnaire.

You are kindly requested to send us the completed questionnaire **no later than September 20th, 2005**.

Should you require further information to fill out the questionnaire, please feel free to contact Nancy Gros-Louis McHugh, Research Technical Coordinator, at (418) 842-1540 extension 238.

Memorandum of Understanding

To:

**First Nations of Quebec and Labrador Health and Social Services
Commission
250 Place Michel Laveau
Wendake (Quebec)
G0A 4V0**

*I do hereby declare that the community of _____ accepts to fill
out the community questionnaire on the factors impacting First Nations health within the
framework of the 2002/2003 First Nations Regional Longitudinal Health Survey.*

Health Director

Signature: _____

Date: _____

Band Council/ Representatives

Signature: _____

Date: _____

Please mail or fax the original copy to:

FNQLHSSC
Att: Nancy Gros-Louis Mchugh
250 Place Chef Michel Laveau
Wendake (Quebec)
G0A 4V0

16.2. Questionnaire



SURVEY OF COMMUNITY FACTORS INFLUENCING FIRST NATIONS HEALTH



(For Communities that participated in the 2002-03 First Nations Regional Longitudinal Health Survey-RHS)

INSTRUCTIONS: Mark (X) the answers that apply. *If possible, please answer in reference to your community's situation in July 2003 or (if known) the time when the 2002-03 RHS survey took place in your community.*

I. EXTERNAL ENVIRONMENT

1. Does the community have an **emergency plan**¹: Yes ___ No ___ Unknown ___

IF YES: have community members and residents been made aware of this plan through newsletters or other communications from the community? Yes ___ No ___ Unknown ___

2. Does the community have an **Emergency Coordinator**: Yes ___ No ___ Unknown ___

IF YES: Is the Emergency Coordinator **trained**² for that position Yes ___ No ___ Unknown ___

3. Over the past five years, have **tests been done to monitor for contaminants in:**

a) **the drinking water** within the community territory Yes ___ No ___ Unknown ___

IF YES: have contaminants been found in the drinking water Yes ___ No ___ Unknown ___

IF YES: what kinds of contaminants were found in the drinking water

Specify type(s) _____

b) **the soil** within the community territory Yes ___ No ___ Unknown ___

IF YES: have contaminants been found in the soil Yes ___ No ___ Unknown ___

IF YES: what kinds of contaminants were found in the soil

Specify type(s) _____

c) **the air quality** within the community territory Yes ___ No ___ Unknown ___

IF YES: have contaminants been found in the air Yes ___ No ___ Unknown ___

IF YES: what kinds of contaminants were found in the soil

Specify type(s) _____

¹ Emergency Plans: Through a management accountability framework, regional offices of Indian and Northern Affairs Canada (INAC) provide funding to First Nations to develop emergency plans for preparedness in the event of fire, flooding or other potentially hazardous situations.

² INAC emergency funding also provides for the training of First Nations Emergency Coordinators.

4. Does the community have **bylaws in place to protect:**

- a) the community's **drinking water** Yes__ No__ Unknown__
 b) **the soil** within the community territory (eg. from chemicals, oil or other contaminants) Yes__ No__ Unknown__
 c) the community's **air quality** (eg. from carbon monoxide, sulfur dioxide or other pollutants) Yes__ No__ Unknown__

5. Are **any of the following situated within 100 km** of the community:

- | | |
|---------------------------------|----------------------|
| a chemical factory | Yes__ No__ Unknown__ |
| a coal-fired generating station | Yes__ No__ Unknown__ |
| a hydroelectric power plant | Yes__ No__ Unknown__ |
| a large scale farming operation | Yes__ No__ Unknown__ |
| a mine or quarry | Yes__ No__ Unknown__ |
| a nuclear power plant | Yes__ No__ Unknown__ |
| an oil refinery | Yes__ No__ Unknown__ |
| an oil or gas well | Yes__ No__ Unknown__ |
| an oil or gas pipeline | Yes__ No__ Unknown__ |
| a pulp and paper mill | Yes__ No__ Unknown__ |
| a grain elevator | Yes__ No__ Unknown__ |
| train tracks | Yes__ No__ Unknown__ |
| other (specify)_____ | Yes__ No__ Unknown__ |

