

Youth Knowledge Needs Assessment Project Report

2006



Vision

Our strength is our knowledge, and the foundation of healthy people, healthy communities and healthy nations.

Mission

The mission of the First Nations Centre (FNC) is to advance First Nations health knowledge. The FNC will respect First Nations' aspirations for self-determination, distinctiveness and diversity. Working with First Nations, the FNC will create, promote and share health information and research. The FNC will develop tools and processes that assist in building capacity and transferring knowledge.

Background

Since its establishment in 2001, the FNC has conducted several research initiatives to identify First Nations health needs and priorities, including the *First Nations Regional Longitudinal Health Survey (RHS) 2002/03*, the *NAHO Public Opinion Poll on Aboriginal Health and Health Care: What First Nations People Think About their Health and Health Care* (2003), and more recently the *Youth Knowledge Needs Assessment*.

The FNC has determined that by identifying First Nations youth priorities and needs relative to health, the FNC will be more efficient in addressing those needs. By targeting activity in those areas and ensuring that there is adequate health information communicated to First Nations youth, the FNC can effectively address First Nations youth health issues.

Purpose

The purpose of the *Youth Knowledge Needs Assessment* research project was to identify health issues of interest to First Nations youth and determine effective methods of communicating health information. The research consulted with First Nations youth on:

- Health issues/priorities of interest;
- How information would best reach the youth; and,
- Other health related interests such as: health careers and research; traditional medicines and healing practices; and opportunities for cultural programming in their schools.

It is expected that the information gathered will assist the FNC to produce health information resources that are relevant and suitable for First Nations youth.

Methodology

This research project was guided by the following principles:

- First Nations ownership, control, access and possession (OCAP) of research data and information is ensured;
- Privacy and confidentiality of the participants involved is respected;
- Participation is voluntary; and
- Research results are returned to First Nations.

The *Youth Knowledge Needs Assessment* was conducted by the FNC during 2005, was specifically designed for First Nations youth, and was national in scale. Consultations conducted by the FNC with First Nations youth were inclusive of youth residing in both rural and urban areas across Canada.

The FNC contacted 75 schools across Canada, including secondary, post-secondary, and adult learning institutions serving First Nations students. Information clearly outlining the purpose of the project, requests for youth participation, and questionnaires were distributed to the selected institutions. All materials were translated to ensure that Francophone communities could participate in the survey. Each of the participating institutions identified a contact person to coordinate the secure distribution, collection and return of questionnaires to the FNC.

Survey Questionnaire

The self-administering 3-page written questionnaire was concise and took approximately five minutes to complete. The questionnaire was designed to collect both qualitative and quantitative data. The survey included closed-ended questions, simplifying the analysis of data. Completed questionnaires were received at the FNC office by mail and fax. The questionnaire collected the following information:

- Demographics;
- Health information sources;
- Areas of health interest;
- How youth utilize health information;
- Access to cultural information in school;
- General interest in working in a health related career; and,
- General interest in using or learning about traditional medicine and healing practices.

Limitations of the Research:

First, it is important to note that the survey was administered solely through schools. As a result, the findings are limited in scope to First Nations students. Results are not inclusive of First Nations youth who have either completed/graduated/withdrawn/never attended an academic institution or are attending alternative education programs.

The questionnaire allowed respondents to identify their age as ‘29yrs & older’. However, it was later decided that this age category should not be considered as “youth”, so questionnaires from individuals identifying themselves as ‘29 yrs & older’ were not included in the analysis. This resulted in the elimination of 124 from the total 554 questionnaires returned to the FNC.

In addition, the proportion of respondents who reported rural or urban residency (88% and 12% respectively) is not representative of otherwise established First Nations national residency rates. Clearly there was more involvement from academic institution located in rural areas. This may be attributed to the fact that there may be relatively more academic institutions in rural settings offering services primarily to First Nations students. It was originally hoped that there would be representative participation of respondents residing in both rural and urban areas in order to assess differences in the health priorities of these groups. Unfortunately, due to the small proportion of respondents reporting urban residency, there was a lack in justification for conducting a comparative analysis.

