



**Skwxwú7mesh  
Úxwumíxw**

Squamish Nation



# **Eshíhkw'íws Chet**

We are all related

**March 28, 2023**

Data Report:  
Our Health and Wellness

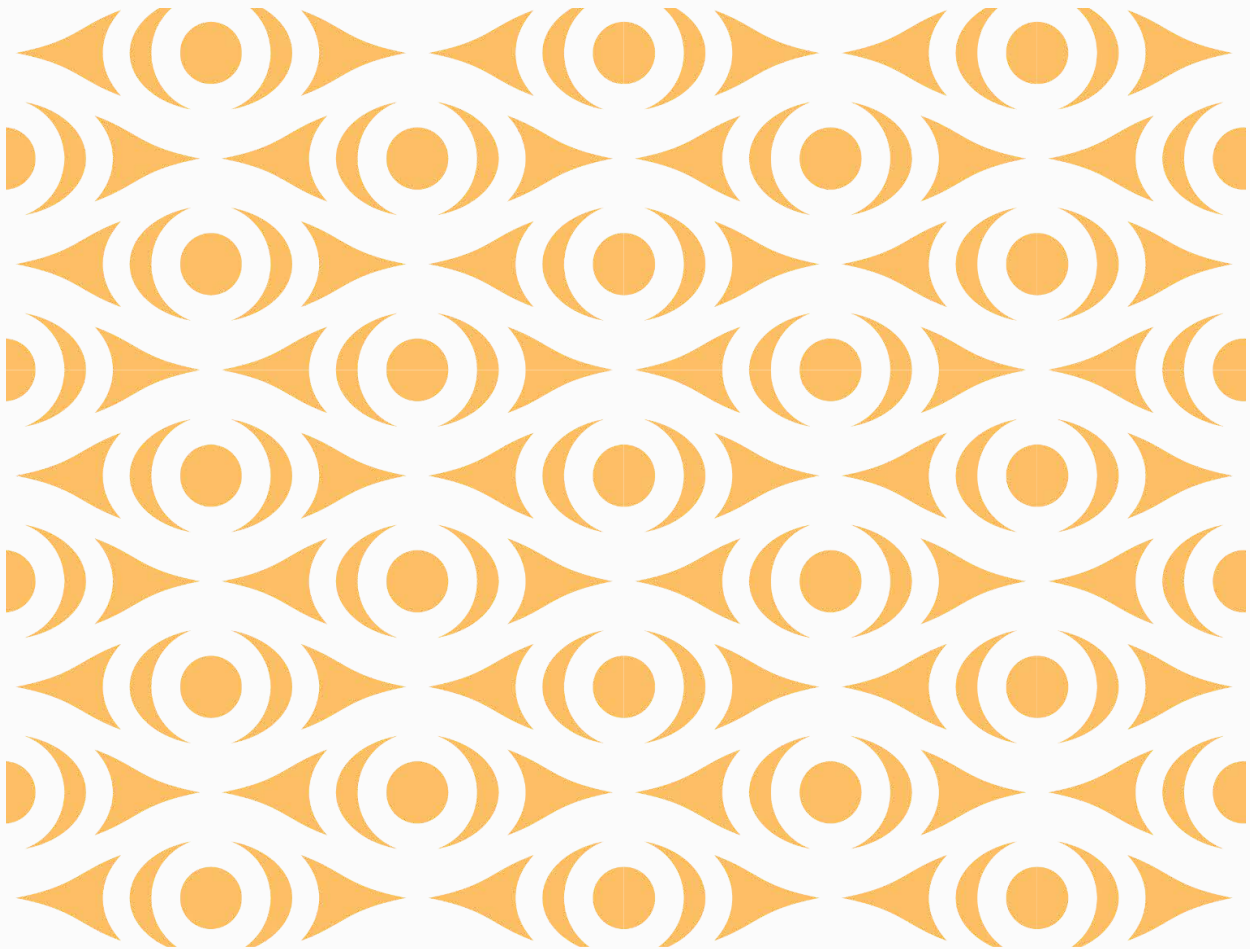
A census of the Skwxwú7mesh Úxwumíxw

Produced by Big River Analytics  
& Tiskwat Consulting

# Acknowledgements

Chet kw'enmantúmi (we thank you), Skwxwú7mesh Members, for your high levels of participation in Eshíhkw'íws Chet - a census of the Skwxwú7mesh Úxwumixw.

We'd also like to thank the enumerators, who helped collect all the data for this project, for their hard work and efforts to make this project a success, Elder Vanessa Campbell for her advice and sharing her knowledge and insights, and to the Nation staff who made this work possible.



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# Introduction

Skwxwú7mesh people have used data to steward territory, exercise governance, undertake planning, and assure well-being since time immemorial. This function of governance has been disrupted over the past two hundred years, and today, much of the data generated about Skwxwú7mesh Úxwumixw is not controlled by Skwxwú7mesh Úxwumixw or reflective of Skwxwú7mesh Úxwumixw priorities and worldviews.

Skwxwú7mesh Úxwumixw undertook a census to ensure the Nation and Members have quality data relevant to their lives and decisions, and to inform major planning initiatives and program design. The guiding vision was for this project to enhance self-determination, rebuild and reinforce connections between family and kin, and leave a legacy of both useful information and new skills and understanding to support Skwxwú7mesh Úxwumixw in years to come. The project was named Eshíhkw'íws Chet – “we are all related” – by Elder Vanessa Campbell.

*“All of us, everywhere on our Land, our families, our friends,  
we are all related...”*

*it's best that we advise each other...  
All Squamish people need to say something.”*

**— Elder Vanessa Campbell**

The result of Eshíhkw'íws Chet is a dataset representing the perspectives of roughly one in three Members: all generations are well-represented, and the voices of men, women, and gender-diverse people, Members on- and off-reserve, and Members near and far from Skwxwú7mesh Territory are all included. Use of the data is guided by a set of policies and protocols to ensure people's privacy and the protection and security of the data.

This is one of 9 reports that summarize the data collected through Eshíhkw'íws Chet. There is one full report including all sections, and then 8 mini-reports by topic area:

- Who Did We Hear From
- Our Identity, Culture, and Language
- Our Territory, Lands, and Waters
- Our Housing
- Our Jobs, Income, and Schooling
- Our Health and Wellness
- Our Experiences of Cultural Safety
- Our Rights, Governance, and Administration

## Method, Limitations, and Interpretation

Eslhíhkw'iw's Chet gathers the voices of roughly 1 in 3 Skwxwú7mesh Members. Although we tried to hear from everyone, we could not reach all Members and some Members chose not to participate. This means that some voices might be over- or under-represented. Data collection relied on a friends-and-family approach, and household heads could answer on behalf of everyone in the home. This means that we were more likely to hear from people who receive information from the Nation or whose friends and family receive information from the Nation. It also means that we heard from more female respondents than other genders, as they are more likely to be a head of their household.

To protect individuals' privacy and confidentiality, we do not report if fewer than 11 people responded a certain way to a question, or if fewer than 21 people responded to a question overall. This means that some charts, figures, and tables do not sum to 100%. Additionally, too few respondents identifying as two-spirit, non-binary, or gender identities other than male and female participated to report results for those gender identities.

Responses to questions in the census were analyzed for all respondents, as well as examined consistently by gender, location, and age, and by other groupings where relevant. Only notable differences across these population groups are reported; if there are no notable differences, summary statistics representing all respondents are presented.