6. Over the past five years, has the community experienced **any of the following hazards:**

- | | |
|-------------------|----------------------|
| Chemical leak | Yes__ No__ Unknown__ |
| Earthquake | Yes__ No__ Unknown__ |
| Flooding | Yes__ No__ Unknown__ |
| Forest fire | Yes__ No__ Unknown__ |
| Oil/gas explosion | Yes__ No__ Unknown__ |

7. Does the community have a **water treatment facility or an agreement with an adjacent municipality to treat its water?:** Yes__ No__ Unknown__**IF YES:**

- a) Does it meet the **appropriate federal or provincial/territorial standards?**
 Yes__ No__ Unknown__

IF NO:

- a) Has the community been **lobbying** the government for a water treatment facility?
 Yes__ No__ Unknown__

8. For approximately what part of the last 5 years was the community under a **Boil Water Advisory**?

None of the time ___ 0-24% of the time ___ 25-49% of the time ___
 50-74% of the time ___ 75%-99% of the time ___ 100% of the time ___

II. SHELTER AND INFRASTRUCTURE

1. Does the community have a **community-based housing plan**: Yes ___ No ___ Unknown ___

2. Does the community have **the following**:

Capital to construct new homes- from the band	Yes ___ No ___ Unknown ___
Capital to construct new homes- from banks/lending institutions	Yes ___ No ___ Unknown ___
Capital to construct new homes- from grants	Yes ___ No ___ Unknown ___
Housing construction crews or workers	Yes ___ No ___ Unknown ___
Suitable parcels of land	Yes ___ No ___ Unknown ___
Access to technical expertise	Yes ___ No ___ Unknown ___
Funds for maintenance & repairs	Yes ___ No ___ Unknown ___

3. Is there a **waiting list for housing units** (houses, apartments, etc.) in the community?
 Yes ___ No ___ Unknown ___

IF YES:

a) What **percentage of the adult population is on the waiting list**:

0-9% ___ 10-19% ___ 20-29% ___ 30-39% ___
 40-49% ___ 50-59% ___ 60-69% ___ 70+% ___

b) **How long do people wait for housing** on average:

< 6 months ___ 6 to 11 months ___ 12 to 23 months ___
 2 to 3 years ___ 4 to 6 years ___ 7 to 9 years ___ 10+ years ___

4. Approximately what proportion of **homes in the community have the following services** (mark for each):

a) Proportion of homes with hydro electricity:

0-19% ___ 20-39% ___ 40-59% ___ 60-79% ___ 80-99% ___ 100% ___

b) Proportion of homes with indoor plumbing

0-19% ___ 20-39% ___ 40-59% ___ 60-79% ___ 80-99% ___ 100% ___

c) Proportion of homes with potable drinking water

0-19% ___ 20-39% ___ 40-59% ___ 60-79% ___ 80-99% ___ 100% ___

5. Are most homes in the community **heated by (check one)**:

Gas ___ Oil ___ Propane ___ Electric (baseboards) ___
 Wood burning ___ Other (specify) _____

6. Are the community **roads regularly maintained** according to the formal written standards (federal, provincial, municipal or community)?

Yes ___ No ___ Unknown ___

7. Is the community accessible by:

Road, year-round ___ Winter road only ___ No road in ___

8. Is the community **participating in the following programs to promote energy efficiency and/or the use of alternative energy sources in community's homes**:

Innovative Housing Program (INAC)	Yes ___ No ___ Unknown ___
EnerGuide for New Houses Program (Natural Resources Canada)	Yes ___ No ___ Unknown ___
Other (specify) _____	Yes ___ No ___ Unknown ___

9. **How much does it cost to heat the average home** in the community for a year:

Less than \$500/yr ___ From \$500–\$999/yr ___ From \$1000–\$1499/yr ___
 From \$1500–\$1999/yr ___ From \$2000–\$2999/yr ___ From \$3000–\$3999/yr ___
 \$4000 or more/yr ___

III. FOOD

1. Does the community **promote nutritional education and awareness** on the importance of a healthy diet? Yes ___ No ___ Unknown ___

IF YES:

What **nutritional education and awareness programs** are offered in the community:

Aboriginal Head Start On Reserve (AHSOR)	Yes ___ No ___ Unknown ___
Breastfeeding support groups	Yes ___ No ___ Unknown ___
Canada Prenatal Nutrition Program (CPNP)	Yes ___ No ___ Unknown ___
Community Health Nurse/CHR programs	Yes ___ No ___ Unknown ___
Community Kitchen	Yes ___ No ___ Unknown ___
Diabetes educator programs on nutrition/diet	Yes ___ No ___ Unknown ___
Dietitian or nutritionist programs and services	Yes ___ No ___ Unknown ___
Other (specify) _____	Yes ___ No ___ Unknown ___