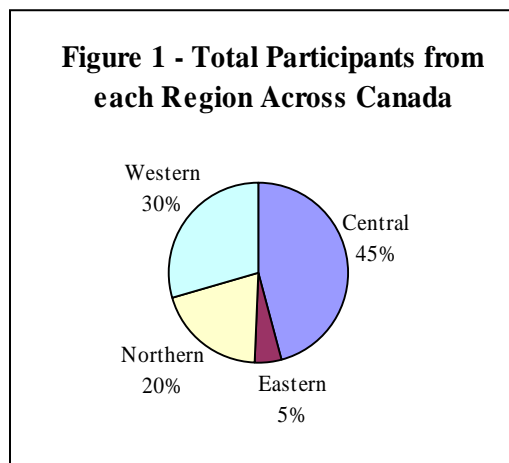
The results produced from administering the *Youth Health Needs Assessment* research project provided a preliminary assessment of the needs and priorities of First Nations youth in regards to health information. However the findings should not be considered fully representative of First Nations youth. In order to achieve a more comprehensive understanding of the collective opinions that First Nations youth have towards health information, a more in-depth and multi-faceted research project would be necessary.

Participant Information

Residency

First Nations students from twenty-five secondary/post-secondary institutions and adult learning centres across Canada participated in the survey (n=430). The proportion of respondents from each region is shown in Figure 1.

The majority of youth reported living in a rural community (88%), while the remainder (12%), reported living in an urban centre.



Western Region: British Columbia, Alberta, Saskatchewan, Manitoba

Central Region: Ontario, Quebec

Eastern Region: Newfoundland, Labrador, Nova Scotia, Prince Edward Island, New Brunswick

Northern Region: Yukon, Northwest Territories, Nunavut

Although 30% of completed questionnaires came from the Western regions, no questionnaires were received from the province of Alberta.

Age & Gender Distribution

Figure 2 shows the age and gender distribution of respondents:

Overall Gender Distribution:

Female respondents – 52%

Male respondents – 48%

Age-Gender Distribution:

Ages 13 & under (n=83)

- 20% Female
- 18% Male

Ages 14-16 (n=188)

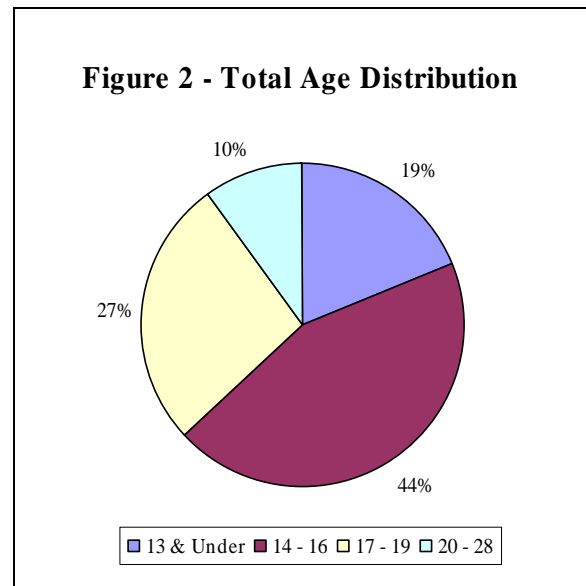
- 20% Female
- 18% Male

Ages 17-19 (n=116)

- 20% Female
- 18% Male

Ages 20-28 (n=43)

- 20% Female
- 18% Male



Findings

Health Information –Sources

Respondents were most likely to consult with parents when seeking information related to health issues. Please note that the survey asked respondents to provide only one answer to this question; 98 responses were eliminated in the findings from this questions due to provision more than one answer. Respondents (n=332) identified the following primary sources for health information:

1. Parents (44.9%);
2. Internet (16.6%);
3. Elders (14.5%);
4. Health Centres (6.3%); and,
5. Peers (5.7%).

There are evident differences in responses between the age groups, suggesting that there may be an identifiable age range when youth stop consulting with their parents for health information. Respondents between the ages of 20-28 were more likely to consult with other sources for health information such as Health Centres.