The questionnaire was designed to collect a core set of data from all participants, including individuals who were represented by a household head. The remainder of the questionnaire, organized by modules on specific topics, was self-directed. This means that the response rates and demographic profiles of respondents change throughout this report depending on whether the question was part of the core questionnaire or one of the modules. The total number of respondents is reported for each figure and chart, unless it is suppressed to protect the privacy and confidentiality of respondents. Additional analysis is possible to make inferences about the characteristics of all Skwxwú7mesh Members or to make comparisons with other populations, groups, or governments, but this was not the purpose of this particular report.

Finally, data collection was targeted towards Members and any individuals living on-reserve. If a non-Member living on-reserve was living in a household with Skwxwú7mesh Members, they could participate in the whole survey. If a non-Member living on-reserve did not have any Skwxwú7mesh Members living in their household, we collected basic demographic information and information about renters and tenants on their property, but they are otherwise not included in the analysis in this report.

See the full report *Honouring Members' Voices: Data Report from the 2022 Skwxwú7mesh Census* for a more detailed description of method.

# Our Health and Wellness

Health and wellness for the Skwxwú7mesh Úxwumixw and many other Indigenous Peoples is a holistic concept involving mind, body, and spirit. Eslhíhkw'íws Chet asked respondents to provide information about their current health and wellness status and behaviours, their access to health services, and their health and wellness needs and priorities.

## Key Findings

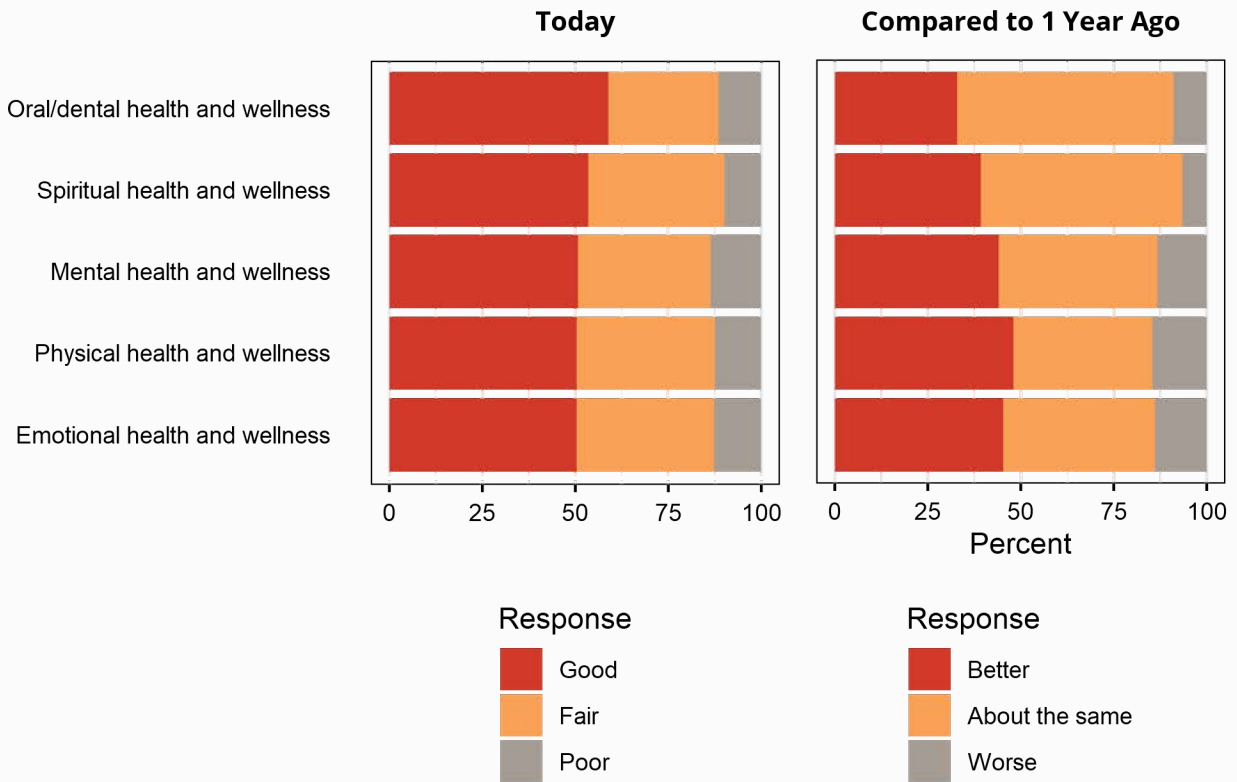
Respondents' feelings about their health and wellness are positive, they feel their health is getting better, and they are prioritizing exercise and eating nutritious meals. Most do not have health impairments or chronic conditions, although chronic conditions are naturally more common with age. While most have access to the primary care they think they need, they do not have access to the holistic health and wellness services they are looking for: most commonly traditional health and wellness, mental health and wellness, and naturopathic medicine. Those living away from the North Shore and the Skwxwú7mesh Valley report less access, and more commonly report barriers, to health care services.



## Current Health and Wellness

Half of respondents rate their health and wellness positively across five dimensions – oral/dental (59%), physical (50%), mental (50%), spiritual (49%), and emotional (49%) (Figure HW.1). Emotional, mental, and spiritual health and wellness are generally better for older respondents – among respondents aged 60 and above the share of respondents with positive self-rated health and wellness is 61% for emotional health, 66% for mental health, and 73% for spiritual health. When asked to compare the current state of their health and wellness to one year ago, many (42%) indicate that their health and wellness has improved, and very few (11%) indicate that their health and wellness has worsened.

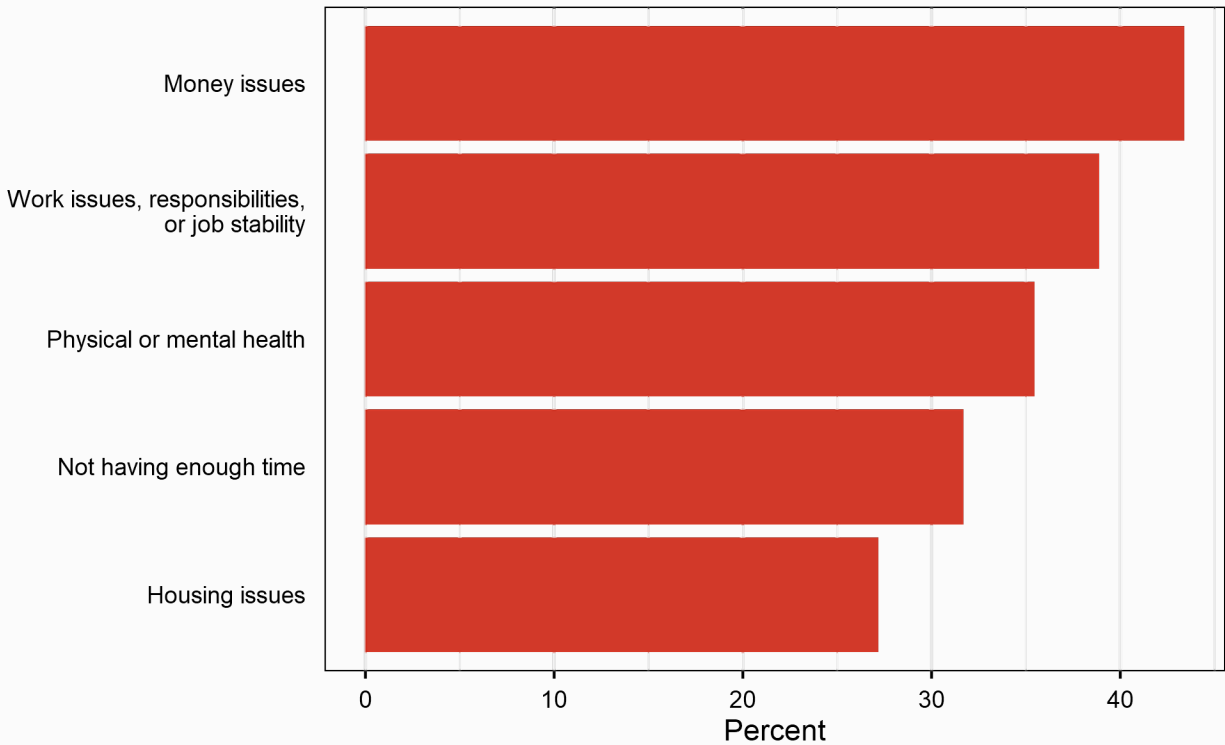
**Figure HW.1: Self-Rated Health and Wellness Today and Compared to One Year Ago**



