

FIRST NATIONS POPULATION HEALTH & WELLNESS AGENDA SUMMARY OF FINDINGS





FIRST NATIONS POPULATION HEALTH & WELLNESS AGENDA

INTRODUCTION

The First Nations Population Health and Wellness Agenda (PHWA) is a partnership initiative between the offices of the Chief Medical Officer (CMO) at the First Nations Health Authority (FNHA) and the Provincial Health Officer (PHO) at the Ministry of Health. It presents an eagle-eye view of First Nations health and wellness in BC that is grounded in First Nations teachings and guided by reconciliation and relationship-building. It uses a strengths-based approach to focus on wellness and resilience, and two-eyed seeing to bring together First Nations and Western ways of knowing. The overarching goal of this work is to support First Nations to achieve the vision of healthy, vibrant, self-determining children, families, and communities.

The PHWA is also the next evolution of how the CMO and PHO are fulfilling reporting commitments made within the Transformative Change Accord: First Nations Health Plan (TCA: FNHP). The baseline report for the PHWA will identify the expanded suite of 22 indicators that will be monitored for the next 10 years. It will describe the process to identify indicators and to set their respective targets.

The discussions presented in the report recognize that achieving a healthy, self-determining, and vibrant BC First Nations population means that the roots of wellness, like self-determination and connection to land, are well nourished. It also requires supportive systems that allow First Nations individuals and communities to lead their health and wellness journeys. Ultimately, roots of wellness and supportive systems are reflected in health outcomes experienced by First Nations people in BC. This report will tell the journey through stories and data, organized into three themes: healthy self-determining Nations and communities; supportive systems; and healthy children and families. Each data point is honoured as representing a strong, resilient First Nations individual who is a member of a family, community, and a proud Nation.

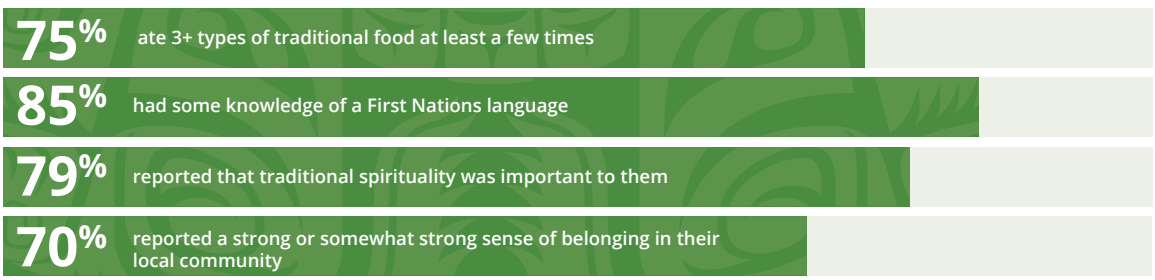




Healthy, Self-Determining Nations and Communities

Self-determination, connection to land, and cultural wellness are deeply interconnected, and form the core roots of First Nations health and wellness. Connection to land forms the basis of culture, language, and identity for First Nations. A strong sense of culture and identity is linked to resiliency and healing and has been shown to reduce negative health impacts for First Nations. Self-determination at Nation and individual levels is central to maintaining and revitalizing connections to land, language, culture and identity as well as health and wellness.





High levels of cultural wellness among First Nations adults.

Self-Determination

The health and wellness of First Nations people is dependent upon connection to the land. The strength of culture and identity comes from that connection. Self-determination, the right to freely determine political status and pursue economic, social, and cultural development, is central to maintaining and revitalizing these crucial connections. First Nations cannot exercise self-determination without jurisdiction, access, and continuity of their relationship with the land. Self-determination is also critical at an individual level and includes having or reclaiming the right of an individual to speak as the expert on their own body and health and wellness journey.

- Despite the substantial importance of this indicator, it has many challenges for monitoring and reporting.

The target for this measure is to create a space within the PHWA to explore and honour self-determination and to define a measure by 2022.

Connection to Land

For First Nations, land reflects a connection to ancestors, a resource for living and healing, a link to identity, language, culture, knowledge, and stories, and a gift for future generations. Land, water, and territory and the animals that live there are integral to all aspects of First Nations living and wellness. Access to healthy lands is required to exercise inherent rights as First Nations—they are stewards of the land and have a sacred responsibility to protect it.