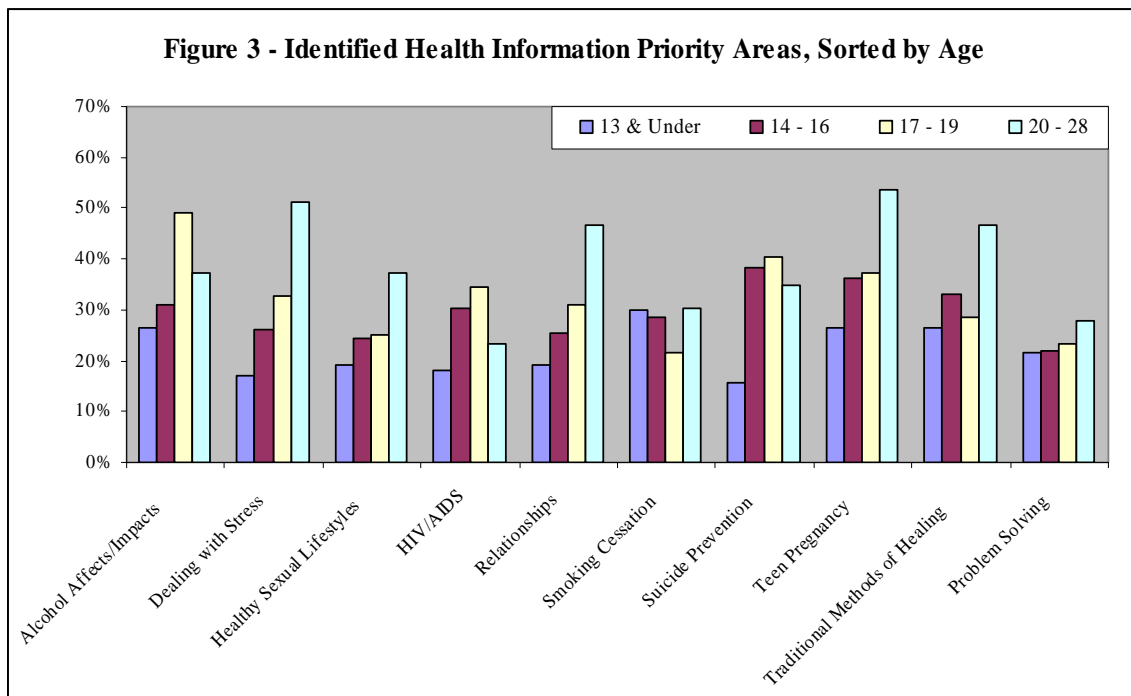
Health Information –Priorities

Respondents (n=430) were requested to identify all areas of interest in regards to health information. Greatest indicated interests in health information were on the following issues:

1. Teen Pregnancy (36.3%);
2. Alcohol Affects/Impacts (35.6%);
3. Suicide Prevention (34.2%);
4. Traditional Methods of Healing (31.9%);
5. Dealing with Stress (28.6%);
6. HIV/AIDS (28.4%);
7. Relationships (27.9%);
8. Smoking Cessation (27.2%);
9. Healthy Sexual Lifestyles (24.9%); and,
10. Problem Solving (22.8%).

The list of interest areas is extensive. In order of most frequently identified to least, other issues include: Child Health & Wellness, Substance Abuse, STD/STIs, Domestic Violence, Parenting Skills, Self-Esteem, Nutrition, Mental Health, Personal Growth, FASD Prevention, Dental, Residential Schools, Chronic Diseases, Hereditary/Genetic Diseases, Dispute Resolution, Resilience, and Other (unidentified) Issues.

Within each age group, different health information areas were identified as priorities. Figure 3 illustrates the interests of individuals within each age group according to issue.



Youth respondents aged 13 & under (n=83) most frequently identified:

- Smoking Cessation (30.1%);
- Alcohol Affects/Impacts (26.5%);
- Traditional Methods of Healing (26.5%); and,
- Teen Pregnancy (26.5%).

Youth respondents between 14-16 years of age (n=188) most frequently identified:

- Suicide Prevention (38.3%);
- Teen Pregnancy (36.2%); and
- Traditional Methods of Healing (33.0%).