**Note:** Question: Respondents were asked to rate their “Physical health and wellness; Oral/dental health and wellness; Mental health and wellness; Emotional health and wellness; Spiritual health and wellness” and compare each dimension of health now to one year ago. Each question had 282 respondents. Due to low response rates, the following response categories were combined: “Very good” and “Good” combined into “Good”; “Very Poor” and “Poor” combined into “Poor”; “Much better” and “Somewhat better” combined into “Better”; “Somewhat worse” and “Much worse” combined into “Worse”.

A majority (82%) of respondents are quite or somewhat happy most days of their life. A majority of respondents (65%) also find that most of their days are a bit or somewhat stressful. The top reasons for stress are money issues (43%); work issues, responsibilities, or job stability (39%); physical or mental health (35%); not having enough time (32%); and housing issues (27%) (Figure HW.2).

**Figure HW.2: Top Five Reasons for Stress**

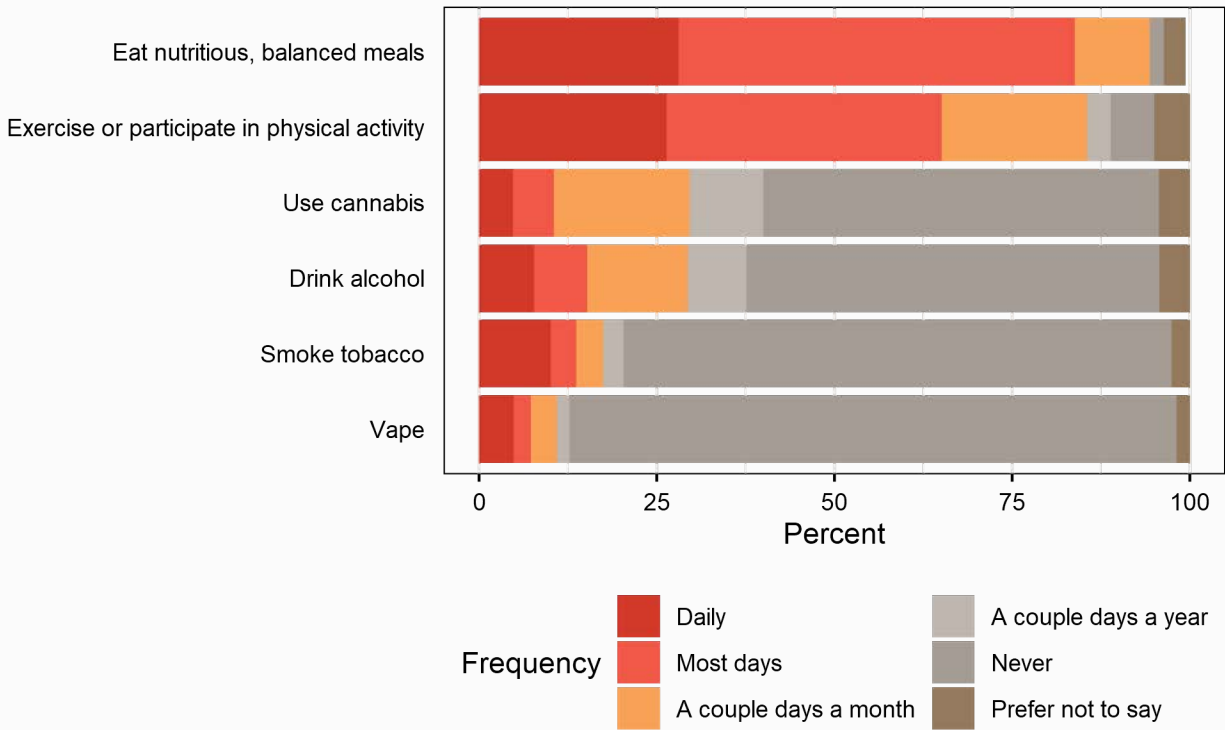


**Note:** Question: "What would you say contributes to your feelings of stress? Please select all that apply." This question had 265 respondents.

More than half of respondents eat nutritious, balanced meals most days; 28% eat nutritious, balanced meals daily; and only 2% never do (Figure HW.3). Most respondents exercise regularly – 39% of respondents exercise most days; 26% of respondents exercise daily; and 20% exercise a couple of days a month. Just 6% of respondents never exercise or participate in physical activity. A majority of respondents never drink alcohol (58%); smoke tobacco (77%); use cannabis (56%); or vape (85%). However, most respondents who smoke tobacco or who vape do so daily. Among respondents who answered a question about whether they used any illicit substances in the past year, 83% said that they had not.



**Figure HW.3: Behaviours Affecting Health & Wellness**



**Note:** Question: Respondents were asked to rank how often they “Exercise or participate in physical activity; Eat nutritious, balanced meals; Smoke tobacco; Use cannabis; Drink alcohol; Vape.” This question had 1,370 respondents.

Over 80% of respondents spend on average more than two hours per day on a screen outside of work (Table HW.1). Half of these same respondents (meaning 40% of all respondents), spend between two and five hours per day on a screen, and the remainder split fairly evenly between five and ten hours per day (22%), and more than ten hours per day (19%) on a screen, outside of work.