- Connection to territory, land, and water is a key determinant of health for Indigenous peoples, while dispossession, displacement, and disconnection from land can have devastating impacts.

The target is to create a space within the PHWA to explore the relationship between land, health and wellness, and First Nations in BC, and to define a measure by 2022.

Cultural Wellness

A strong sense of culture and identity is linked to resiliency and reduces negative health impacts for First Nations. Cultural wellness is complex and multi-dimensional and is a challenging concept to measure or monitor. It is measured in the PHWA through a composite measure of five key aspects of cultural connectedness: language, traditional food, spirituality, medicine, and participation in cultural community events.

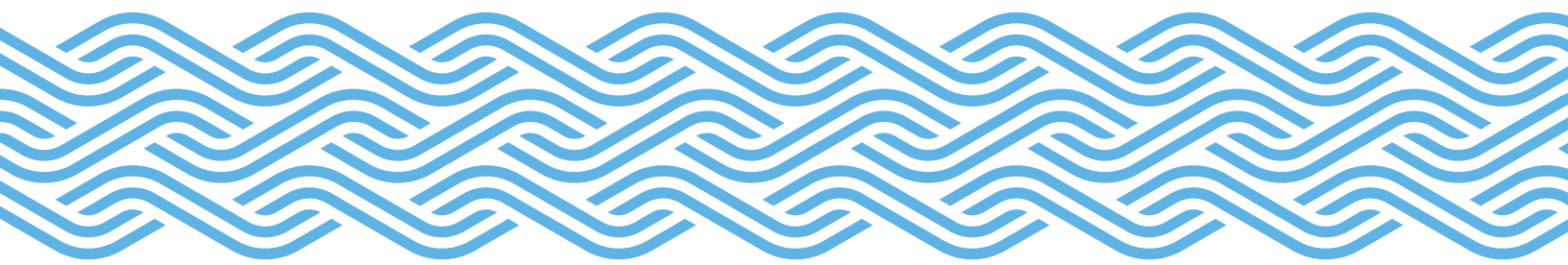
- Less than half of First Nations adults used traditional medicine in the previous year.
- A high percentage of First Nations adults place importance on traditional spirituality and have some knowledge of a First Nations language.
- Analyses showed that First Nations adults in BC reported a high level of cultural wellness (3.5 out of 5) in 2015-17.

The PHWA target is to increase the reported level of cultural wellness by 20 per cent in the next 10 years.

Supportive Systems

Systemic roots serve to support the health and wellness of First Nations. This includes determinants of health and structures within BC, such as housing, education, food, and health care. Colonialism dismantled sophisticated and time-honoured First Nations systems and replaced them with systems grounded in social exclusion and discrimination. This produced substantial inequities in health outcomes. However, when the roots (systems and structures) are well nourished (e.g., through cultural safety) and the barriers have been removed (e.g., discriminatory policies and practices), the result is environments in which First Nations individuals, families, and communities can own and reclaim their health and wellness journeys.





Food Insecurity

FOOD INSECURITY IS DECREASING FOR ON-RESERVE FIRST NATIONS HOUSEHOLDS

BETWEEN 2008/10 AND 2015/17, THE % FIRST NATIONS HOUSEHOLDS WHO COULD NOT AFFORD TO EAT A BALANCED MEAL IN THE PAST 12 MONTHS DECREASED FROM **46.7%** TO **43.5%**.



Food is a source of sustenance and healing for First Nations people, and is respected as medicine and as an integral part of emotional, mental, and spiritual needs. Food security for First Nations people means that all people in a community have physical and economic access to sufficient, safe, and nutritious food that is culturally relevant and includes traditional foods. This indicator is monitored using the proportion of First Nations individuals living on reserve who report that over the past 12 months their household could not afford to eat balanced meals “sometimes” or “often.”

- Since 2008-10, there has been a decline in the percentage of households on reserve who reported food insecurity. In 2008-10, 46.7 per cent experienced food insecurity, and this dropped to 43.5 percent in 2015-17.

