



**RHS**  
QUEBEC FIRST NATIONS  
REGIONAL HEALTH SURVEY



FIRST NATIONS OF QUEBEC  
AND LABRADOR HEALTH  
AND SOCIAL SERVICES  
COMMISSION

# PREVENTIVE HEALTH SERVICES

## Highlights

- Among women 50 years and over and men 40 years and over, three out of five people had their cholesterol tested over the year before the survey.
- Less than half of people 12 years and over were tested for Type 2 diabetes over the year before the survey.
- The majority of people 50 to 74 years old say they have never had a colorectal cancer screening test.
- Nearly one-third of women 50 to 74 years old did not have a mammogram in the two years before the survey.
- One in seven sexually-active women 21 years and over has never been screened for cervical cancer.



## CONTEXT

Preventive health services are “a set of interventions (counseling, screening, immunization and chemoprophylaxis) performed by a health professional – or clinician – with a patient to promote health and prevent diseases, psychosocial problems and injuries that can be prevented.” The discussion below will focus specifically on screening services and medical follow-ups, the results of which will be presented taking into account current medical recommendations.

## GENERAL TRENDS

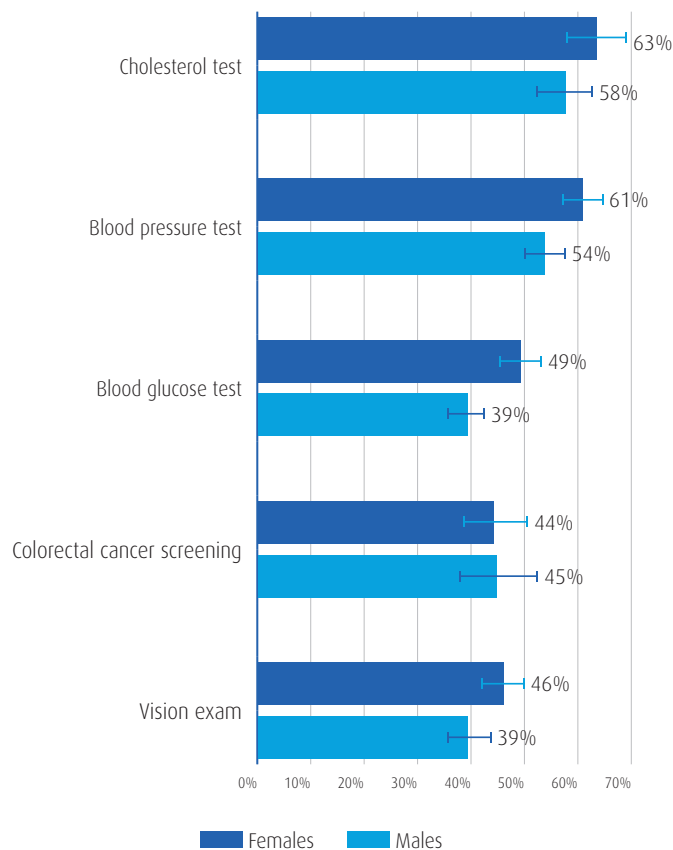
FIGURES 1 AND 2 should be interpreted taking into account the following information about the age groups and when the medical examinations were performed:

- Cholesterol test: Women 50 years and over and men 40 years and over who had their cholesterol tested over the year before the survey.
- Blood pressure test: People 12 years and over who had their blood pressure measured over the year before the survey.
- Blood glucose test: People 12 years and over who had their blood glucose tested over the year before the survey.
- Colorectal cancer screening: People 50-74 years old who have been screened.
- Clinical Breast Examination (CBE): Women 18 years and over who have had an exam.
- Mammogram: Women 18 years and over who had a mammogram in the two years before the survey.
- PAP smear test: Sexually-active women 21 years and over who had a PAP smear test in the two years before the survey.
- Prostate cancer screening: Men 50 years and over who have been screened.
- Vision exam: People 12 years and over who have had a vision exam over the year before the survey.

## Based on gender

Differences between females and males are not statistically significant for any exam except blood glucose testing. The proportion of women who had this test taken is higher than that of men. This seems to be the case for other exams, with the exception of colorectal cancer screening, for which the proportions appear similar (FIGURE 1).