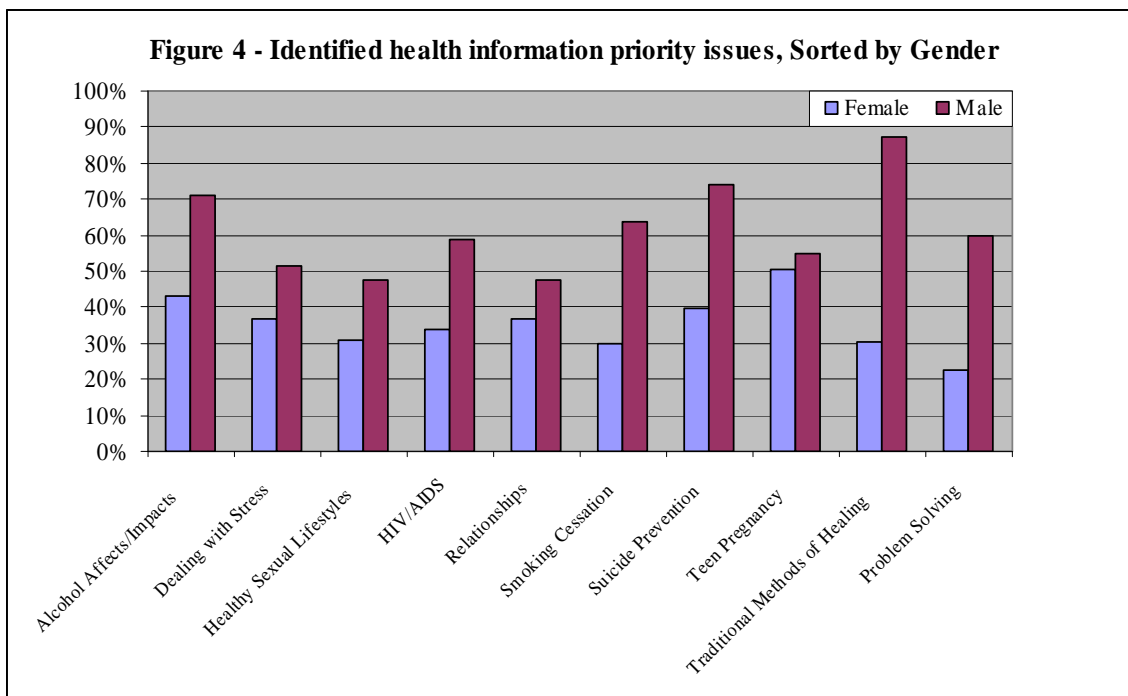
Youth respondents between 17-19 years of age (n=116) most frequently identified:

- Alcohol Affects/Impacts (49.1%);
- Suicide Prevention (40.5%); and,
- Teen Pregnancy (37.1%).

Youth respondents between 20-28 years of age (n=43) most frequently identified:

- Teen Pregnancy (53.5%);
- Parenting Skills (53.5%); and,
- Dealing with Stress (51.2%).

There were also noticeable differences in health information priorities when viewed according to gender, as illustrated in Figure 4. Teen Pregnancy was prioritized by female respondents as their top health issue; while the top issue for male respondents was Traditional Methods of Healing.

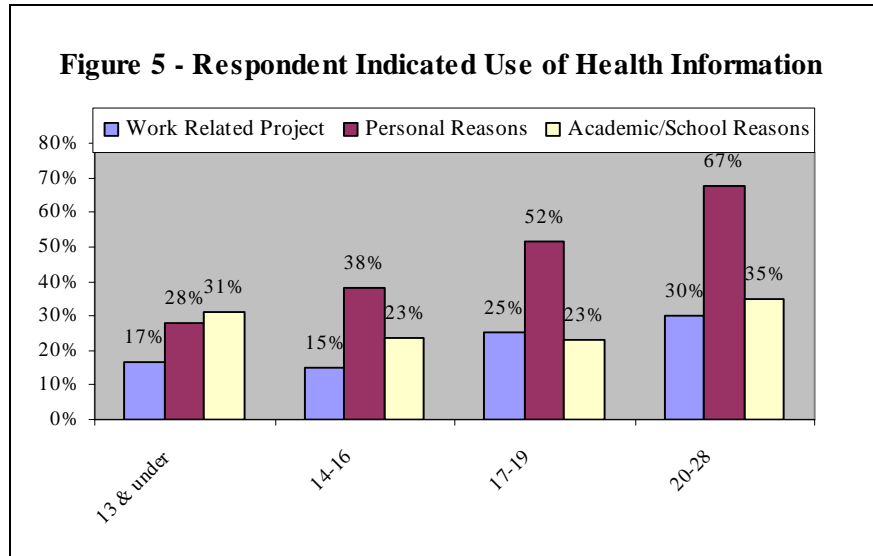


Other issues identified as priority by female respondents include: Alcohol Affects/Impacts, Suicide Prevention, Dealing with Stress and Relationships. Other issues identified as priority by male respondents include: Suicide Prevention, Alcohol Affects/Impacts, Smoking Cessation and Problem Solving.