The PHWA target is to reduce food insecurity by 20 per cent in the next 10 years.

Acceptable Housing

In addition to providing a safe shelter, houses for First Nations have been expressions of social and cultural values and spiritual beliefs. First Nations in BC and beyond experience housing inequities and disproportionate risks of homelessness. Acceptable housing is measured in the PHWA with the proportion of First Nations living off reserve who report that they have acceptable housing, where “acceptable” is defined as adequate, suitable, and affordable.

- The proportion of Status First Nations living off reserve with acceptable housing has been improving. In 2006, 47.2 per cent had acceptable housing, and this increased to 54.3 per cent in 2016.
- Adequacy of housing is a greater challenge for Status First Nations living on reserve, and about one-third live in homes that require major repairs.

The target is to increase the proportion of First Nations living off reserve who report acceptable housing by 20 per cent in the next 10 years.

Education

THERE ARE STEADY INCREASES IN INDIGENOUS STUDENT GRADUATIONS

% INDIGENOUS STUDENTS GRADUATING WITHIN EIGHT YEARS OF ENTRY INTO GRADE 8 HAS BEEN STEADILY INCREASING OVER TIME, REACHING A HIGH OF **69.4%** IN 2016/17



A supportive educational environment is one in which First Nations are actively leading, where curriculum and learning approaches reflect Indigenous ways of knowing, and where children and youth are successful in educational attainment. Education is being monitored in the PHWA using the proportion of Indigenous students in BC who complete high school within eight years of starting grade 8.

- This proportion has been improving steadily—it was 69.4 per cent by 2016/17—but there is still a substantial gap with non-Indigenous students.

The target is to increase the proportion of students who complete high school within eight years of starting grade 8 by 20 per cent in the next 10 years.



Avoidable Hospitalizations

When it is provided effectively, equitably, and in a culturally safe manner, primary health care improves population health outcomes. Avoidable hospitalizations (admissions to hospital related to disease or conditions that can usually be well managed at home and in communities and should not require hospitalization) are used as a measure of access to primary care. When people have adequate primary care, rates of avoidable hospitalizations are low.

- The rate of avoidable hospitalizations for Status First Nations has decreased slightly. In 2005, the rate was 89.1 per 10,000 population, and this dropped to 78.0 per 10,000 population in 2017. Despite this improvement, this rate is still almost twice the rate for Other Residents in BC.

The target is to reduce the rate of avoidable hospitalizations by 15 per cent in the next 10 years.

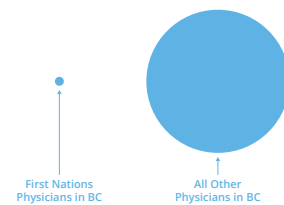
Cultural Safety and Humility in Receiving Health Services

Feelings of trust, safety, and respect are essential for a healthy relationship between a person and a health care provider, and for the effective functioning of the health care system. Cultural safety and humility in the health system is measured in the PHWA using the percentage of Status First Nations people who report that their care provider was respectful of their culture and traditions.

- Over two-thirds of Status First Nations reported receiving care that was respectful of their culture and traditions in both acute care facilities and the emergency department.

The target is to increase this by 25 per cent in the next 10 years.

First Nations Health Care Providers



FIRST NATIONS REPRESENT LESS THAN 1% (0.32%) of licensed physicians in BC.

The number of certified, practicing First Nations health care providers in BC was one of the original indicators in the TCA: FNHP, but was not reported on during the first 10 years due to a lack of data. The FNHA is working with the regulatory colleges in BC to add an Indigenous self-identifier to the annual BC licence renewal process, and the College of Physicians and Surgeons in BC was the first to add this identifier.

- There were 43 practising, certified First Nations physicians in BC in 2019. This is less than 1 per cent (0.32 per cent) of licensed physicians in BC.

While a longer-term goal is to increase this proportion to reflect the proportion of First Nations people in the BC population, the target is to increase this by 100 per cent in the next 10 years.