2. Where can people living in the community buy fresh store-bought foods? ***(If availability varies through the year, think of the typical situation):***

	In community store daily	In community store at least once a week	In store within 20 km by road	Store 21-100 km away by road	Only by air or > 100 km by road	Don't know
Fresh fruits	[]	[]	[]	[]	[]	[]
Fresh vegetables	[]	[]	[]	[]	[]	[]
Fresh meat	[]	[]	[]	[]	[]	[]

3. ***About how much does it typically cost*** for people living in the community to buy the following items (Either at a local store or from an outside grocery store, whichever is cheaper. If the price fluctuates through the year, estimate the average.):

A loaf of bread	Costs about _____	Not available _____
400 g. of cheddar cheese	Costs about _____	Not available _____
A dozen eggs	Costs about _____	Not available _____
10 kg. bag of flour	Costs about _____	Not available _____
4 liters of milk (3 bags)	Costs about _____	Not available _____
1 kg. jar of peanut butter	Costs about _____	Not available _____
10 lbs. of potatoes	Costs about _____	Not available _____
16–19 fl.oz. can of soup	Costs about _____	Not available _____
6 oz. can of tuna	Costs about _____	Not available _____
5 lbs of sugar	Costs about _____	Not available _____
5 lbs of apples	Costs about _____	Not available _____

4. ***Are the following traditional country foods a) available when in season for hunting or gathering, and b) healthy to eat*** (eg. there are no public health advisories warning against consumption):

Fish	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Caribou	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Deer	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Moose	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Wild rice	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Berries	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Geese	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___
Other (specify)	a) available	Yes___ No ___ Unknown ___	b) healthy	Yes___ No ___ Unknown ___

5. **Does the community have:**

Classes on budget shopping Yes ___ No ___ Unknown ___
 Cooking classes Yes ___ No ___ Unknown ___
 Community garden Yes ___ No ___ Unknown ___
 Community greenhouse Yes ___ No ___ Unknown ___

6. Other than the Northern Air Stage Program (Food Mail Program)³ administered by INAC, has the community made any arrangements for **bulk purchasing of food items** to reduce the cost of food:

Yes ___ No, or not applicable ___ Unknown ___

IV. EMPLOYMENT/ECONOMIC DEVELOPMENT

1. Of **all the jobs in the community**, approximately what proportion are **jobs working for the band council** (ie. working in the band office, the health centre or wherever the band council is the employer):

0–19% of the jobs ___ 20–39% of the jobs ___ 40–59% of the jobs ___
 60–79% of the jobs ___ 80–99% of the jobs ___ 100% of the jobs ___ Don't know ___

2. Of **all the jobs in the community**, approximately what proportion are **filled by people of the community**

0–19% ___ 20–39% ___ 40–59% ___ 60–79% ___ 80–99% ___ 100% ___
 Don't know ___

3. Of those **community members who graduated from college or university in the last five years**, approximately what proportion of them are **now working in the community**. (Note: Count only those who were living in the community just before or during their studies.)

0–19% ___ 20–39% ___ 40–59% ___ 60–79% ___ 80–99% ___ 100% ___
 Don't know ___

4. Of all the **members living in the community who have jobs**, approximately what proportion of them work outside the community:

0–19% ___ 20–39% ___ 40–59% ___ 60–79% ___ 80–99% ___ 100% ___
 Don't know ___

³ INAC administers the Northern Air Stage Program, also known as the Food Mail Program, which reduces the cost of food in isolated communities somewhat by providing funding to Canada Post for transporting nutritious, perishable foods by air.

5. Among those members living in the community but working outside of the community, on average approximately how far do they have to go to get to work (one way)?