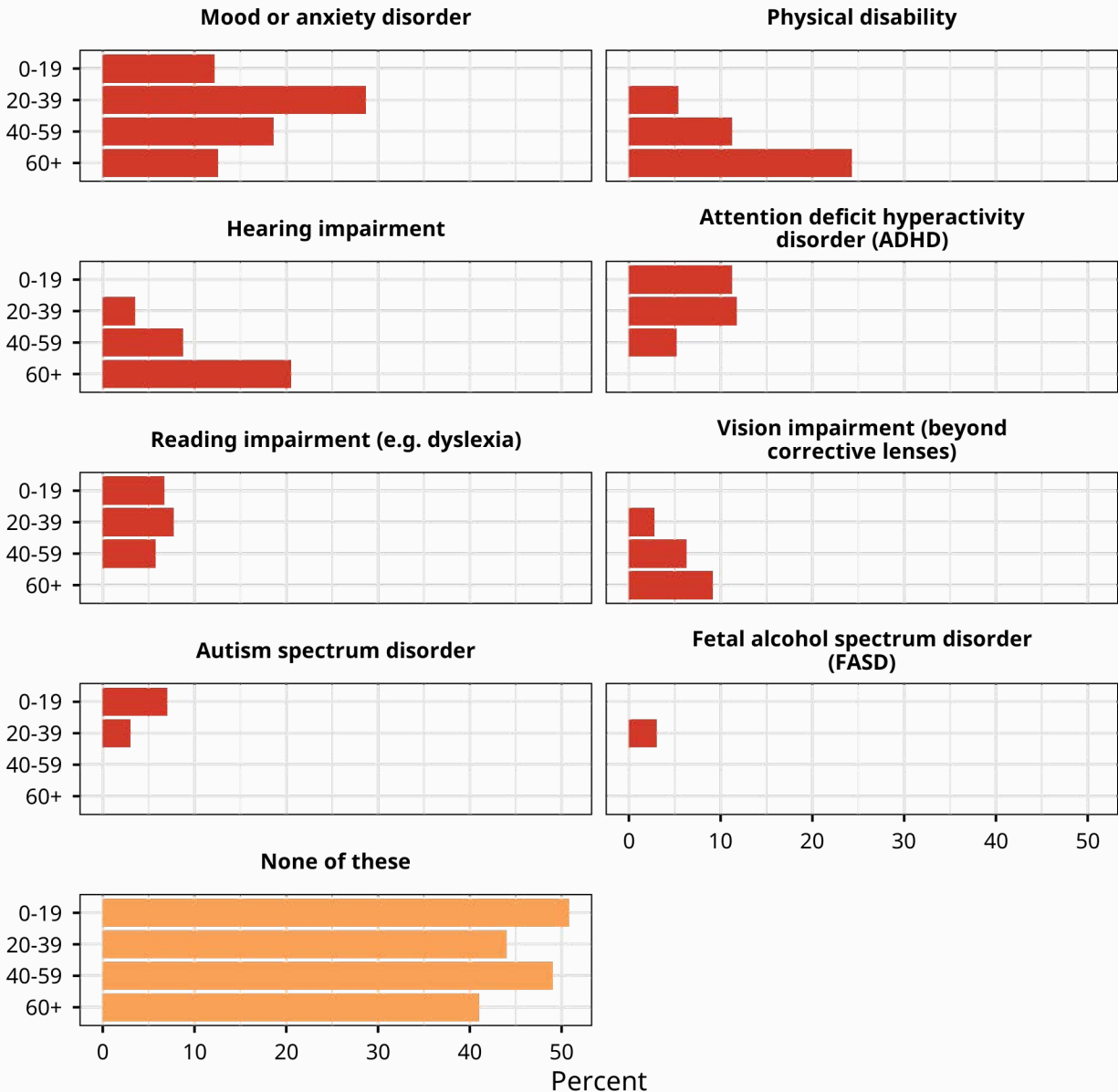
**Table HW.1: Average Screen Time Per Day Outside of Work**

Response	Percent
More than 10 hours	18.56%
Between 5 and 10 hours	21.97%
Between 2 and 5 hours	40.15%
Between 1 and 2 hours	15.15%
Less than 1 hour	4.17%

**Note:** Question: “During the past week, outside of work, how much time in an average day did you spend on a screen?” This question had 264 respondents. Due to low response rates, “Less than 1 hour” and “None” were combined into “Less than 1 hour”.

Over half (54%) of respondents say that they do not have any health challenges or impairments (Figure HW.4). Among those that do, the top challenges or impairments are mood or anxiety disorders (22%); physical disability (12%); and attention deficit hyperactivity disorder (9%).

**Figure HW.4: Health Challenges and Impairments, Age**

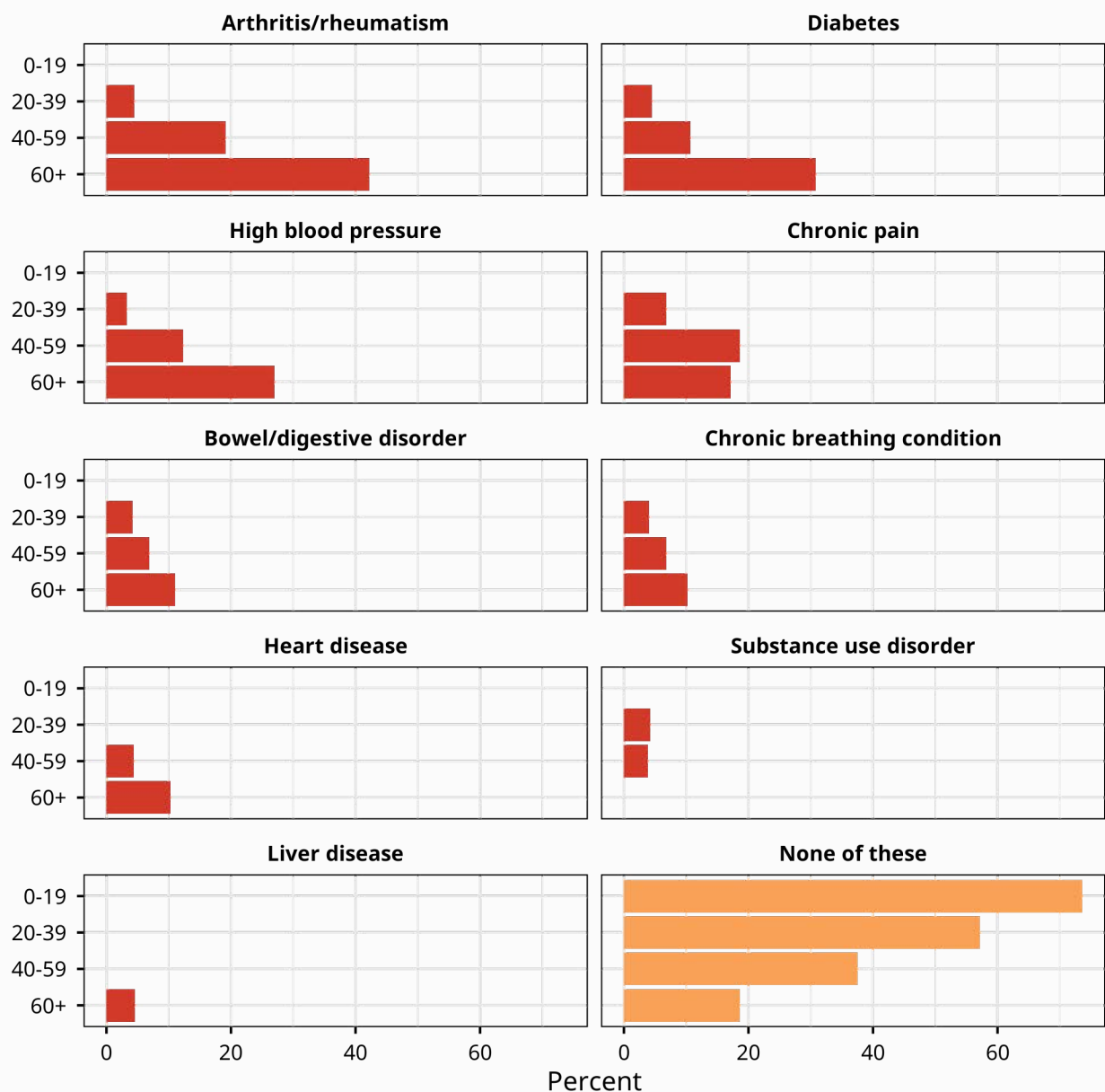


**Note:** Question: “Do you have any of the following challenges or impairments?” This question had 1184 respondents. Some responses suppressed due to low response rates.