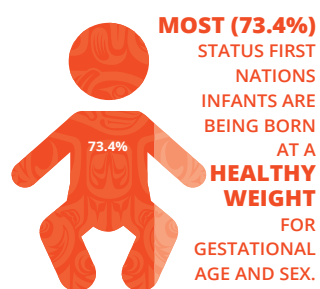


Healthy, Vibrant Children and Families – Physical, Mental, Spiritual, and Emotional Wellness

The PHWA has been created to illuminate the complex factors that create health and wellness outcomes. When the roots are strong (self-determination is realized, healthy systems and structures are in place) the vision of healthy, vibrant, self-determining individuals, families, and communities can be achieved.



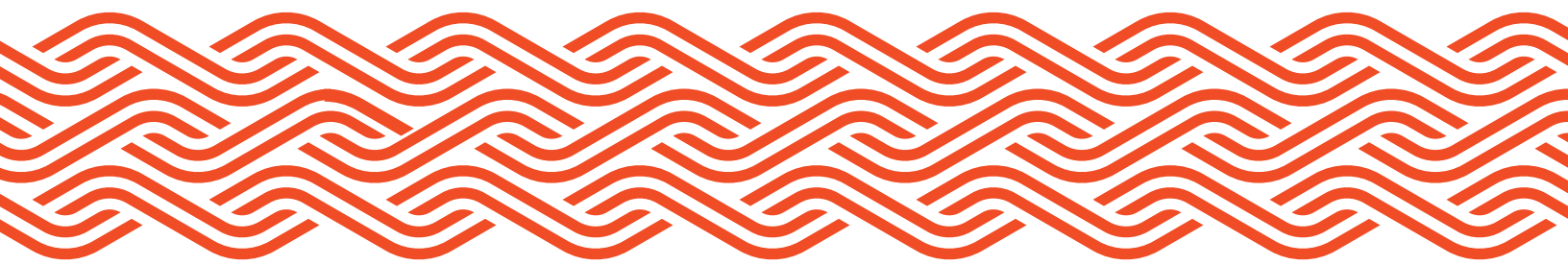
Infants Born at a Healthy Birth Weight



The health of a newborn baby reflects the health and wellness of both the infant and its mother, and a healthy infant can indicate a mother has experienced appropriate, culturally safe, and respectful social, health, emotional, and financial supports during her pregnancy. Infants who are born large or small for gestational age can have increased risks in health outcomes.

- Overall, most Status First Nations singleton infants are born at a healthy weight for gestational age and sex, but they are not experiencing the same increase in this percentage over time that Other Residents have. Status First Nations singleton infants are less likely to be born small for gestational age in comparison to Other Resident singleton infants, but they are more likely to be born large for gestational age.

The target for this indicator is to increase the percentage of Status First Nations singleton infants born at a healthy birth weight for sex and gestational age by 10 per cent in the next 10 years.



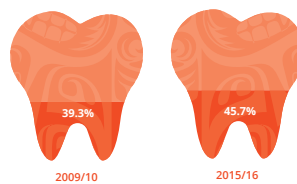
Infant Mortality Rate

In many First Nations cultures in BC, infants are seen as sacred gifts, and any infant death is devastating for families and communities. This indicator attempts to track one of the deepest tragedies for parents, families, and communities.

- In 2013-17, there were 5.8 Status First Nations infant deaths per 1,000 live births (61 deaths in total) within their first year of life.
- Infant mortality rate varied considerably by region, with a low of 2.1 per 1,000 live births in the Interior region, and a high of 9.0 per 1,000 in the Island region.

The PHWA target is to reduce this rate by 30 per cent in the next 10 years.

Children with Healthy Teeth



THE SHARE OF INDIGENOUS KINDERGARTENERS WITH NO CAVITIES ROSE FROM 39.3% IN 2009/10 TO 45.7% IN 2015/16.

Children with healthy teeth can fully engage in all aspects of everyday living without oral pain, embarrassment, sleep disruption, or discomfort. This indicator is measured by monitoring the percentage of Indigenous children who had healthy teeth (had no treated or untreated dental cavities) upon visual inspection during the kindergarten dental survey.

- Just under half (45.7 per cent) of Indigenous kindergarten children were found to have healthy teeth in 2015/16, which was an improvement from 2009/10 (39.3 per cent).