0 – 4km ___ 5–9 km ___ 10–19 km ___ 20–29 km ___ 30–49 km ___
 50–69 km ___ 70–89 km ___ 50–69 km ___ Don't know, or impossible to determine ___

6. Does the community have any of the following:

- Bank Yes ___ No ___ Unknown ___
- Campground facility Yes ___ No ___ Unknown ___
- Casino Yes ___ No ___ Unknown ___
- Convenience store Yes ___ No ___ Unknown ___
- Craft store Yes ___ No ___ Unknown ___
- Eco-tourism facility Yes ___ No ___ Unknown ___
- Employment centre/services Yes ___ No ___ Unknown ___
- Grocery store Yes ___ No ___ Unknown ___
- Gas station Yes ___ No ___ Unknown ___
- Hiking, walking trails Yes ___ No ___ Unknown ___
- Hotel or motel Yes ___ No ___ Unknown ___
- Other lodging (eg. Cabins) Yes ___ No ___ Unknown ___
- Marina Yes ___ No ___ Unknown ___
- Museum Yes ___ No ___ Unknown ___
- Restaurant or café Yes ___ No ___ Unknown ___
- Seniors' residence Yes ___ No ___ Unknown ___
- Community radio station Yes ___ No ___ Unknown ___
- Community TV station Yes ___ No ___ Unknown ___
- Year-round road access Yes ___ No ___ Unknown ___
- Year-round access by plane, train or boat Yes ___ No ___ Unknown ___

7. What proportion of the businesses in the community are owned by community members or by the band: (Mark N/A if no businesses)

0–19% ___ 20–39% ___ 40–59% ___ 60–79% ___ 80–99% ___ 100% ___ N/A ___

V. EDUCATION

1. Does the community manage its own post-secondary program? Yes ___ No ___ Unknown ___

IF YES: How many post-secondary students was the community supporting in:

1997–98 ___ 2003–04 ___ N/A ___

2. Does the community have any of the following:

Adult education program Yes ___ No ___ Unknown ___

Computer Internet access site⁴ Yes___ No ___ Unknown ___
 Distance education program Yes___ No ___ Unknown ___
 Library Yes___ No ___ Unknown ___
 Training resource centre Yes___ No ___ Unknown ___

3. Does the community **have a school or schools**:

Yes (one school) ___ Yes (more than one school) ___
 No (no schools, go to question #7) ___ Unknown ___

IF YES, one or more schools: What is the highest grade offered?

Kindergarten only ___ Between Grade 1 to 5 ___ Grade 6 ___
 Grade 7 or 8 ___ Grade 9 ___ Grade 10 or 11 ___
 Grade 12 ___ College/CEGEP ___ Other (specify) _____

4. **What proportion primary and secondary school-age children are enrolled in the community school(s)** (as opposed to in other outside schools):

0–19% ___ 20–39% ___ 40–59% ___ 60–79% ___ 80–99% ___ 100% ___

5. Do(es) the community school(s):

- a) **Include First Nations language instruction** in the curriculum Yes___ No ___ Unknown ___
- b) **Include First Nations culture and traditions** in the curriculum Yes___ No ___ Unknown ___
- c) **Promote healthy living** in the curriculum Yes___ No ___ Unknown ___
- d) **Offer a:**
 - breakfast program Yes___ No ___ Unknown ___
 - lunch program Yes___ No ___ Unknown ___
- e) **Have a policy on:**
 - nutrition Yes___ No ___ Unknown ___
 - physical activity Yes___ No ___ Unknown ___

6. Is the school (or are most of the schools) **controlled and managed by the community?**

Yes___ No ___ Unknown ___

7. Does the **community have**:

Its own daycare centre or centres Yes___ No ___ Unknown ___
 Home daycare in the community Yes___ No ___ Unknown ___
 Aboriginal Head Start in the community Yes___ No ___ Unknown ___
 Pre-school drop-in centre in the community Yes___ No ___ Unknown ___
 Access to local external daycare centre Yes___ No ___ Unknown ___
 Access to local external pre-school programs Yes___ No ___ Unknown ___

VI. JUSTICE, SAFETY AND SECURITY

⁴ Computer internet access sites could include internet cafés, adult learning centres or other public facilities in the community where community members and residents can access the internet.

1. Does the community **receive policing services through (answer yes or no for each):**

An independent, self-managed police authority for the individual community (e.g. band constable) Yes___ No ___ Unknown ___
 First Nations collective police authority: PTO level Yes___ No ___ Unknown ___
 First Nations collective police authority: tribal council level Yes___ No ___ Unknown ___
 Municipal police force Yes___ No ___ Unknown ___
 Provincial or territorial police force Yes___ No ___ Unknown ___
 Federal police force (RCMP) Yes___ No ___ Unknown ___

2. Rank all of the service options listed above in order of **which is used most** (write the numbers from 1 to 6 beside each applicable service - 1 is the service used the most, 6 is the service used the least. If there are only two services, make 1 for the most, 2 for the least used):