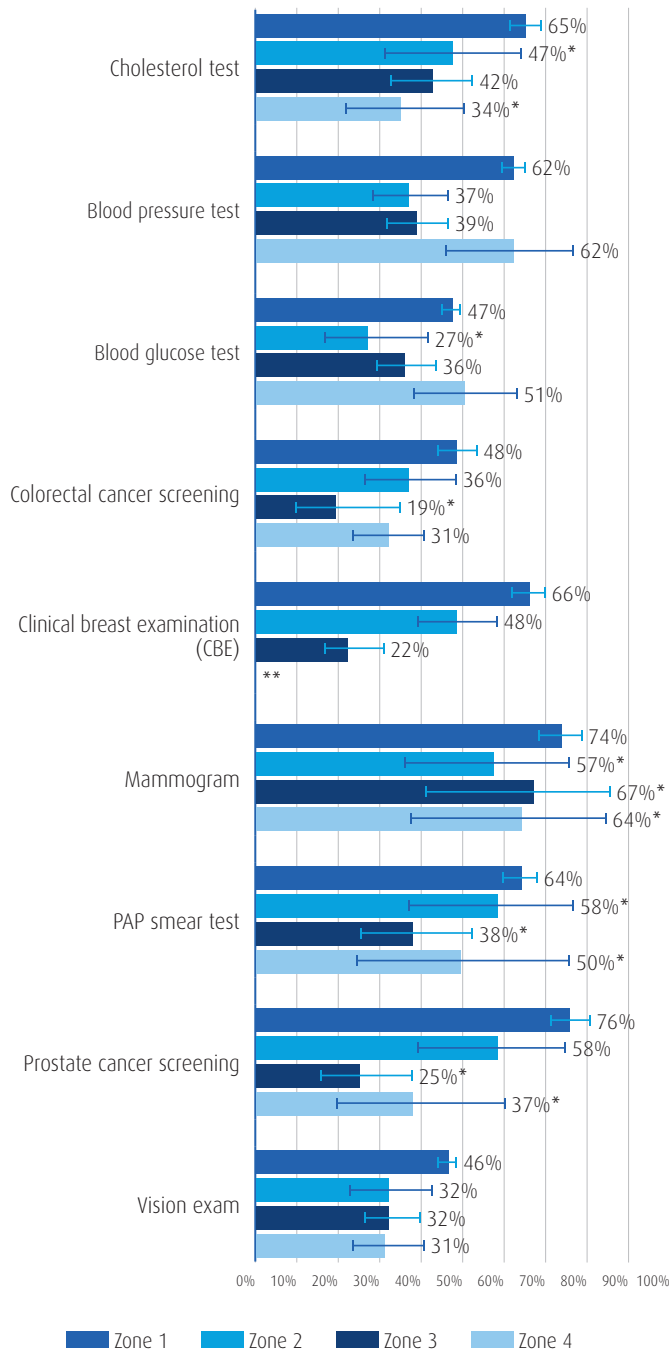
**FIGURE 1**  
Proportion of individuals who had various medical exams based on gender



### Based on geographic zone

The proportion of individuals reporting having had the various exams mentioned seems generally higher in Zone 1 compared to the other zones, with the exception of blood glucose and blood pressure tests, where the proportions in Zones 1 and 4 appear similar. (FIGURE 2).

**FIGURE 2**  
**Proportion of individuals who had various medical exams based on geographic zone**



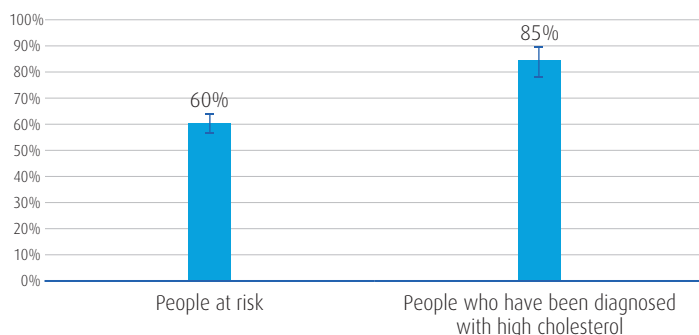
## PREVENTION OF CORONARY HEART DISEASE

### Screening for high cholesterol

According to the Heart and Stroke Foundation of Canada (2017), the risk of developing high levels of bad cholesterol (LDL cholesterol) is higher for women 50 years and over and for men 40 years and over. Having a high level of bad cholesterol increases the risk of coronary heart disease.