The target is to increase the percentage of Indigenous kindergarten children who have healthy teeth by 40 per cent in the next 10 years.

Children with a Healthy Body Mass Index (BMI)

Childhood weight reflects many factors affecting growth and development, including individual and interpersonal, environmental (land, community, home, sociocultural, and built), societal, and historical factors, which all play important roles in weight and well-being. In addition, food sovereignty and food (in)security continue to influence the ability of First Nations children to access healthy and culturally appropriate foods.

- This indicator includes the percentage of First Nations children age 2-11 on reserve who have a healthy/moderate body mass index, as calculated by their height and weight. Less than one-third of First Nations children on reserve had a healthy BMI in 2015-17.

The PHWA target is to increase this percentage by 30 per cent in the next 10 years.





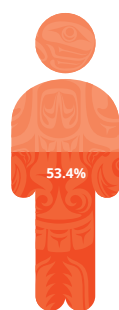
Youth/Young Adult Death by Suicide

Every death by suicide of a First Nations individual is understood as a tragic loss and reflects a dark and sad time for families and communities. Death by suicide suggests that there are much deeper, underlying issues of collective suffering and injustice related to intergenerational and contemporary trauma. This indicator is measured as the suicide mortality rate of Status First Nations youth/young adults age 15–24.

- While there has been an overall decline in this rate over the last 20 years, it has started to increase since 2011-15. In 2013-17 there were 45 deaths by suicide among Status First Nations youth/young adults, which is a rate of 3.3 per 10,000 population, and this rate is four times higher than the rate for Other Residents youth/young adults.

The PHWA target is to reduce Status First Nations youth/young adult deaths by suicide by 40 per cent in the next 10 years.

Mental and Emotional Well-being



JUST OVER HALF (53.4%) OF FIRST NATIONS ADULTS ON RESERVE REPORTED FEELING IN BALANCE PHYSICALLY, EMOTIONALLY, MENTALLY, AND SPIRITUALLY.

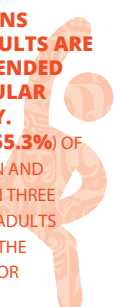
Within First Nations perspectives, dimensions of mental, emotional, physical, and spiritual health are interconnected and interdependent, and a sense of balance between them is important. This indicator monitors mental and emotional well-being with the percentage of First Nations adults on reserve who report feeling balanced physically, emotionally, mentally, and spiritually.

- In 2015-17, just over half of First Nations adults on reserve reported feeling in balance physically, emotionally, mentally, and spiritually. This varied by sex and age.

The target is to increase the percentage of First Nations adults on reserve who report feeling balanced by 20 per cent in the next 10 years.

Physical Activity

MOST FIRST NATIONS CHILDREN AND ADULTS ARE GETTING RECOMMENDED AMOUNTS OF REGULAR PHYSICAL ACTIVITY.
 IN 2015-17, OVER HALF (55.3%) OF FIRST NATIONS CHILDREN AND YOUTH, AND MORE THAN THREE QUARTERS (77.2%) OF ADULTS LIVING ON RESERVE MET THE NATIONAL GUIDELINES FOR PHYSICAL ACTIVITY.



Connection to land and culture through the teachings and wisdom of Elders is the foundation of physical strength and resilience. Cultural activities such as hunting, dancing, canoeing, fishing, tanning hides, and berry picking represent how physical activity has been a longstanding part of First Nations ways of life. Physical activity can be an act of Nation-building. This indicator measures the percentage of First Nations on reserve who report meeting the Canadian Physical Activity Guidelines.

- In 2015-17, more than three quarters of First Nations adults and over half of children and youth living on reserve reported meeting the recommended guidelines, although this varied by sex, age, and region.

The target is to increase this percentage by 30 per cent for on-reserve First Nations children and youth and by 10 per cent for on-reserve adults in the next 10 years.



Diabetes Incidence

Determinants of health such as poverty, isolation, poor access to care, and food insecurity, play a role in the development of chronic diseases such as diabetes. Diabetes was one of the original TCA:FNHP indicators and is an important chronic condition to monitor because of its impacts on health and wellness, and because it is a sentinel chronic condition that can help to assess the overall burden of chronic disease in a population.