More than half (56%) of respondents do not have any chronic health conditions (Figure HW.5). This is particularly true of people under the age of 19 (76%) and young adults between the ages of 20 and 39 (57%), whereas fewer older adults (ages 40-59) (38%) and Elders (ages 60 and over)

(19%) have none of the conditions listed. The top chronic conditions that respondents do have are arthritis/rheumatism (17%), chronic pain (13%), and diabetes (12%).

**Figure HW.5: Chronic Health Conditions, Age**

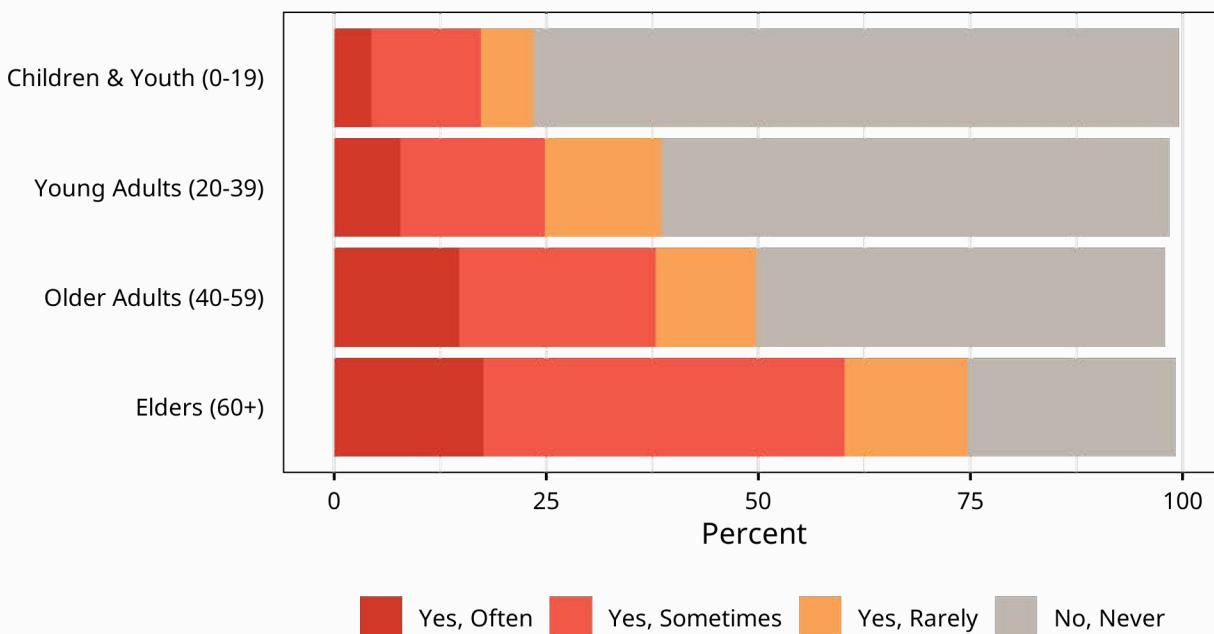


**Note:** Question: “Do you have any of the following chronic health conditions? Please select all that apply.” This question had 1184 respondents. Some responses suppressed due to low response rates.

Over half (53%) of respondents indicated that they face no limitations in the types of activities they can do as a result of a health condition, and another 12% indicated that they are only rarely limited in their activities. About one in four (23%) are sometimes limited in their activities, and 11% are often limited as a result of their health condition. Limitations increase with age, with over half of

Elders (60%) reporting that they are often or sometimes constrained in their activity as a result of their health condition, compared with 38% of older adults, 25% of young adults, and 17% of children and youth (Figure HW.6).

**Figure HW.6: Respondents Limited by Health Conditions, Age**

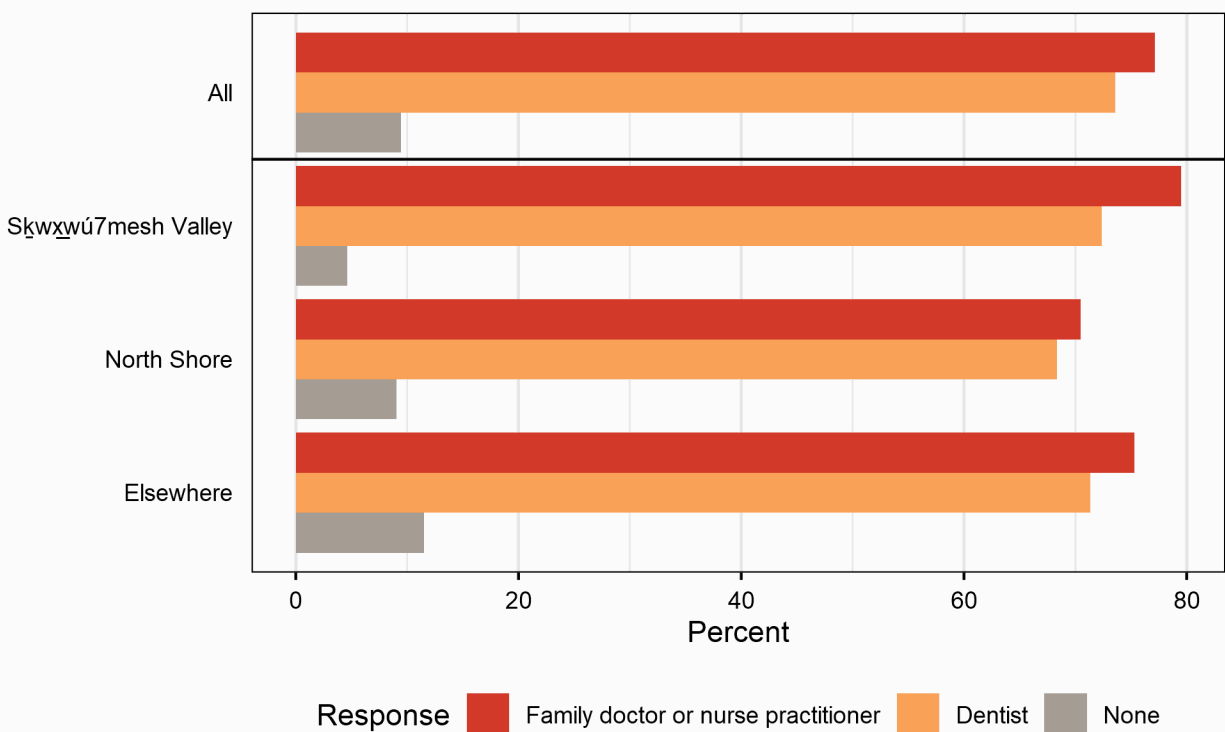


**Note:** Question: “Does a health condition limit the amount or type of activity you can do? (e.g. at home, work, school, recreationally)” This question had 1265 respondents. Suppressed responses: “Prefer not to say”.

Of respondents that have a health condition that limits their activities, 50% do not require any assistance; 28% get assistance from a family member; 8% do not have anyone to help them with their needs; 7% get assistance from a health care worker; and 7% get help from someone that they pay.

