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Introduction and Purpose

College and university students can face a myriad of challenges such as paying for school, balancing social pressures with academic demands, and developing new friendships [13]. The majority of Canadian postsecondary students are between 16 to 30 years old, a stage often referred to as emerging adulthood [8]. The challenges faced by students are linked to physical, mental and social wellbeing. However, there was a concern that Indigenous students face additional challenges in Canadian postsecondary institutions in comparison to their non-Indigenous classmates.

The purpose of this report is to compare and monitor student data from the Canadian portion of the 2013 and 2016 National College Health Assessment survey to inform decisions on resource allotment for direct service as well as health promotion for our Indigenous students. To assist with this goal, these findings are being disseminated in hopes of supporting health educators working with Indigenous postsecondary students.

The findings presented in this brief report compare the result highlights from the 2013 and 2016 Canadian NCHA surveys for Indigenous and non-Indigenous students. This report is part of a larger research project aimed at providing culturally appropriate and respectful health promotion to Indigenous students¹.

For more detailed data comparison results, please see: http://www.mcgill.ca/studentservices/about/assessment/researchprojects

Context

The issues facing Canadian postsecondary students include sexual health, alcohol and drug consumption and high rates of mental health concerns, such as depression, anxiety, and suicidality [5]. Graduate and mature students have health issues comparable to undergraduate students but often they also are establishing young families that can contribute a range of new pressures.

The success of Indigenous students in the post-secondary education system is of vital interest to Canadian postsecondary institutions. Indigenous peoples are the fastest growing demographic in Canada [12]. Indigenous students across Canadian postsecondary institutions may also face additional challenges in comparison to their non-Indigenous classmates. According to the report by Nola and Buckley in 2010, Indigenous students showed lower attendance and retention rates than their non-Indigenous peers [11]. The lack of culturally respectful supports for

¹ Research project: Developing Health Promotion for Indigenous University Students

Indigenous learners are associated with academic challenges, as well as, feelings of isolation [9], and [10], feelings of discrimination and a lower sense of belonging [10].

According to Public Health Agency of Canada [4], Indigenous people have poorer documented social determinants of health. The following social determinants affect Indigenous college and university students:

- Income and social status;
- Education and literacy;
- Employment/working conditions;
- Social and physical environments;
- Personal health practices and coping skills

The systemic underrepresentation of adequate resources is often linked to poor social determinants of health. The health outcomes are often associated with high rates of obesity, chronic diseases, accidental death and overall mortality [2]. Furthermore, data from Statistics Canada show higher rates of smoking, alcohol consumption, poor nutrition and sedentary lifestyle among Indigenous people [6]. Concerns for Indigenous postsecondary students include these health outcomes, along with mental health concerns [7].

Methodology

During the spring 2013 and 2016 academic terms, over 70 000 students from over 40 universities across Canada completed the National College Health Assessment (NCHA) survey. NCHA is an American, non-profit, research effort organized by the American College Health Association. It was developed by an interdisciplinary team of college health professionals in 1998-1999. It has been evaluated extensively for reliability and validity. NCHA was designed to collect local and national data about risk and protective behaviors, perceived norms, and incidence and prevalence of a variety of health problems/conditions, which may affect academic performance and retention [3].

The topics measured included:

- 1. General Demographics
- 2. Health and Safety
- 3. Alcohol, Tobacco, and Drugs
- 4. Sex Behaviour and Contraception
- 5. Weight, Nutrition, and Exercise
- 6. Mental Health
- 7. Physical Health
- 8. Academic Performance Impediment

Results

This report compares the differences between Indigenous students and Non-Indigenous students for the 2013 and 2016 spring NCHA data. The following section outlines the key findings in the eight survey sections. The difference will be calculated as 2016 minus 2013, that is to say if a number increased in 2016 it will appear as positive and vice versa. The goal of this report is to provide a snapshot of available data to provide information about Indigenous student health during the 3 years.

1. General Demographics

Number of Survey Completed

	Indigeno	ous	Non-Indigenous		
	n	n %		%	
2013	1110	3.3%	32 929	96.7%	
2016	1908	4.4%	41 872	95.6%	

- In both 2013 and 2016, Indigenous respondents were on average 2 years older than Non-Indigenous students, and had higher BMI (26 for Indigenous compared to 24 for Non-Indigenous) [Q46, Q49, Q50]
- However, the proportion of students within desired BMI range decreased for both Indigenous students (-4.7%) and non-Indigenous students (-3.4%) [Q49, Q50]

2. Health and Safety

- In terms of general health, a higher proportion of Indigenous students (10.4%) reported feeling poor or fair in 2016 compared to 2013, than non-Indigenous students (6.4%) [Q1]
- An increased interest in receiving information on suicide prevention in 2016 in contrast to 2013 in both Indigenous students (15.1%) and non-Indigenous students (17.1%) [Q3B]
- A higher proportion of Indigenous students (5.7%) reported being verbally threatened in comparison to non-Indigenous students (1.6%) [Q5]
- Feelings of safety on campus during the daytime decreased for Indigenous students (-2.6%) and non-Indigenous students (-1.8%) between 2013 and 2016– [Q7].

