



Métis Nation of Alberta



Social Determinants of Health

Métis Nation of Alberta Health and Wellness



Social Determinants of Métis Health

This survey is designed to capture a picture of the social determinants and behavioral risk factors that contribute to Alberta Métis health. “Social determinants” refers to the factors outside of physical health that contribute to the health of the individual (i.e. education, income, support networks, knowledge, housing, etc.). Behavioral risk factors are the behaviors of individuals that may impact personal health (i.e. level of physical activity, smoking, drinking alcohol, etc.)

With the information gathered through this survey, we will have a better idea as to the measures needed to fully address Alberta Métis health, and ensure that health programs, services and policies more appropriately address our health concerns. This survey is completely voluntary and any personal information will be held in confidence in keeping with the requirements of the Federal Protection of Information Act, Federal Privacy Act, and Alberta Personal Information Protection Act. You may stop at any time you wish, without any penalty. All information gathered is confidential and any and all identifying information will be omitted to ensure anonymity.

There are 72 questions in this survey

DATE: _____

Membership

1. Are you a member of the Metis Nation of Alberta?

Please choose **only one** of the following:

- Yes, I have my card: Membership #: _____ *
- No, but I have applied and am awaiting approval
- No (**Do not Continue with this survey**)

*Membership ID number will only be used to ensure that there is no duplication in survey responses and to capture geographical data (i.e. the regions from which participation was gathered)

General Health

2. In general, how would you rate your health?

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor



3. How satisfied are you with your life in general?

Please choose **only one** of the following:

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

4. Chronic disease/illness is defined as lasting longer than 3 months and requiring continuous treatment. Have you been told by a doctor, nurse or other health professional that you have any chronic illness (es)?

- No (please continue to question #7)
- Yes, please specify:

Please choose **all** that apply:

- Cancer (Please answer question #5)
- Stroke
- High Blood Pressure (Hypertension)
- Heart Disease
- Depression
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Diabetes (type 2)
- Diabetes (type 1)
- Other:

5. What type of cancer have you been diagnosed with?

Please choose **all** that apply:

- None OR N/A
- Breast
- Prostate
- Colorectal
- Skin - Melanoma
- Skin - Non-Melanoma
- Other:



6. Do you currently receive treatment for any chronic conditions?

Please choose **only one** of the following:

- Yes
- No

7. Do you have any long term disabilities or handicaps?

Please choose **only one** of the following:

- Yes
- No

8. How would you rate your emotional mental health?

Please choose **only one** of the following:

- Excellent
- Very good
- Good
- Fair
- Poor

Education

9. What is the highest level of education you have attained?

Please choose **only one** of the following:

- Less than High School
- High School diploma
- Certificate or diploma from trade, technical or vocational school
- Bachelor's degree
- Post graduate degree
- Other:



10. Are you currently studying?

Please choose **only one** of the following:

- No
- Yes, please specify:
 - In high school
 - Towards a certificate of diploma
 - Towards a bachelor's degree
 - Towards a doctorate or other post graduate degree

11. If you have not graduated from high school, please provide the main reason as to why. If you have graduated from high school, please select "Not applicable". If you have received a GED, please answer this question.

Please choose **only one** of the following:

- Wanted to work
- Had to work
- Bored with school
- School courses too hard/poor results
- Pregnancy/taking care of children
- Problems at home
- To help at home
- No school available/accessible
- Not applicable (I graduated from High School)
- Other:

Employment

Here you will be asked to provide details regarding your current employment status.

12. Are you currently employed?

Please choose **only one** of the following:

- Yes, full-time (please continue to question #13)
- Yes, part-time (please continue to question #13)
- No (please continue to question #15)



13. Do you feel safe at your place of work?

Please choose **only one** of the following:

- Always
- Most of the time
- Some of the time
- Rarely
- Not at all

14. Overall, how satisfied are you with the work you currently have?

Please choose **only one** of the following:

- Very
- Satisfied
- Somewhat
- Dissatisfied
- Very dissatisfied

15. For what reason are you currently not employed?

Please choose **only one** of the following:

- Retired
- Cannot find work
- Worker's Compensation/Injured
- Health related unemployment
- Do not need to work
- Caring for my children full-time
- Caring for a relative full-time
- Prefer not to answer
- Other:



Food Access and Diet

This section will ask questions about the affordability and accessibility of healthy foods.

16. In the past 12 months, would you describe your diet as being:

Please choose **only one** of the following:

- Very healthy
- Healthy
- Somewhat healthy
- Unhealthy
- Fairly unhealthy
- Very unhealthy

17. In the past 12 months, did your household not eat the quality or variety of foods that you wanted to because of a lack of money?