Use of Health Information

Figure 5 illustrates the reported use of health information by each age group.

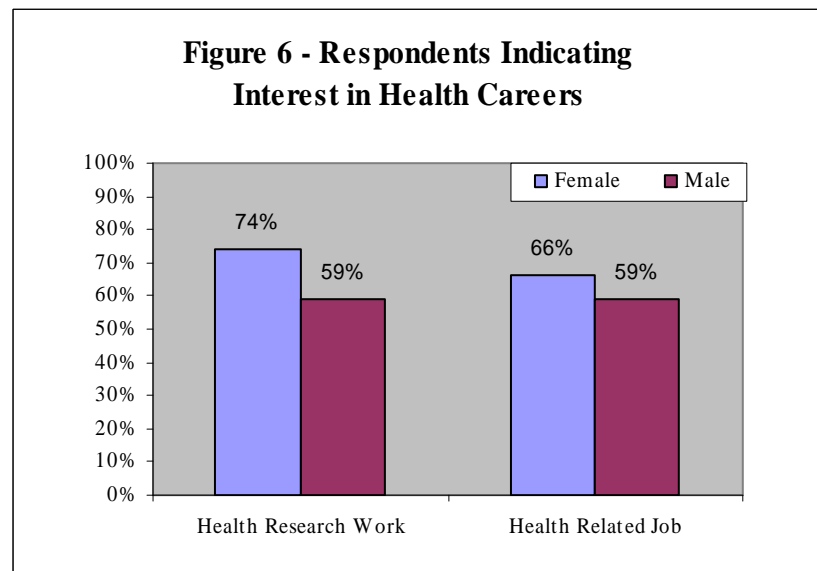
Not illustrated in the chart, 30% of youth respondents reported that they did not know what they would be using the information for and 3% reported that they would use it for other reasons.



Health Careers Information

There was clear indication that respondents (n=430) are interested in employment in the health field as illustrated in Figure 6.

Overall, 66.7% of respondents indicated interest in research work related to health and 62.4% indicated interest in health related employment.



Health Information – Interest in Traditional Medicine and Healing

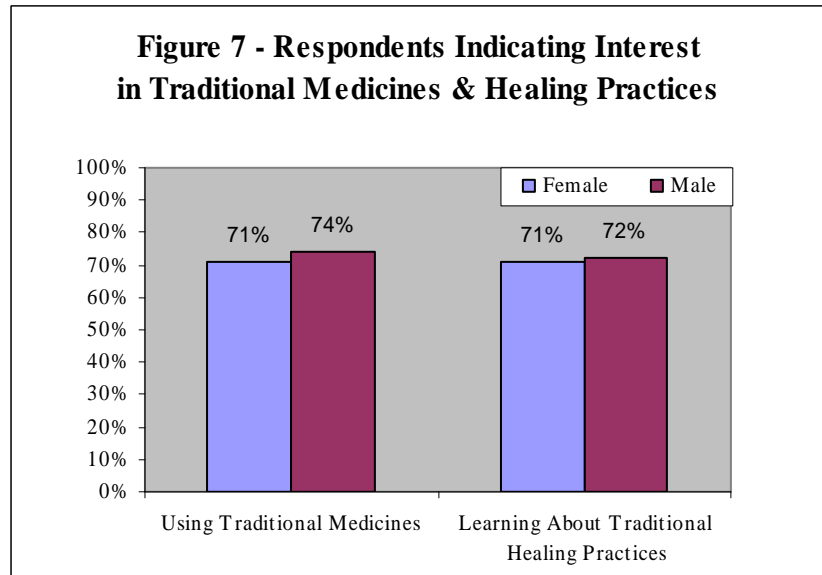
Both male and female respondents (n=430) reported high interest in using traditional medicines and learning about traditional healing practices.

Amongst respondents aged 13 & under (n=83):

- 69% reported interest in using traditional medicines; and,
- 76% reported interest in learning about traditional healing practices.