- In 2017/18, Status First Nations people had an age-standardized diabetes incidence rate of 7.7 per 1,000 population and a prevalence rate of 106.4 per 1,000 population.

The PHWA target is to reduce the diabetes incidence rate among Status First Nations by 20 per cent in the next 10 years.

Smoking Rates of Commercial Tobacco

The tobacco plant has long been considered sacred, medicinal, and beneficial for promoting spiritual balance and wholistic wellness, and so was traditionally treated and used with respect by some First Nations. Unfortunately, as with many other traditional medicines and practices, colonialism led to the exploitation and commercialization of the tobacco plant. There is a disproportionately high rate of tobacco use among First Nations people, which is attributable in part to historical and ongoing effects of colonialism, land dispossession, and loss of traditional practices. It is important to monitor smoking of commercial tobacco because of the dangers and health detriments related to smoking and exposure to second-hand smoke. This indicator monitors the percentage of First Nations youth and adults on reserve who report smoking commercial tobacco.

- There has been a steady decline in commercial tobacco smoking among First Nations youth and adults living on reserve, down to 40.5 per cent of adults and 12.9 per cent of youth on reserve in 2015-17 from 48.5 per cent of adults and 27.2 per cent of youth in 2002-03.

The target for this indicator is to reduce the percentage of First Nations youth and adults on reserve who smoke commercial tobacco by 30 per cent in the next 10 years.

Serious Injuries

The impacts of colonialism undermine First Nations roots of wellness and can lead to decreased physical health outcomes, including high rates of injury. Within the First Nations population, lower income, lower educational level, poor housing conditions, and more hazardous types of employment are all associated with increased risk of hospitalization due to injuries. This indicator uses hospitalization rates to monitor the rate of serious injuries among Status First Nations people in BC.

- There has been no marked change in the rate of serious injuries requiring hospitalization for Status First Nations over the last 12 years. The rate in 2017 was 59.3 per 10,000 population, although this varied by age and region.

The target for this indicator is to reduce the rate of serious injuries requiring hospitalization by 25 per cent in the next 10 years.



Life Expectancy at Birth

The ability for BC First Nations to live long lives is important for current and future generations, including providing more opportunities for transmission of knowledge, language, and culture to the next generations. Life expectancy is the number of years of life a person could expect to live, based on the overall current conditions of the population. It is a common indicator of the general health status of a population and was one of the original seven indicators monitored in the TCA:FNHP.

- Life expectancy for Status First Nations decreased from 75.9 years in 2011 to 73.4 years in 2017. This decrease is due in part to the ongoing overdose crisis in BC.

The target for this indicator is to increase life expectancy at birth by two per cent in the next 10 years.

Age-Standardized Mortality Rate (Deaths due to all causes)

Death and dying are considered a process of life and to some, death means that a person is going home; however, for families and Nations to be healthy and vibrant, individuals need to be supported to live well until it is time to take this next step in their life journey. Deaths were monitored in the TCA: FNHP by tracking the all-cause age-standardized mortality rate (ASMR) among Status First Nations. The PHWA will continue to monitor this, as well as monitoring the potential years of life lost (PYLL) among Status First Nations.

- The all-cause ASMR and PYLL for Status First Nations have been increasing since 2013, up to 116.2 per 10,000 population for ASMR and 244.8 years lost per 1,000 population in 2017. Some of this increase is due to the ongoing overdose crisis in BC.

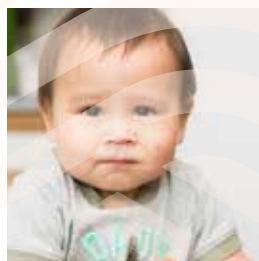
The target for this indicator is to reduce ASMR among Status First Nations by 15 per cent in the next 10 years.

Alcohol-Attributable Deaths

To catalyze change at systemic and structural levels, it is important to continue to draw attention to the far-reaching impacts of alcohol on First Nations families, communities, and Nations, due to the legacy of systematic oppression, racism, and separation from land and culture. Alcohol-attributable deaths are very “downstream” results of the suffering caused by Canadian colonial policies and processes, where individuals have been without their own healing traditions, turned to alcohol as a source of relief from that pain and as a result, lost their lives.