Please choose **only one** of the following:

- Most of the time we did not have the variety and quality of food we desired
- Some of the time we did not have the variety and quality of food we desired
- Rarely did we not have the variety and quality of food we desired
- We always had the variety and quality of food we desired

18. In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

Please choose **only one** of the following:

- Yes, I did not eat at times
- No, I always had food when we needed it



19. In the past 12 months did you or anyone in your household have problems shopping for food for any of the following reasons?

Please choose **all** that apply:

- Stores too far away
- Transportation not available
- No money for transportation
- No money for food/groceries
- Food in the grocery store was low quality
- No problems at all
- Other:

20. Do you grow your own fruits and/or vegetables?

Please choose **only one** of the following:

- Yes
- No

21. Do you exercise your harvesting rights? Harvesting rights activities include hunting, fishing, trapping and plants harvesting activities undertaken for food.

Please choose **only one** of the following:

- Yes
- No

22. How would you rate your cooking skills?

Please choose **only one** of the following:

- Excellent
- Above average
- Average
- Below average
- Weak



Housing

Please answer the following questions regarding your current housing situation.

23. Which of the following best describes your current living situation?

Please choose **only one** of the following:

- Rent
- Own
- Living with family/friends without rent
- Other:

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

Please choose **only one** of the following:

- 1
- 2
- 3-5
- 6-7
- 8-9
- 10 or more

25. What type of dwelling do you live in?

Please choose **only one** of the following:

- Single detached
- Double
- Duplex
- Row housing
- Low rise (Less than 5 stories)
- High rise (5 or more stories)
- Institution (correctional, medical)
- Dormitory
- Hotel, lodging house
- Mobile home
- Other



26. Which statement(s) describe(s) your housing conditions?

Please choose **all** that apply:

- In good condition
- In need of minor repairs
- In need of major repairs
- Home has mold
- Other:

27. Approximately what percentage of your income goes to your rent/mortgage or other lodging expenses?

Please choose **only one** of the following:

- Less than 10%
- 10 - 20%
- 21-30%
- 31-40%
- 41-50%
- More than 50%
- Unsure

Social Environment and Social Network

The following questions will be about your experiences in interacting with others and your social network.

28. Do you ever feel discriminated against?

- No
- Yes. Based on what reasons? Please choose **all** that apply:

- Ethnicity/Race
- Language
- Education level
- Financial situation
- Substance abuse
- Disability
- Other:



29. Do you have close friends or relatives that you can rely on in a crisis situation?

Please choose **only one** of the following:

- Yes
- No

30. Do you have someone in your life that you can count on for advice or support in a time of need, and that you can reach at a moment's notice?

Please choose **only one** of the following:

- Yes, I do have someone I could count on
- Yes, but I cannot reach them, or they could not be with me, at a moment's notice
- No, I do not have a person to count on

31. Is there someone in your life that makes you feel loved and cared for?

Please choose **only one** of the following:

- Yes, I do have someone that makes me feel loved and cared for
- No, I do not feel loved or cared for
- No, but I do not feel uncared for or unloved

32. How would you describe your sense of belonging to your local community?

Please choose **only one** of the following:

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak



Health Care Services Access

Please answer the following questions regarding your access to health care services.

33. In the past year (12 months) have you visited or talked to a health care professional?

- No
 Yes. Please choose **all** that apply:

- General practitioner
 Eye Doctor (Optometrist or ophthalmologist)
 Surgeon
 Neurologist
 Specialist
 Nurse
 Dentist
 Physiotherapist
 Psychologist/counselor
 Other:

34. Do you have a regular medical doctor?

Please choose **only one** of the following:

- Yes
 No. Please choose **only one** of the following reasons that best describes why you do not have a regular medical doctor:
- No medical doctors available in the area
 - Medical doctors in the area are not taking new patients
 - Have not tried to contact one
 - Had a medical doctor who left or retired
 - Bad experiences with medical professionals in the past
 - Other:

35. Have you ever seen an aboriginal healer for your healthcare needs?

Please choose **only one** of the following:

- Yes
 No



36. In the past 12 months, was there ever a time that you needed health care and didn't receive it?

Please choose **only one** of the following:

- No
- Yes. Please choose **all** the reason why you did not receive the care that you needed:
- The closest health care centre is too far to travel.
 - I do not feel satisfied with the care I have received in the past.
 - I do not want to look for health care.
 - Other:

37. Were any of your family members ever students at a Federal Residential School, a Federal industrial school or day school?