Amongst respondents aged 14-16 (n=188):

- 66% reported interest in using traditional medicines; and,
- 65 % reported interest in learning about traditional healing practices.



Amongst respondents between the ages of 17-19 (n=116):

- 80 % reported interest in using traditional medicines; and
- 73% reported interest in learning about traditional healing practices.

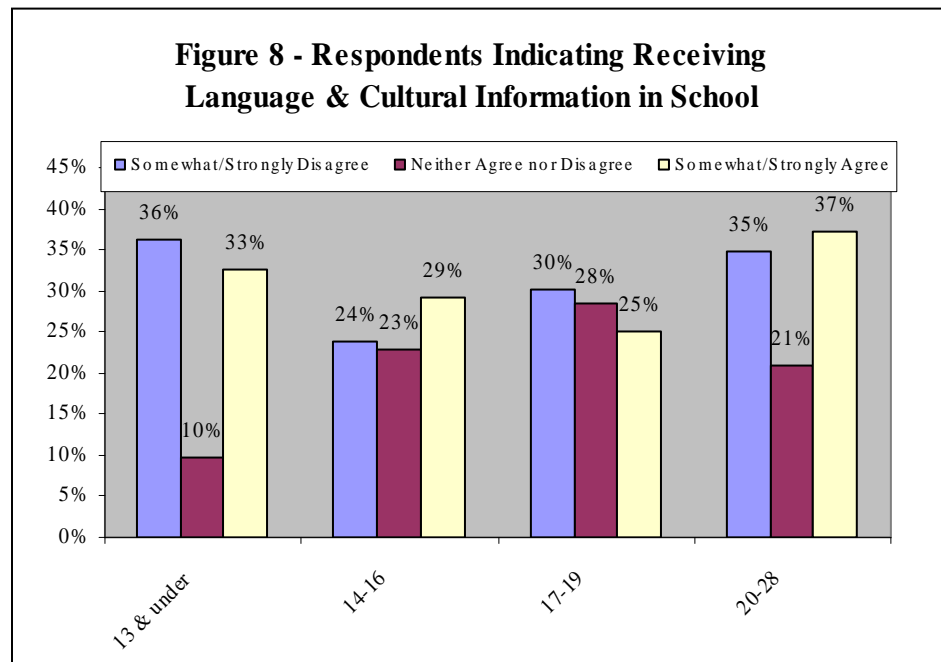
Amongst respondents between the ages of 20-28 (n=43):

- 79% reported interest in using traditional medicines; and
- 90% reported interest in learning about traditional healing practices.

Health Information – Language & Culture in Academic Institutions

Respondents were asked if they agree that they receive adequate language and culture information relative to their overall health and well-being in academic institutions.

Figure 8 shows the responses to this question by age group.