Municipal police force ____ Provincial or territorial police force ____
 Federal police force (RCMP) ____ First Nations collective police authority (PTO) ____
 First Nations collective police authority (tribal council) ____
 Individual community police authority ____

3. **Of the police services stationed outside** of the community used by the community (eg. municipal), what is the **average response time to attend to a call in the community (check one):**

0–4 min. ____ 5–9 min. ____ 10–14 min. ____ 15–19 min. ____
 20–29 min. ____ 30–49 min. ____ 50+ min. ____

4. **Over the past five years, have any of the following changed:**

a) The number of **break-ins** in the community?

Fewer break-ins ___ More break-ins ___ No change ___ N/A ___

IF FEWER: Approximately how much less? (check one)

25% less___ 50% less___ 75% less___ 100% (i.e. no break-ins)___

IF MORE: Approximately how much more? (check one)

25% more___ 50% more___ 75% more___ 100% more or higher (at least double)___

b) The number of **youth arrests** in the community?

Fewer youth arrests ___ More youth arrests ___ No change ___ N/A ___

IF FEWER: Approximately how much less? (check one)

25% less ___ 50% less ___ 75% less ___ 100% (i.e. no youth arrests) ___

IF MORE: Approximately how much more? (check one)

25% more ___ 50% more ___ 75% more ___ 100% more or higher (at least double) ___

c) The number of **children or youth placed to substance use/abuse problems?**

Fewer detentions ___ More detentions ___ No change ___ N/A ___

IF FEWER: Approximately how much less? (check one)

25% less ___ 50% less ___ 75% less ___ 100% (i.e. no youth arrests) ___

IF MORE: Approximately how much more? (check one)

25% more ___ 50% more ___ 75% more ___ 100% more or higher (at least double) ___

d) The number of **impaired driving charges** for community members?

Fewer impaired driving charges ___ More impaired driving charges ___
 No change ___ N/A ___

IF FEWER: Approximately how much less? (check one)

25% less ___ 50% less ___ 75% less ___ 100% (i.e. no impaired driving charges) ___

IF MORE: Approximately how much more? (check one)

25% more ___ 50% more ___ 75% more ___ 100% more or higher (at least double) ___

5. Does the community have a **fire department with trained staff stationed:**

Yes ___ No ___ Unknown ___

IF NO:

a) Can the community **access local external fire-fighting services** within 50 km?

Yes ___ No ___ Unknown ___

b) What is the **average response time** for the external fire-fighting service to reach the community?

0-4 min. ___ 5-9 min. ___ 10-14 min. ___ 15-19 min. ___ 20-29 min. ___
 30-49 min. ___ 50+ min. ___

6. Does the community have **ambulance services stationed in the community** (vehicle and operator, whether by automobile or air ambulance):

Yes ___ No ___ Unknown ___

IF NO:

a) Can the community **access external ambulance services** within 50 km?

Yes ___ No ___ Unknown ___

b) What is the **average response time** for the external ambulance service to reach the community?

0 – 4 min.____ 5 – 9 min.____ 10 – 14 min. ____ 15 – 19 min. ____ 20 – 29 min.____
 30 – 49 min.____ 50+ min.____

7. Does the community have its own **Emergency Response Team**: Yes___ No ___ Unknown ___

IF YES:

Is the team fully trained to respond to a wide range of emergencies? Yes___ No ___ Unknown ___

8. **Does the community have:**

A policing advisory board or committee to give direction to the policing services used by the community? Yes___ No ___ Unknown ___

Community meetings or events to promote good police/community relations? Yes___ No ___ Unknown ___

Appeal processes or mechanisms to deal with community members' complaints regarding police activity? Yes___ No ___ Unknown ___

VII. HEALTH SERVICES

1. Does the community have **any of the following (answer yes or no for each)**:

- Physicians stationed in the community every day Yes___ No ___ Unknown ___
- Physicians visiting the community at least weekly Yes___ No ___ Unknown ___
- Nurses stationed in the community every day Yes___ No ___ Unknown ___
- Nurses visiting the community at least weekly Yes___ No ___ Unknown ___
- Physiotherapist visiting the community at least every 3 months Yes___ No ___ Unknown ___
- Speech pathologist visiting the community at least every 3 months Yes___ No ___ Unknown ___
- Dentists stationed in the community every day Yes___ No ___ Unknown ___
- Dentists visiting the community at least twice/year Yes___ No ___ Unknown ___
- Traditional healers stationed in the community Yes___ No ___ Unknown ___
- Traditional healers visiting the community at least twice/yr Yes___ No ___ Unknown ___
- A community health centre Yes___ No ___ Unknown ___
- Transition Home (from hospital to home) Yes___ No ___ Unknown ___
- Senior Residence/Seniors Centre Yes___ No ___ Unknown ___