- No
- Yes. Please choose **all** that apply:
- Grandmothers
 - Grandfathers
 - Mother
 - Father
 - Current spouse or partner
 - Brothers or sisters
 - Aunts or uncles
 - Other relatives
 - No
 - Prefer not to answer

38. Were you ever a student at a Federal residential school, industrial school or day school?

Please choose **only one** of the following:

- Yes
- No
- Do not know
- Prefer not to answer



Physical Activity

The Canadian physical activity guidelines recommend that adults aged 18-64 years should accumulate 2 hours and 30 minutes of moderate to vigorous aerobic physical activity per week in bouts of 20 minutes or more at a time.

39. Did you participate in moderate or vigorous physical activities over the past 3 months?

- No
- Yes. Please choose **all** that apply:
- Walking
 - Gardening or yard work
 - Swimming
 - Bicycling
 - Dance
 - Home Exercises
 - Ice hockey or ball hockey
 - In-line skating or rollerblading
 - Jogging or running
 - Golfing
 - Exercise classes or aerobics
 - Downhill or cross country skiing, snowboarding
 - Bowling
 - Baseball/Softball
 - Tennis
 - Weight-training
 - Fishing
 - Volleyball
 - Basketball
 - Soccer
 - Hunting
 - Other:

40. How much physical activity do you get per week?

Please choose **only one** of the following:

- Almost none or very little
- Less than 2 hours and 30 minutes
- 2.5 to 4 hours (go to question 42)
- 4 - 7 hours (go to question 42)
- More than 7 hours (go to question 42)



41. What is the main reason that you are not getting the recommended 2.5 hours of moderate to vigorous activity per week?

Please choose **only one** of the following:

- Not enough time
- Not enough money
- No recreation facility or organized sports available
- Do not know how to get more active
- Do not think it is important
- Do not want to be more active
- Limited physical mobility
- Other:

42. In an average week, how much time do you spend on a computer or watching TV? This should include time at school or work.

Please choose **only one** of the following:

- Less than 7 hours
- 7 - 21 hours
- 22 - 36 hours
- 37 - 50 hours
- More than 50 hours

Health Behaviors

43. Not counting juice, how many servings of fruits and vegetables do you eat per day? 1 serving is defined as a half cup or 1 medium fruit.

Please choose **only one** of the following:

- Less than 1 serving
- 1-3 servings
- 4-5 servings
- 5 or more servings



44. Generally, do you feel that your diet is:

Please choose **only one** of the following:

- Extremely healthy
- Very healthy
- Somewhat healthy
- Somewhat unhealthy
- Very unhealthy
- Extremely unhealthy

45. Not counting yourself, does anyone habitually smoke inside your home?

Please choose **only one** of the following:

- Yes
- No

46. Do you currently smoke?

Please choose **only one** of the following:

- Daily
- Occasionally
- No, I quit. (go to question #51)
- I have never smoked. (go to question #52)

47. Do you habitually smoke inside your home?

Please choose **only one** of the following:

- Yes
- No

48. How many cigarettes a day do you smoke?

Please choose **only one** of the following:

- 5 or less
- 6 - 10
- 11 - 15
- 16 - 25
- More than 25



49. How long have you been a smoker?

Please choose **only one** of the following:

- Less than 1 year
- 1 - 3 years
- 3 - 6 years
- 6 - 10 years
- 10 - 15 years
- 15 - 20 years
- More than 20 years

50. Have you ever tried to quit smoking?

Please choose **only one** of the following:

- Yes, and restarted
- No (go to question # 52)

51. Why did you quit or try to quit smoking?

Please choose **all** that apply:

- It was affecting my health
- Cost
- Social/Family pressures
- Athletic activities
- Pregnancy
- Smoking restrictions
- Doctor's advice
- Effect of second-hand smoke on others (social conscience)
- Other:

52. Do you use chewing tobacco or snuff?

Please choose **only one** of the following:

- Daily
- Occasionally
- I have quit (got to question #55)
- Never (go to question #56)



53. How long have you used chewing tobacco?

Please choose **only one** of the following:

- Less than 1 year
- 1 - 3 years
- 3 - 6 years
- 6 - 10 years
- 10 - 15 years
- 15 - 20 years
- More than 20 years

54. Have you ever tried to quit using chewing tobacco?

Please choose **only one** of the following:

- Yes, and restarted
- No (go to question #56)