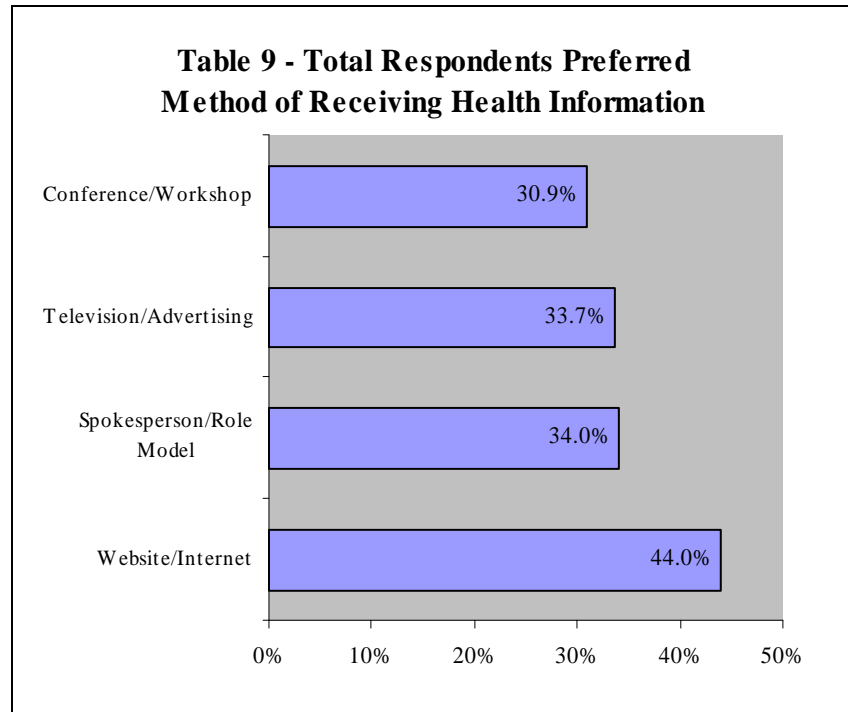


Health Information - Accessibility

The majority of respondents (n=430) clearly identified that their preferred method of receiving health information is through Websites/Internet. The other communications methods prioritized by respondents were Spokesperson/Role Model, Television/Advertising, and Conferences/Workshop.

Other communication methods identified include:

- Television Programs;
- Newspaper and Magazine Advertising;
- Posters and Brochures;
- Newspaper and Magazine Articles;
- Radio Advertising;
- Email, Information Toolkits; and,
- Other (unidentified).



Discussion

The FNC is dedicated to ensuring that First Nations youth have appropriate access to health information that is relevant to their health needs and priorities.

The findings from this project clearly indicate that parents play an integral role in the transmission of health information to youth. Additionally, the Internet and Elders are preferred sources of health information for older youth. This indicates that there may be a need for increased collaboration between parents and Elders in ensuring that First Nations youth have access to technologically framed health information that is culturally appropriate.

The various health issues that respondents identified as priorities for health information and communication indicates that First Nations youth want to be able to make informed choices when faced with health issues. Considering that parents, Elders and the Internet are all primary sources of health information for youth, it appears that it would be advisable to direct health information products toward these important sources of information. Well informed parents, Elders, and other reliable sources of accurate information will support youth in making positive decisions affecting their health.

The findings of the research project also bring attention to another significant issue, the interest that First Nations youth have in traditional medicines and healing. This indicates there is a need for production of information resources in the area of traditional knowledge. Both language and culture play significant roles in the development of a strong sense of identity and self-esteem. Language and culture are viewed as important determinants of First Nations health and well-being.

The need for health information to be communicated through technologically framed approaches is evident in the research findings. The research findings communicate a clear need for an accessible Internet site that centralizes health information on topics that have been identified as priorities for First Nations youth.

Additionally, the findings of this project indicate that First Nations youth also prefer receiving information through role models, media, and conferences. This suggests the need for a national health information strategy which utilizes each of these communication methods in relaying positive health messaging to First Nations Youth.

Recommendations

In order to ensure that the results from the *Youth Knowledge Needs Assessment* are taken into full consideration and acted upon, the First Nations Centre should undertake the following activities:

- Incorporate results from this survey into the FNC - First Nations Children and Youth Health Information Strategy, including guidelines for developing relevant information and methods of communicating information;
- Develop and include a youth-oriented component to the FNC website providing First Nations youth with access to current and relevant health information/resources;
- Further explore and develop fact sheets on the following health topics in relation to youth: Teen Pregnancy, Alcohol Affects/Impacts, Suicide Prevention, Traditional Methods of Healing, Dealing with Stress, HIV/AIDS, Relationships, Smoking Cessation, Healthy Sexual Lifestyles and others identified issues;
- Facilitate an annual forum/workshop for First Nations youth to provide renewed direction in relation to health issues and concerns, and to develop effective youth-based strategies to address those issues;
- Should the FNC deem necessary in the future, facilitate a more extensive research project to compile a comprehensive understanding of the collective perspectives and priorities of First Nations youth in relation to health; and,
- Establish a relationship/partnership with the Assembly of First Nations Youth Council to ensure that FNC youth-related activities are meeting the health priorities and concerns of the youth they represent.

Conclusion

The *Youth Knowledge Needs Assessment* provided an unprecedented opportunity for First Nations youth to identify their health information needs, interests and priorities. This is a step toward ensuring that their health information priorities are being heard, and that actions to address those needs are in progress.

Findings from the *Youth Knowledge Needs Assessment* will provide direction for the FNC in designing information products for First Nations youth that are well suited to their health priorities and communicated in the most effective manner. This will ensure that there is increased access to health information designed for First Nations youth.