Comments : _____

2. Are **traditional healing services accessible** through the health centre or community health program? Yes___ No ___ Unknown ___

3. Does the community have a **hospital**: Yes___ No ___ Unknown ___

a) **IF NO**: how close is the nearest hospital:
 0–24 km___ 25–49 km___ 50–74 km___ 75–99 km___ 100+ km___

b) **IF NO**: Is the hospital accessible by:
 Road, year-round _____ Road, part of the year _____ Air only _____

4. **Which of the following health services does the community offer (answer yes or no for each):**

- Alcohol and drug counselling Yes___ No ___ Unknown ___
- Alcohol and drug treatment program Yes___ No ___ Unknown ___
- Alcohol/drug residential treatment facility Yes___ No ___ Unknown ___
- Diabetes prevention programs Yes___ No ___ Unknown ___
- Diabetes management programs Yes___ No ___ Unknown ___
- Dietitian/nutritionist services Yes___ No ___ Unknown ___
- FASD prevention and awareness Yes___ No ___ Unknown ___
- FASD assessment and diagnosis Yes___ No ___ Unknown ___
- HIV/AIDS awareness and prevention Yes___ No ___ Unknown ___
- Suicide prevention Yes___ No ___ Unknown ___
- Home and community care Yes___ No ___ Unknown ___
- Mental health counselling Yes___ No ___ Unknown ___
- Mental health treatment program Yes___ No ___ Unknown ___
- Mental health treatment facility Yes___ No ___ Unknown ___
- Pre- and post-natal care Yes___ No ___ Unknown ___
- Smoking cessation program Yes___ No ___ Unknown ___
- Special needs diagnosis and treatment Yes___ No ___ Unknown ___
- Speech /Language pathologist Yes___ No ___ Unknown ___

Comments : _____

5. Does the community have **the following for community members' use (answer yes or no for each):**

- Arena Yes___ No ___ Unknown ___
- Baseball diamond Yes___ No ___ Unknown ___
- Basketball or volleyball courts Yes___ No ___ Unknown ___
- Beach or outdoor swimming area Yes___ No ___ Unknown ___
- Canoes, kayaks or paddleboats Yes___ No ___ Unknown ___
- Fitness equipment (eg. treadmills, weights) Yes___ No ___ Unknown ___
- Golf course Yes___ No ___ Unknown ___

- Skating rink (indoor or outdoor) Yes___ No ___ Unknown ___
- Ski equipment/trails Yes___ No ___ Unknown ___
- Sports equipment (eg. archery, lacrosse) Yes___ No ___ Unknown ___
- Track for running, walking Yes___ No ___ Unknown ___
- Swimming pool (indoor or outdoor) Yes___ No ___ Unknown ___

Comments : _____

VIII. SOCIAL SERVICES

1. Does the community **administer its own income support programs** (social assistance, welfare, disability support, etc):

Yes___ No ___ Unknown ___

2. Of those community members on income support, approximately **what is the average length of time they receive this support (check one)**:

Less than 1 month ___ 1–3 months ___ 4–6 months ___ 7–11 months ___
 12–17 months ___ 18–23 months ___ 2–3 years ___ 4 years or more ___

3. Has the community developed **its own policies related to income support?**

Yes___ No ___ Unknown ___

4. Is there **a safe care area**, such as a shelter or transition house for victims of violence:
 situated in the community?

Yes___ No ___ Unknown ___

within 50 km of the community?