Fewer than 10% of respondents do not have access to either a doctor, nurse practitioner, or dentist (Figure HW.7). Respondents living in the Skwxwú7mesh Valley have the highest rates of routine health care: 80% of those living in the Skwxwú7mesh Valley regularly see a family doctor or nurse practitioner compared with 70% of those living on the North Shore, and only 5% of those living in the Skwxwú7mesh Valley do not see any of these health care professionals compared with 12% of respondents living outside of the Skwxwú7mesh Valley and North Shore.

**Figure HW.7: Regularly Seeing Health Practitioners**



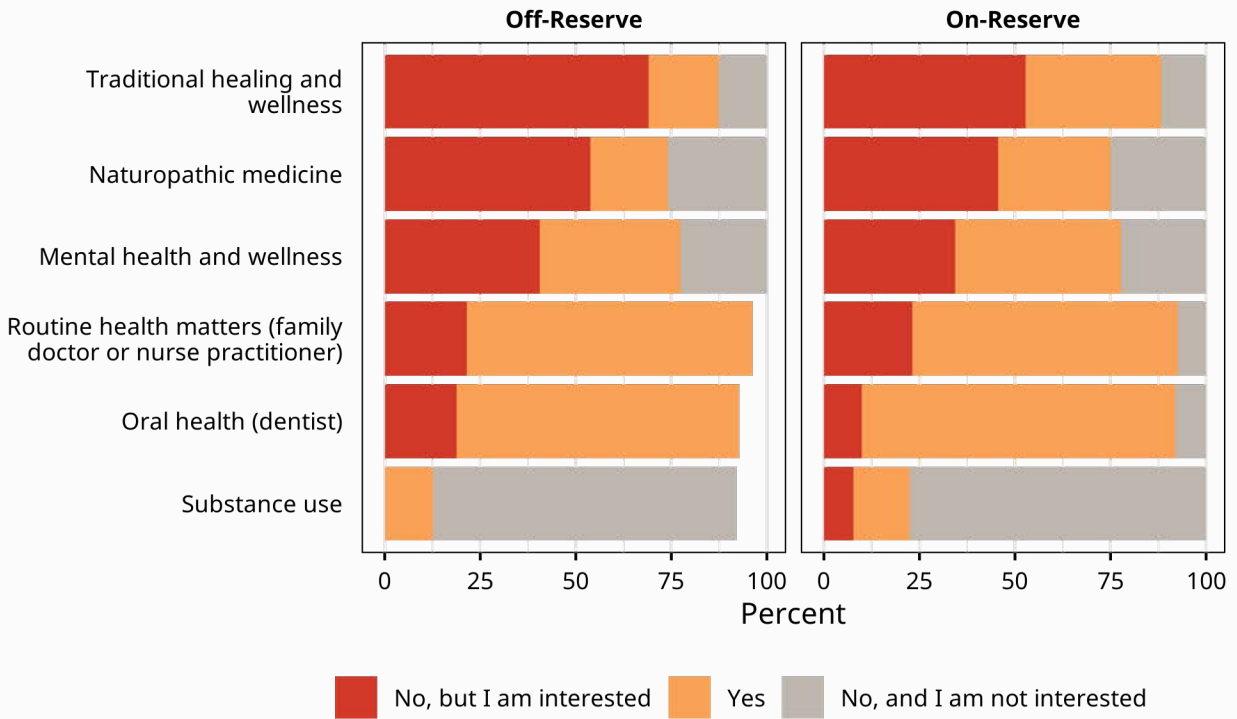
**Note:** Question: “Do you regularly see the following health practitioners? Please select all that apply.” This question had 1,305 respondents.

## Needs and Priorities for the Future

Most respondents are able to access the services they need for oral health (79%) and for routine health matters (72%). However, fewer than half of respondents have access to the following services that they are interested in – mental health and wellness (41%); traditional health and wellness (29%); and naturopathic medicine (26%). In general, respondents living on-reserve have better access to the services they are interested in (82% on-reserve, compared with 74% off-reserve), especially for traditional health and wellness (35% on-reserve, compared with 18% off-reserve) and naturopathic medicine (29% on-reserve, compared with 20% off-reserve).

Most respondents are not interested in services for substance use (78%) – however, 14% are interested in these services and do not have access to them (Figure HW.8).

**Figure HW.8: Access to Needed Health Care Providers**

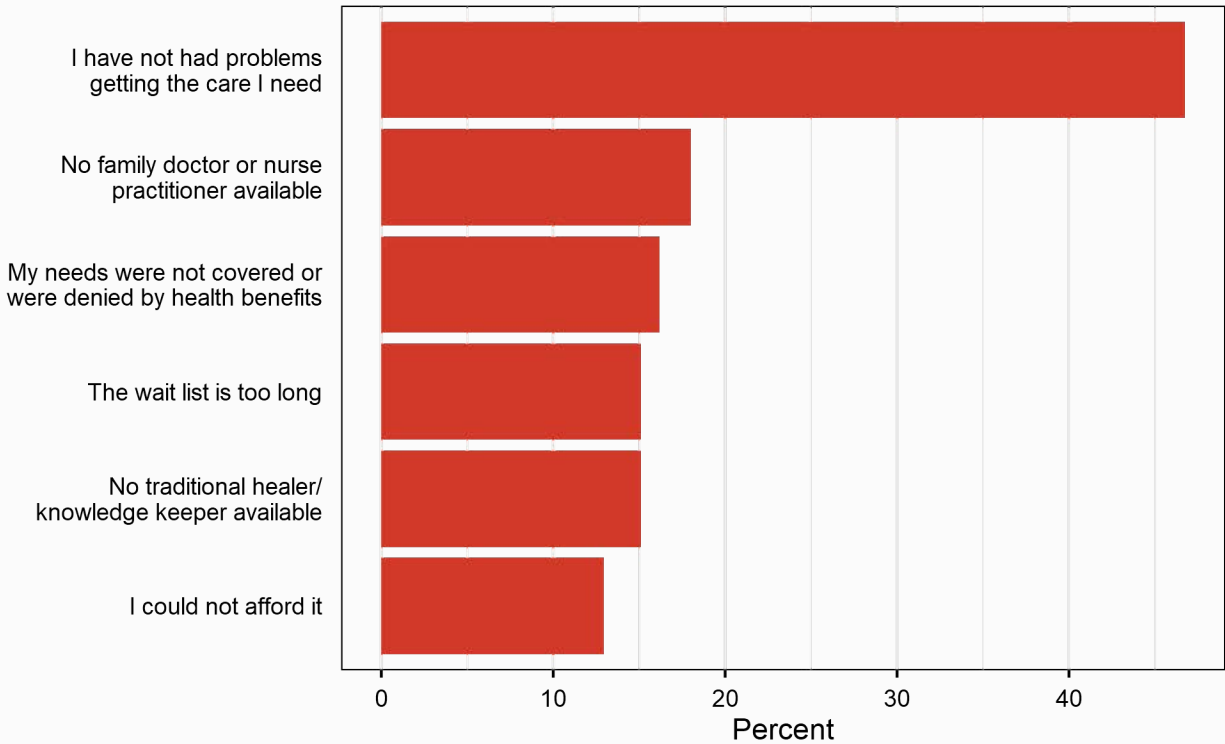


**Note:** Question: “Do you have a health care provider you can see regularly for the following needs?” This question had 282 respondents. Some “No, and I am not interested” and “No, but I am interested” responses suppressed due to low response rates.

Almost half (47%) of respondents face no problems in getting the care they need. Those living outside of the North Shore and Sk̄wx̄wú7mesh Valley are more likely to encounter barriers to services – one in three (35%) respondents living elsewhere, report facing no problems in accessing the care they need, compared to half of respondents living on the North Shore (51%) and in the Sk̄wx̄wú7mesh Valley (45%).