- The rate of deaths attributed to alcohol among Status First Nations has been increasing since 2011, up to 14.2 per 10,000 in 2015, a rate that is three times higher than the rate for Other Residents.

The PHWA target for this indicator is to reduce the alcohol-attributable mortality rate among Status First Nations by 30 per cent in the next 10 years.





Paddling Together with one Heart and one Mind

It is our hope that this agenda presents compelling First Nations and Western evidence to further support the recognition of the need to work collaboratively across many systems and silos to achieve health, wellness, and reconciliation. We believe that the key factors that will determine our success from 2020-2030 will be our ability to come together to paddle with one heart and one mind to restore First Nations self-determination. As we take off on the next 10 years of this journey, we see exciting opportunities on the horizon to do just that.





ACTIONS TO NOURISH FIRST NATIONS ROOTS OF WELLNESS



FNHA's Chief Medical Officer and the Provincial Health Officer call on systems partners and institutions to work with First Nations organizations and collectives to make advancements in the following areas:

1

ADVANCE AND SUPPORT FIRST NATIONS SELF-DETERMINATION.

2

ADVANCE THE ROOTS OF HEALTH AND WELLNESS OF THE NEXT GENERATION:
FIRST NATIONS BABIES, CHILDREN, AND YOUTH.

3

CATALYZE INTERSECTORAL ACTIONS TO BUILD SUPPORTIVE, CULTURALLY SAFE
SYSTEMS, WITH PARTICULAR ATTENTION GIVEN TO CONNECTION TO LAND.

4

ADVANCE FIRST NATIONS DATA GOVERNANCE.

5

EMBED FIRST NATIONS WELLNESS APPROACHES IN POLICIES,
PROGRAMS, AND SERVICES.

6

COMMIT TO CULTURAL SAFETY AND HUMILITY ACROSS SYSTEMS.

7

INCREASE ACCESS AND ATTACHMENT TO CULTURALLY SAFE PRIMARY HEALTH CARE.



FIRST NATIONS POPULATION HEALTH & WELLNESS AGENDA

INDICATORS DASHBOARD

Inspired by the First Nations Perspective on Wellness, the PHWA report and indicators are organized by the following themes:

Healthy, Self-Determining Nations and Communities: Land, Family, Community, Nations

This chapter will examine three indicators that are fundamental roots of wellness.

Supportive Systems: Environment, Society, Culture, Economic, Health Systems

This chapter will examine three socioeconomic determinants of health and wellness, and health care system indicators.

Healthy, Vibrant Children and Families: Physical, Mental, Spiritual, Emotional Wellness

This chapter will explore 13 health and wellness outcomes indicators, with a focus on children, youth, families, and communities.

This dashboard provides a snapshot of the 22 indicators presented in the previous pages:

For each indicator, the dashboard shows:

- The baseline data.
- Targets for the next 10 years.
- Overall progress/trends.
- If there are any gaps with other residents of BC.
- If there are any disparities between the sexes and regions.

✓ Positive Trend

≈ No/minimal change

✗ Trend is worsening

● Gap is minimal

● Gap is moderate

● Gap is large/worsening

♀♂ Little/no disparity by sex


♀♂ Moderate disparity by sex






♀♂ Substantial disparity by sex

🇨🇦 Little/no disparity by region

🇨🇦 Moderate disparity by region

🇨🇦 Substantial disparity by region

	BASELINE ¹	TARGET	OVERALL PROGRESS	GAP ²	PROGRESS		DISPARITY	
					MALES	FEMALES	SEX	REGION
HEALTHY, SELF-DETERMINING NATIONS AND COMMUNITIES: LAND, FAMILY, COMMUNITY, NATIONS								
SELF-DETERMINATION	—	Forthcoming	—	—	—	—	—	—
CONNECTION TO LAND	—	In progress	—	—	—	—	—	—
CULTURAL WELLNESS Knowledge of a First Nations language, participation in cultural activities, importance of traditional spirituality, use of traditional medicine, consuming traditional food	3.5	↑20%	4.2	✓	N/A	N/A	N/A	♂♀ 