RHS data indicate that, of people considered at risk of developing high levels of bad cholesterol, six in ten say they have been screened over the year before the survey. In individuals who have already been diagnosed with high cholesterol, the proportion is higher than eight in ten (FIGURE 3).

**FIGURE 3**  
Proportion of individuals who had their cholesterol tested over the year before the survey among the population at risk and among people who have been diagnosed with high cholesterol

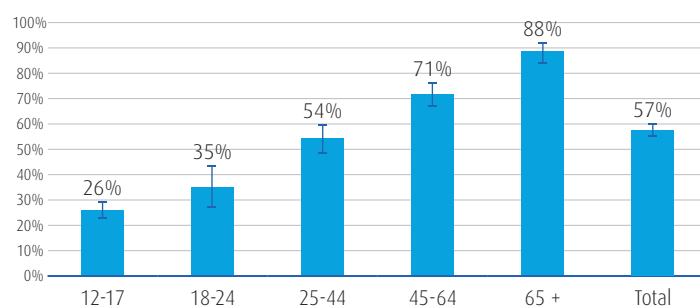


### Screening for hypertension

The Canadian Task Force on Preventive Health Care (2017) recommends measurement of blood pressure for all adults on each visit to the physician. According to Hypertension Canada (2017), aging and diabetes are the main risk factors for high blood pressure, which increases, among other things, the risk of strokes, heart problems and eye diseases.

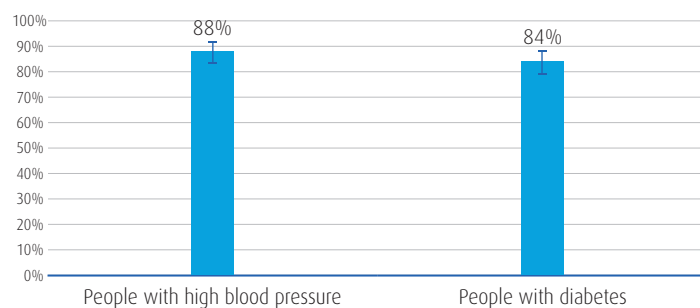
As shown in FIGURE 4, more than half of people 12 years and over report having their blood pressure measured in the twelve months before the survey, and the proportion increases with age.

**FIGURE 4**  
Proportion of individuals who had their blood pressure measured over the year before the survey, based on age



Looking at FIGURE 5, we see that a large majority of respondents who have already been diagnosed with high blood pressure or diabetes say they had their blood pressure measured in the 12 months before the survey. However, in both cases, more than one in ten people did not have any follow-up.

**FIGURE 5**  
Proportion of individuals who had their blood pressure measured among people with high blood pressure and diabetes



## SCREENING FOR TYPE 2 DIABETES

According to the Canadian Diabetes Association, having Aboriginal origins constitutes a risk factor for developing Type 2 diabetes. For example, Aboriginal adults should be screened every one to two years if they have an additional risk factor associated with diabetes (box). Aboriginal children 10 years and over should be screened every two years if they have at least one additional risk factor associated with diabetes, including exposure to diabetes during pregnancy.

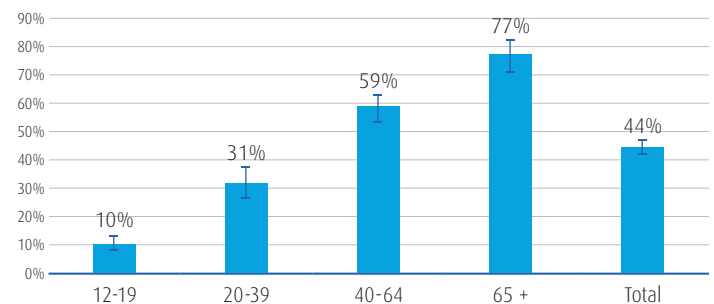
### Risk factors for Type 2 diabetes

- Age  $\geq$  40 years old
- Males
- Family history of Type 2 diabetes
- Member of a high-risk population (including Aboriginal origins)
- History of prediabetes or gestational diabetes
- Risk factors for vascular diseases (including hypertension, abdominal obesity, overweight)