Yes___ No ___ Unknown ___

5. Does the community have **any of the following**:

- youth centre Yes___ No ___ Unknown ___
- youth committee or council Yes___ No ___ Unknown ___
- youth drug/alcohol awareness programs Yes___ No ___ Unknown ___
- youth employment program Yes___ No ___ Unknown ___
- youth events (eg. regular monthly dances) Yes___ No ___ Unknown ___
- youth mentoring program Yes___ No ___ Unknown ___
- youth suicide awareness and prevention programs Yes___ No ___ Unknown ___

IX. IDENTITY ISSUES

1. Does the community have **any of the following related to First Nations languages**:

Adult language classes Yes___ No ___ Unknown ___

Language camps Yes___ No ___ Unknown ___
 Language instruction or immersion in school Yes___ No ___ Unknown ___
 Language instruction or immersion in day care Yes___ No ___ Unknown ___
 Language teacher training Yes___ No ___ Unknown ___
 Community employee policy on using the language Yes___ No ___ Unknown ___

2. Does the community have **any of the following related to First Nations culture and traditions:**

Ceremonial events reflecting community spiritual beliefs
 Yes___ No ___ Unknown ___

Cultural activities in the community (eg. powwows, feasts, potlatches)
 Yes___ No ___ Unknown ___

Cultural teachings shared with community members and others
 Yes___ No ___ Unknown ___

Cultural workshops on community history, culture or customs
 Yes___ No ___ Unknown ___

Cultural centre or facility specifically designated for cultural use
 Yes___ No ___ Unknown ___

3. Is the Community involved in initiatives to '**repatriate**' children and youth that were **previously adopted out or removed by child and family services** (reconnect them to their original community):

Yes___ No ___ Unknown ___

IF YES: over the last five years, about how many children and youth have been 'repatriated' or are in the process of being 'repatriated':

0-4 ___ 5-9 ___ 10-19 ___ 20-29 ___ 30 or more ___

4. Does the community **manage its own membership list:** Yes___ No ___ Unknown ___

5. Has the community **developed its own membership code?**
 Yes___ No ___ Unknown ___

6. Approximately, what proportion of children (15 yrs and under) now living in the community are designated as **6(2) under the Indian Act**⁵

0 – 19% ___ 20 – 39% ___ 40-59% ___ 60 – 79% ___ 80 – 99% ___ 100%___

⁵ *According to Indian Affairs, a child can be registered under section 6(1) if both their parents are Registered Indians. A child can be registered under 6(2) if one of their parents is registered under Subsection 6(1) and the other lacks Indian status. A child is not entitled to registration if one parent is registered under 6(2) and the other is non-Indian.

X. COMMUNITY GOVERNANCE

1. Is the community Council/government currently **negotiating any self-government agreements** for greater control or lawmaking authority:

Yes ___ No ___ Unknown ___

IF YES: in what sector(s)? Check all that apply:

Education ___ Governance ___ Health ___ Justice ___
 Land claim agreement ___ Policing ___ Social Services ___
 Other ___

2. Does the community **manage and control its own health centre?**

Yes ___ No ___ Unknown ___

3. Has the community Council/government **designated governing authority to any of the following other bodies** within the community (mark yes or no for each):

Child and family service agency	Yes ___ No ___ Unknown ___
Daycare centre	Yes ___ No ___ Unknown ___
Economic development corporation	Yes ___ No ___ Unknown ___
First Nation education authority	Yes ___ No ___ Unknown ___
Land claim board of trustees	Yes ___ No ___ Unknown ___
Lending institution (e.g. bank)	Yes ___ No ___ Unknown ___

4. Does the community Council/government provide members with **regular updates on Chief and Council activity** (e.g. by newsletter):

Yes ___ No ___ Unknown ___

IF YES: are these issued:

Daily ___ Weekly ___ Monthly ___ Every two months ___
 2–5 times/year ___ Once/year ___ From time to time as required ___

5. Does the community Council/government **receive input from any of the following:**

Youth council, committee or group	Yes ___ No ___ Unknown ___
Elders council, committee or group	Yes ___ No ___ Unknown ___
Women's council, committee or group	Yes ___ No ___ Unknown ___

6. At this time, how many the community Council/government councilors /members are **male? How many are female?:**

- a) Number of **male** councillors/government members _____
- b) Number of **female** councillors/government members _____

7. At this time, is the Chief (leader of the community) a woman or man?

Woman __ **Man** __

XI. WRAP-UP QUESTIONS

1. In thinking about all the areas covered in this survey (environment, shelter and infrastructure, food, employment, economic development, education, justice, safety and security, health, social services, identity and governance issues), **which, if any, stand out as the main things that impact community's health?**

2. In **what ways might these be addressed** to help improve Community's health?

3. Can you think of **any other factors that could have a major impact on community's health**, and if so, what are they?

THANK YOU FOR YOUR PARTICIPATION!