3. Alcohol, Tobacco, and Drugs

- Reported alcohol, tobacco, and drug use remained similar in both groups from 2013 to 2016 [Q8A, Q8B]
- Students perception of a typical student usage of alcohol, tobacco, and drugs remained similar across the two time points in both groups [Q9A, Q9B]

2016 - 2013 Difference in Reported Daily Substance Use

	Indigenous			Non-Indigenous		
	Alcohol	Tobacco	Cocaine	Alcohol	Tobacco	Cocaine
2016 – 2013	-0.1%	-0.2%	-0.3%	0.2%	0.1%	0.0%

2016 - 2013 Difference in Student Perception of Typical Student Daily Substance Use

	Indigenous			Non-Indigenous		
	Alcohol	Tobacco	Cocaine	Alcohol	Tobacco	Cocaine
2016 – 2013	0.4%	-0.3%	1.4%	1.9%	0.9%	0.6%

- The biggest difference between the two groups was marijuana usage. Indigenous students daily usage increased (2.2%) while non-Indigenous students daily usage increased by (0.5%) [Q8A]
- Unprotected sex while drinking was on the rise for both groups, with an increase of 5.2% for Indigenous students and 2.6% for non-Indigenous students [Q16]

4. Sex Behaviour and Contraception

- Contraception methods remained similar across the two time points. The biggest rise in popularity was intrauterine device with an increase for Indigenous students (6.5%) and non-Indigenous students (3.4%) using this method [Q23B]
- The largest drop in popularity was male condoms. A larger decrease for Indigenous students (-7.0%) than non-Indigenous students (-0.6%) using this contraception method [Q23B]
- There was similar drop in use of birth control pills in both groups: Indigenous students (-5.3%) and Non-Indigenous students (-3.5%) [Q23B]

5. Weight, Nutrition, and Exercise

- More Indigenous students reported themselves as very overweight at (2.4%) in 2016 than 2013, while small increase in non-Indigenous students (0.6%) reported themselves as very overweight – [Q26]
- Less exercise was reported in both groups. Moderate and vigorous exercise decreased (2.4%) and (6.3%) respectively for Indigenous students, while for non-Indigenous students it decreased (1.6%) and (3.8%) respectively [Q29]
- Participation in club sports also decreased for Indigenous students (-1.8%) and for non-Indigenous students (-2.1%). Similarly, there were decreasing trends for with varsity and intramural sports [Q63]

6. Mental Health

• Difficulty with handling situations ranging from academics, relationships, family, and finances increased across the board in 2016 compared to 2013 for both student Indigenous and Non-Indigenous respondents – [Q33]

2016 – 2013 Difference in Difficult to Handle Mental Factors Change

	Indigenous			Non-Indigenous		
	Academics	Family	Finances	Academics	Family	Finances
2016 - 2013	1.7%	3.1%	6.8%	1.6%	2.4%	3.3%

- For Indigenous students, 8.9% reporting difficulty managing a personal health issue, within the last year [Q33]
- For non-Indigenous students, the biggest mental health stressor was personal appearance, with (6.6%) reporting difficulty to handle within the last year [Q33]
- An increase of Indigenous students (4.5%) reported experiencing a tremendous or above average level of stress, as compared to an increase of non-Indigenous (3.0%) [Q37]
- Both Indigenous and non-Indigenous students reported similar decreases in happiness, less interested in life, and less satisfied in 2016 compared to 2013. [Q68A]

2016 – 2013 Difference in Happiness, Interest and Satisfaction in Life Almost Every Day and Every Day

	Indigenous			Non-Indigenous		
	Happiness	Interest in Life	Satisfaction with Life	Happiness	Interest in Life	Satisfaction with Life
2016 - 2013	-10.8%	-8.7%	-8.7%	-5.5%	-4.9%	-5.4%

• Sense of belonging decreased in both groups, with Indigenous students (-16.4%) feeling less belonging to a community almost every day or every day as compared to non-Indigenous students (-14.5%)

7. Physical Health

- Physical health remained similar in both groups between the two time points
- For Indigenous students, migraines increased by 4.6% and for non-Indigenous students by 2.0% [Q41B]
- Broken bones/sprains decreased in both groups in 2016 compared to 2013, with less Indigenous students (-1.6%) and non-Indigenous students (-1.1%) experiencing the condition [Q41A]
- Back pain increased in both groups. Indigenous students increased by 1.3% and non-Indigenous students increased by 0.8% [Q41A]

8. Academic Performance Impediment

- Academic performance impediments remained similar in both time points and in both groups
- The largest reported impact on academic performance was depression, with an increase of 7.8% for Indigenous students and 3.8% non-Indigenous students stating the same [Q45B]

Summary

Overall both Indigenous and non-Indigenous students showed similar trends across the different measures of eight survey sections in the NCHA. Some notable differences for Indigenous students includes higher usage of certain types of tobacco, such as, marijuana, and specific methods of contraception. Indigenous students also reported experiencing more verbal threats and feeling less safe on campus compared to non-Indigenous students. With respect to health promotion, non-Indigenous students showed higher interest in receiving information on suicide prevention in comparison to than Indigenous students. Monitoring health trends of our Indigenous students can provide further information for health promotion of Indigenous population in postsecondary institutions in Canada.

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