Reference: Canadian Diabetes Association

According to the results of the RHS, less than half of those 12 years and over say they have had a blood glucose test in the 12 months before the survey. The proportion increases with age to reach more than half of people 40 to 64 years old, and more than three-quarters of people 65 years and over (FIGURE 6). There is also a higher proportion of females compared to males (FIGURE 1). In addition, the vast majority (91%) of people who have already been diagnosed with diabetes say that they had their blood glucose tested over the year before the survey.

**FIGURE 6**  
People 12 years and over who had their blood glucose tested over the year before the survey based on age



## CANCER PREVENTION

### Colorectal cancer screening

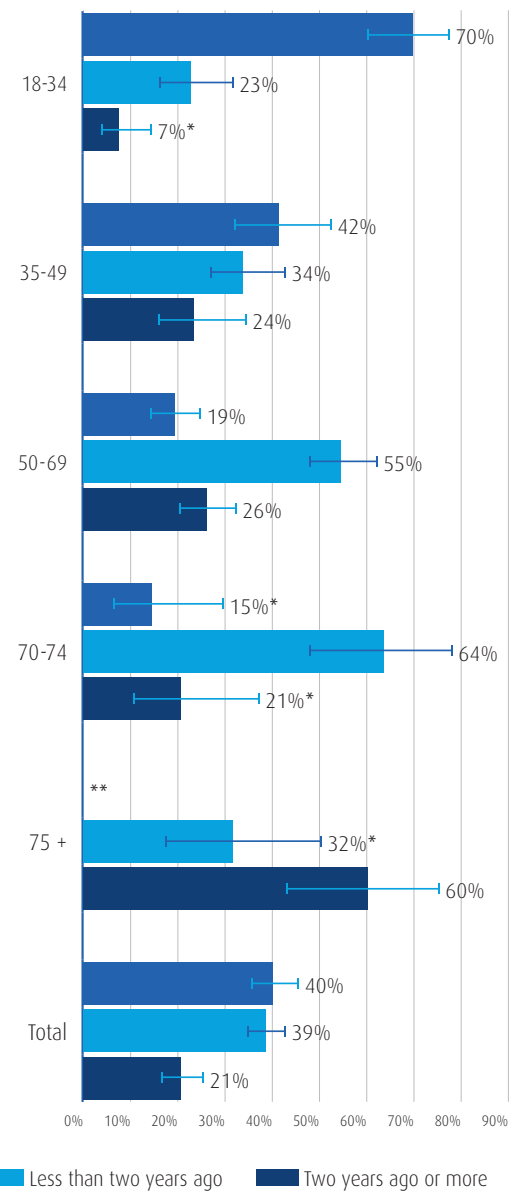
Colorectal cancer screening by stool testing for blood is recommended every two years for men and women 50 to 74 years old (Canadian Task Force on Preventive Health Care, 2017). According to the survey data, less than half (45%) of people 50 to 74 years old say they have had a colorectal cancer screening test (FOBT, sigmoidoscopy, colonoscopy).

### Breast cancer screening

#### Clinical breast examination (CBE)

Clinical breast examinations are recommended for females of all ages when changes in the breasts are noted (Québec Breast Cancer Screening Program, 2017). According to the results of the survey, six in ten female adults say they have had the exam (in the two years before the survey: 39%, two years or more since the survey: 21%). The proportion increases with age (FIGURE 7).