Respondents who are facing problems accessing services identify the following top issues: not having a family doctor or nurse practitioner available (18%); their needs were not covered or were denied by health benefits (16%); there was no traditional healer/knowledge keeper available (15%); and the waitlist was too long (15%) (Figure HW.9).

**Figure HW.9: Top Problems Respondents Face Getting the Care they Need**

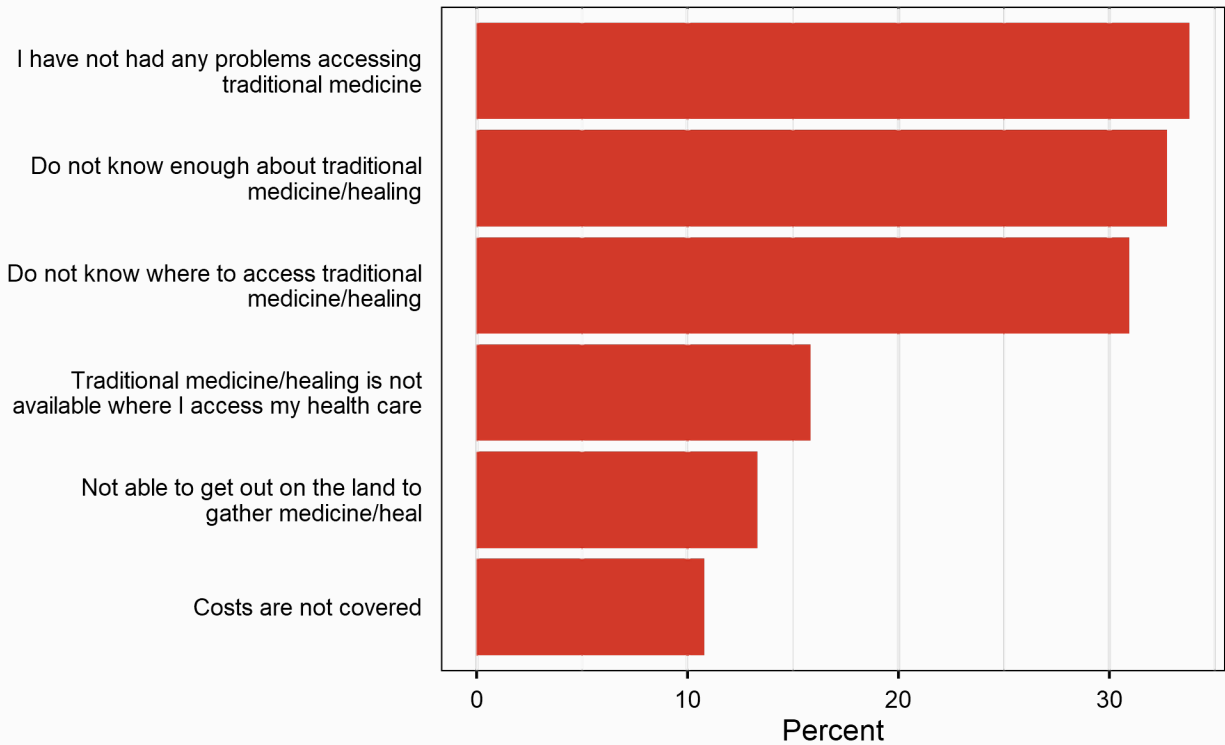


**Note:** Question: “In the past 12 months, have you had any of the following problems getting the care you needed? Please select all that apply.” This question had 278 respondents.

Roughly one third (34%) of respondents do not face any problems accessing traditional medicine (Figure HW.10). Respondents living outside of the Sk̓wx̓wú7mesh Valley and the North Shore have a harder time accessing traditional medicine, with only 20% of these respondents reporting not having any problems accessing it, compared to 39% living on the North Shore and Sk̓wx̓wú7mesh Valley.

Respondents who are facing problems accessing traditional medicine identify the following top three problems: not knowing enough about it (33%); not knowing where to access it (31%); and traditional medicine/healing not being available (16%).

**Figure HW.10: Top Problems Respondents Face Accessing Traditional Medicine/Healing**

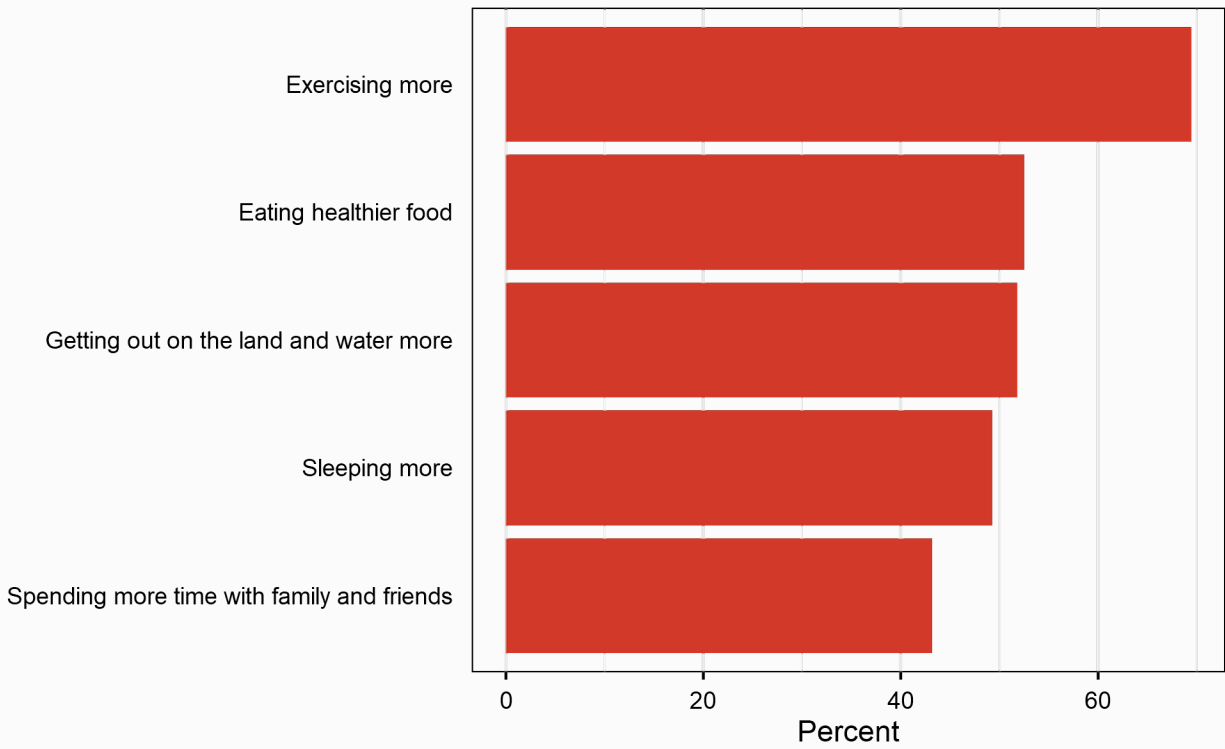


**Note:** Question: “In the past 12 months, have you had any of the following problems trying to access traditional medicine/healing? Please select all that apply.” This question had 278 respondents.

To improve their health and wellness, respondents wish they could: spend more time exercising (69%); eat healthier food (53%); get out on the land and water more (52%); sleep more (49%); and spend more time with friends and family (43%) (Figure HW.11).