55. Why did you quit or try to quit using chewing tobacco?

Please choose **all** that apply:

- It was affecting my health
- Cost
- Social/Family pressures
- Athletic activities
- Pregnancy
- Doctor's advice
- Other:

56. How often do you currently drink?

Please choose **only one** of the following:

- Never (please continue to question #60)
- Less than once per week
- Once or twice per week
- Three to four times per week
- Five to six times per week
- Seven times per week or more



57. How many drinks do you have on each occasion?

Please choose **only one** of the following:

- One or two
- Three or four
- Five or six
- Seven or more

58. Have you ever tried to cut down or quit drinking?

Please choose **only one** of the following:

- No (Please go to question #60)
- Yes, and succeeded
- Yes, and restarted

59. For what reason(s) have you tried to cut down on or quit drinking alcohol?

Please choose **all** that apply:

- It was affecting my health.
- Cost
- It was affecting my relationships (Family, spouse, friends, work)
- Pregnancy
- Social/family pressure
- Personal choice
- Other:

60. Do you regularly use any recreational drugs? Recreational drugs include the use of marijuana and its derivatives and pills.

Please choose **only one** of the following:

- Yes
- No
- I used to
- Prefer not to answer



61. On average, how long do you sleep every 24 hours?

Please choose **only one** of the following:

- Under 2 hours
- 2-3
- 4-5
- 6-7
- 8-9
- 10-12
- More than 12

62. Overall, how would you rate your sleep quality?

Please choose **only one** of the following:

- Excellent
- Good
- Satisfactory
- Poor
- Very poor

63. Thinking about the amount of stress in your life, would you say most days are:

Please choose **only one** of the following:

- ...not at all stressful (please continue to question #65)
- ... not very stressful
- ... a bit stressful
- ... quite a bit stressful
- ... extremely stressful



64. Thinking about your stress in your day-to-day life, what would you say are the factors contributing to feelings of stress you may have?

Please choose **all** that apply:

- Time pressures/not enough time
- Own physical health problem or condition
- Own emotional or mental health problem or condition
- Financial situation (e.g. not enough money, debt)
- Own work situation (e.g. hours of work, working conditions)
- Caring for - own child
- Caring for others
- Other personal or family responsibilities
- Personal relationships
- Personal or family safety
- Health of family members
- Nothing
- Other:

65. Compared to a year ago, how would you say your health is now?

Please choose **only one** of the following:

- Much better
- Somewhat better
- Same
- Somewhat worse
- Much worse



66. In the past year, have you made any changes in your lifestyle that have positively impacted your health?

- No
 Yes. Please choose **all** that apply:

- Eating healthier
- Stopping smoking
- Stopping drinking
- Reduced smoking
- Reduced drinking
- More physical activity
- Lost weight
- Received medical treatment
- Less stress
- Other:

67. In the past year have you made any changes in your lifestyle that have negatively impacted your health?

- No
 Yes. Please choose **all** that apply:

- Eating worse
- Smoking
- Drinking
- Less physical activity
- More stress
- Other:



Demographics

This section will capture a sense of the demographics of participants in the survey.

68. Which of the following best describes the area where you live?

Please choose **only one** of the following:

- Large City (population over 100,000)
- Medium City (50,000- 100,000)
- Small city (10,000 - 49,999)
- Town (2,000 - 9,999)
- Rural (<2,000 population)

69. Which age category below contains your age?

Please choose **only one** of the following:

- 17 or younger
- 18 - 20
- 21 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 - 79
- 80 - 89
- 90 +

70. What is your gender?

Please choose **only one** of the following:

- Male
- Female
- Prefer to not disclose
- Other:



71. What is your annual household income? (the combined income, before taxes, of all people over 15 years of age living in your house)

Please choose **only one** of the following:

- Under \$20,000
- \$20,000 - \$30,000
- \$30,001 - \$50,000
- \$50,001 - \$70,000
- \$70,001 - \$90,000
- \$90,001 - \$100,00
- Over \$100,000

72. In the past 12 months, from which of the following sources is the majority of your household income derived?

Please choose **only one** of the following:

- Employment income (including self-employment)
- Pension plan or Old Age Security
- Dividends and interest or bonds, deposits, savings, stocks, etc.
- Social Assistance
- Guaranteed Income Supplement
- Other:

Thank you for contributing to the betterment of all Alberta Métis people through your participation in this survey; your participation is necessary in order to create the programs and services to better serve the Nation.

Please submit your survey to an MNA representative when completed.



Thank you for your participation!
It is greatly appreciated.

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