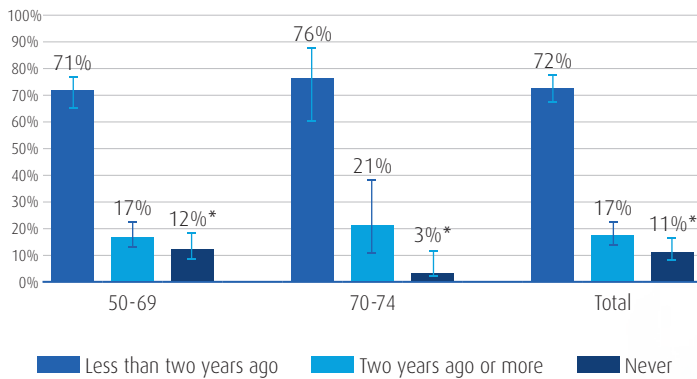
FIGURE 7  
Time of the last clinical breast examination based on age group



## Mammogram

For women not at high risk of breast cancer, mammograms are recommended every two years from 50 years old up to 69 years old, then every two to three years old until the age of 74 (Canadian Task Force on Preventive Health Care, 2017). Looking at **FIGURE 8**, we see that nearly three-quarters of women 50 to 74 years old say they have followed this recommendation. In contrast, about one in six women reported having had a mammogram more than two years since the survey and just over one in ten said they had never had a mammogram.

**FIGURE 8**  
Time of the last mammogram based on age group

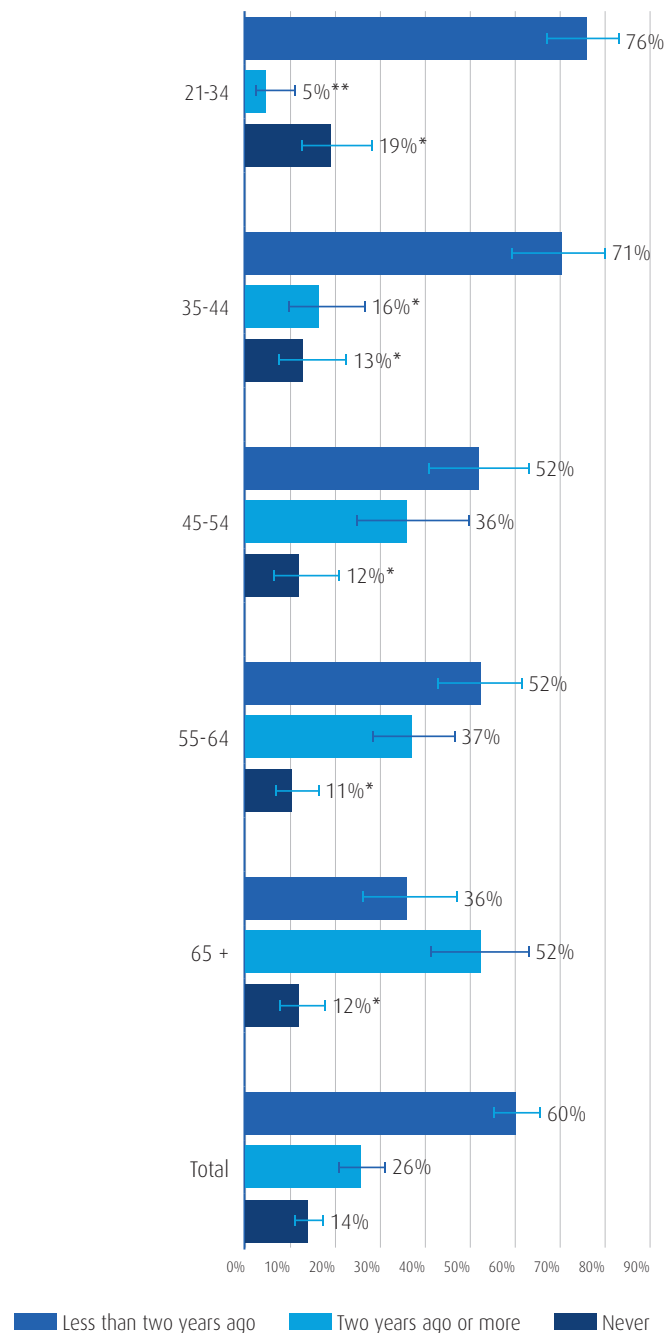


## Cervical cancer screening

Screening for cervical cancer is done using the PAP smear test. The Canadian Cancer Society (2017) recommends this exam for all sexually-active women from 21 years and over. The guidelines of the Association des obstétriciens et gynécologues du Québec (2017) are to be screened three years in a row, then every three years if there are no lesions.