	BASELINE	TARGET	OVERALL PROGRESS	GAP	PROGRESS		DISPARITY		
					MALES	FEMALES	SEX	REGION	
SUPPORTIVE SYSTEMS: ENVIRONMENT, SOCIETY, CULTURE, ECONOMY, AND HEALTH SYSTEMS									
FOOD INSECURITY Proportion of households who could not afford to eat a balanced meal	43.5%	↓20%	34.8%	≈	—	N/A	N/A	N/A	
ACCEPTABLE HOUSING Proportion of households with acceptable (adequate, suitable, affordable) housing	54.3%	↑20%	65.1%	≈	○	N/A	N/A	N/A	
EDUCATION Proportion of students who complete high school within 8 years	69.4%	↑20%	80.6%	✓	○	✓	✓	♂♀	
AVOIDABLE HOSPITALIZATIONS <i>Rate per 10,000 population</i>	78.0	↓15%	66.3	≈	○	≈	≈	♂♀	
CULTURAL SAFETY AND HUMILITY Experience in health care		↑25%	86.3%	✓	N/A	—	—	—	
Acute Care	68.8%								
Emergency department	69.5%								
CERTIFIED, PRACTISING FIRST NATIONS HEALTH CARE PROVIDERS Number of registered First Nations physicians in BC	0.32%	↑100%	0.64%	✗	○	—	—	—	—

¹ Baselines are set between 2015-2018 depending on data source.

² Gap with Other Residents of BC.

	BASELINE	TARGET	OVERALL PROGRESS	GAP	PROGRESS		DISPARITY		
					MALES	FEMALES	SEX	REGION	
HEALTHY, VIBRANT CHILDREN AND FAMILIES – PHYSICAL, MENTAL, SPIRITUAL, AND EMOTIONAL WELLNESS									
HEALTHY BIRTH WEIGHTS Percentage of babies born at a healthy birth weight for sex and gestational age	73.4%	↑10%	80.7%	≈	○	N/A	N/A	N/A	
INFANT MORTALITY RATE <i>Rate per 1,000 live births</i>	5.8 per 1,000	↓30%	4.1 per 1,000	≈	○	N/A	N/A	N/A	
CHILDREN'S ORAL HEALTH Percentage of kindergarten children who are cavity-free	45.7%	↑40%	64.0%	≈	—	—	—	—	
HEALTHY CHILDHOOD WEIGHTS Percentage of children age 2–11 with a healthy/moderate body mass index	30.5%	↑30%	39.7%	✗	—	✗	✗	♀♂	
YOUTH/YOUNG ADULT (AGE 15-24) SUICIDE <i>Rate per 10,000 population</i>	3.3	↓40%	2.0	✗	○	✗	≈	♀♂	
MENTAL AND EMOTIONAL WELL-BEING Percentage who feel balanced physically, emotionally, mentally, and spiritually.	53.4%	↑20%	68.5%	≈	N/A	✓	≈	♀♂	
PHYSICAL ACTIVITY Percentage meeting the recommended physical activity guidelines.				≈	—	✓	≈	♀♂	
Adults	77.2%	↑10%	84.9%						
Children & Youth	55.3%	↑30%	71.9%						
DIABETES INCIDENCE <i>Rate per 1,000 population</i>	7.7	↓20%	6.2	≈	○	≈	≈	♀♂	
SMOKING Percentage who smoke commercial tobacco				✓	—	✓	✓	♀♂	
Adults	40.5%	↓30%	28.4%						
Youth	12.9%		9.0%						
SERIOUS INJURIES <i>Rate of serious injuries requiring hospitalization per 10,000 population</i>	59.3	↓25%	44.5	≈	○	—	—	♀♂	
LIFE EXPECTANCY At birth	73.4 years	↑2%	74.9 years	✗	○	✗	✗	♀♂	
MORTALITY RATE <i>Rate of deaths due to all causes per 10,000 population</i>	116.2	↓15%	98.8	✗	○	—	—	—	—
ALCOHOL-ATTRIBUTABLE MORTALITY <i>Rate per 10,000 population</i>	14.2	↓30%	9.9	✗	○	—	—	♀♂	