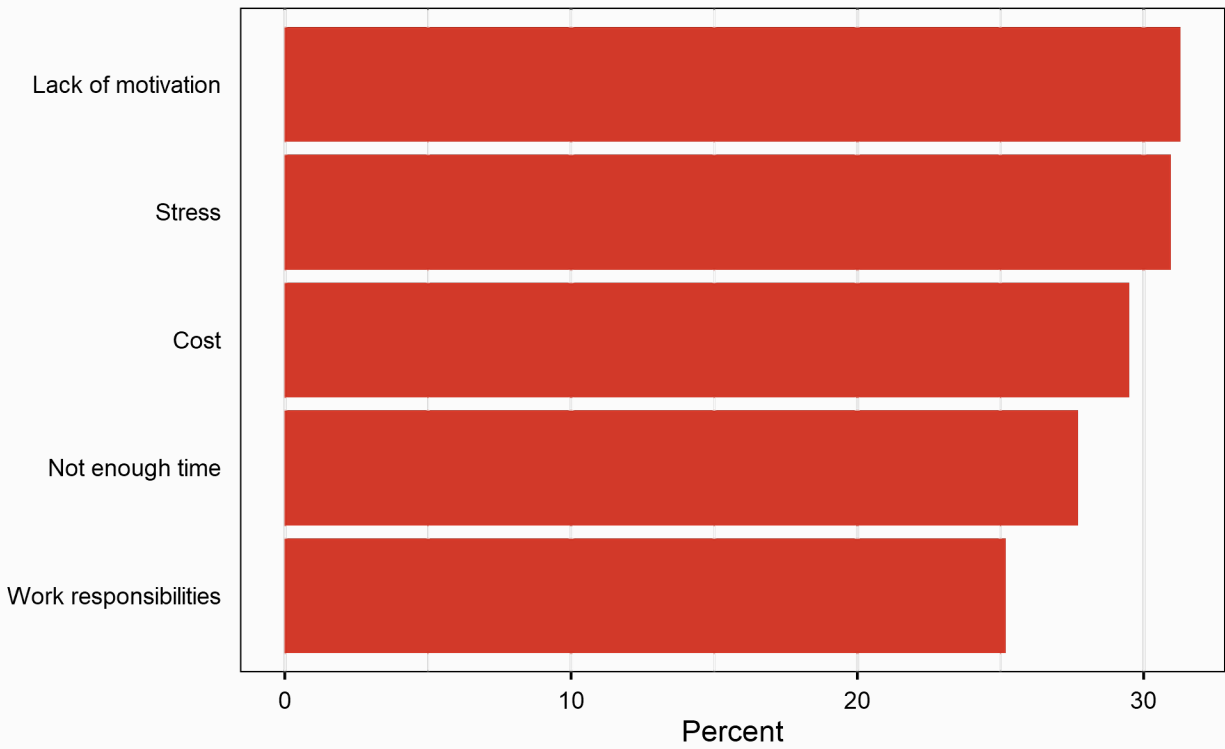
**Figure HW.11: Top Five Things Respondents Want to do to Improve Their Health and Wellness**



**Note:** Question: "What do you wish you could do more of to improve your health and wellness? Please select all that apply." This question had 278 respondents.

The most common factors preventing respondents from making these desired changes to their health and wellness are: a lack of motivation (31%); stress (31%); affordability (30%); not having enough time (28%); and work responsibilities (25%). Comparing male and female respondents, the top things that prevent female respondents from making changes are the same as respondents overall, but for male respondents "there is nothing stopping me" is the top answer (31%). Results are mostly the same across age groups, however, pain (26%) is a top barrier experienced by Elders (ages 60 and over), and family responsibilities (32%) falls within the top five issues among young adults (ages 20-39) (Figure HW.12).

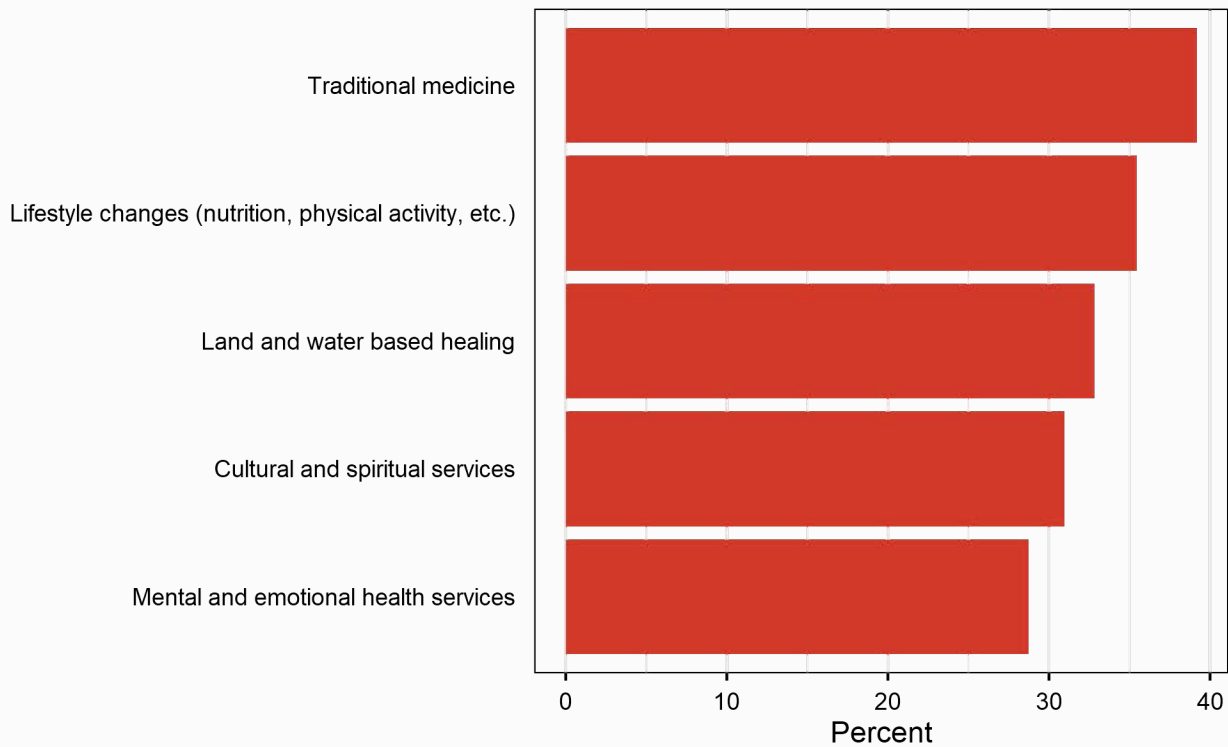
**Figure HW.12: Top Five Things Preventing Respondents From Making Changes in Their Health and Wellness**



**Note:** Question: “Are any of the following stopping you from making the changes you would like to make to your health and wellness? Please select all that apply.” This question had 278 respondents.

To help improve their health and wellness, respondents most want support for traditional medicine (39%), followed by lifestyle changes (35%), land- and water-based healing (33%), cultural and spiritual services (31%), and mental and emotional health services (29%) (Figure HW.13).

**Figure HW.13: Top Five Health and Wellness Needs Respondents Want More Support for**



**Note:** Question: “Do you wish you had more support for the following health and wellness needs? Please select all that apply.” This question had 268 respondents.