Among women 21 years and over, about six in ten report having had a PAP smear test in the two years before the survey. It appears that the proportion decreases with age, but the proportion of women who have had this test more than two years before the survey increases. On the other hand, nearly one out of six sexually-active women have never had this test (FIGURE 9).

FIGURE 9  
Time of the last PAP smear test based on age group

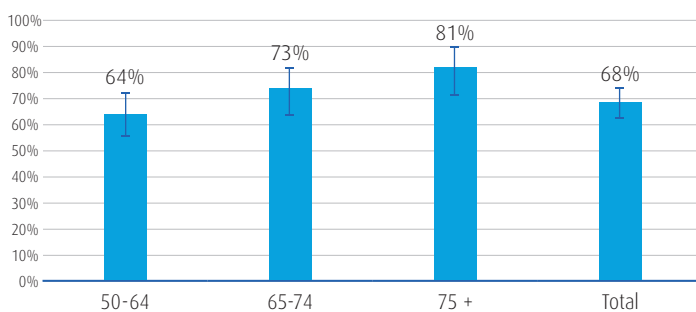


## Prostate cancer screening

Routine screening for prostate cancer is not recommended. Starting at age 50, men should check with their doctor about the need for an early detection test for prostate cancer. This is also the case for men with a family history or with symptoms of this cancer (Canadian Cancer Society, 2017).

As shown in **FIGURE 10**, more than two-thirds of men 50 years and over say they have already undergone prostate cancer screening (rectal examination) or a prostate specific antigen (PSA) test. It seems that the proportion increases with age, from two out of three men 50-64 years old, to eight out of ten men 75 years and over.

**FIGURE 10**  
Proportion of men who have had prostate cancer screening based on age

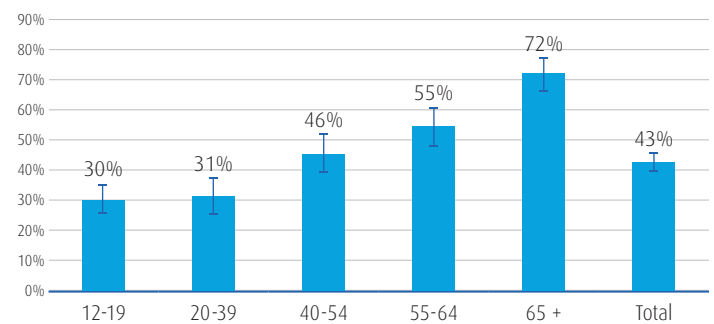


## SCREENING FOR VISION PROBLEMS

The Canadian Ophthalmological Society (2017) recommends a first vision exam at the age of six months for the early detection of vision problems. Adults should increase the frequency of exams with aging and the presence of risk factors, such as diabetes, poor vision, or blindness.

The RHS data reveal that more than four out of ten people 12 years and over say they have had an exam over the year before the survey. As shown in **FIGURE 11**, this proportion appears to increase with age, reaching nearly three-quarters in people 65 years and over.

**FIGURE 11**  
Proportion of individuals who have had a vision exam over the year before the survey based on age



## CONCLUSION

The results of the RHS show that, for most of the listed health conditions, a majority of individuals considered at risk, either because of their age or because of their medical condition, report having had screening tests and appropriate follow-up. However, significant proportions of people say they did not have the exams in the recommended timeframe, or did not have an exam at all. These exams are important to prevent and avoid certain diseases or the aggravation of existing diseases. It is therefore desirable to continue raising awareness of the importance of screening tests and medical follow-up. In addition, it is important to ensure that health services are accessible and culturally adapted.

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## METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the “\*” sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign “\*\*\*” indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:<sup>1</sup>

- Zone 1 (urban): less than 50 km from a service centre with road access;
- Zone 2 (rural): between 50 and 350 km from a service centre with road access;
- Zone 3 (isolated): more than 350 km from a service centre with road access;
- Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term “community” is used to represent “Indian reserves.”

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: <https://centredoc.cssspnql.com>.

<sup>1</sup> INAC, <http://fnppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng> [accessed 2018-01-03].

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