PHYSICAL AND SOCIAL ENVIRONMENT

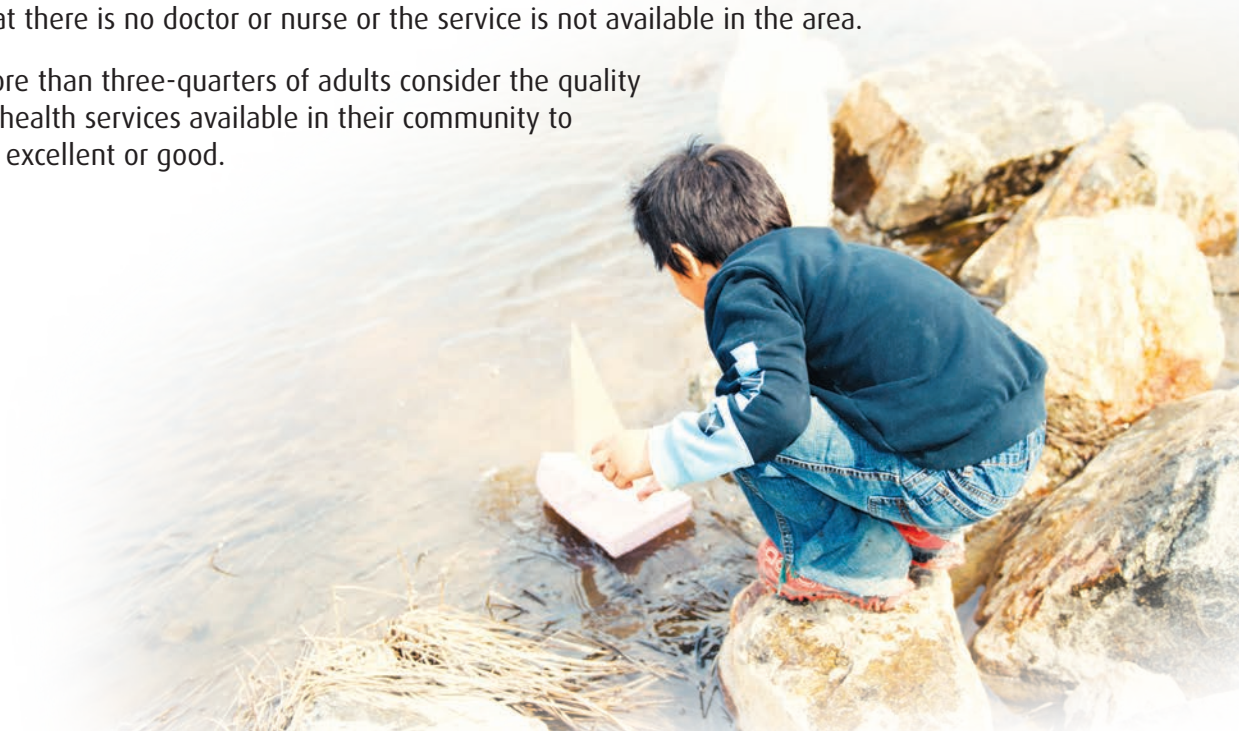
RHS
QUEBEC FIRST NATIONS
REGIONAL HEALTH SURVEY

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

ACCESSIBILITY AND USE OF HEALTH SERVICES

Highlights

- Nearly three-quarters of adults and six adolescents in ten reported that they have seen a doctor or community health nurse in the last twelve months.
- One in ten adults and the same proportion of adolescents have used a mental health service in the last twelve months.
- Adults living in low-income households and those who speak a First Nations language daily are more likely to have never seen a doctor or mental health professional.
- The most common barriers to accessing health care have been an overly long waiting list, the fact that the service is not covered by the *Non-Insured Health Benefits Program* and the fact that there is no doctor or nurse or the service is not available in the area.
- More than three-quarters of adults consider the quality of health services available in their community to be excellent or good.



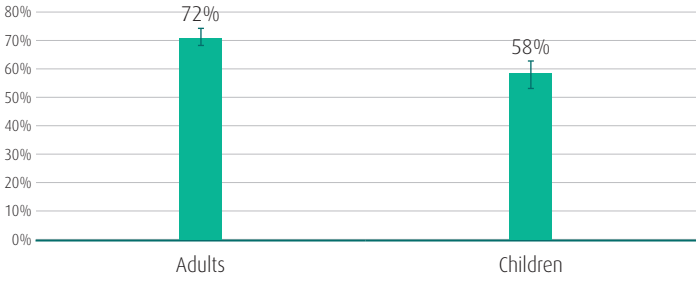
BACKGROUND

This booklet provides a portrait of the accessibility and use of health services by First Nations residing in communities. It will therefore discuss the needs, the use of health services and the barriers encountered to accessing them, and satisfaction with the quality of the services received.[1]

PERCEPTION OF HEALTH CARE NEEDS

According to the results of the 2015 RHS, almost three-quarters of adults reported requiring health care from a doctor, nurse or other health professional during the past twelve months. Almost six in ten children have required health care in the last twelve months (FIGURE 1).

FIGURE 1
Proportion of adults and children who reported requiring health care during the past twelve months



USE OF SERVICES

Visit to a doctor or community health nurse

In relation to perceived needs, the 2015 RHS data indicates that almost three-quarters of adults have visited a doctor or community health nurse within the past twelve months.[2] The same was true for six out of ten adolescents. In contrast, almost one in ten adults and one in five adolescents reported never having seen a doctor or community health nurse in their lifetime (TABLE 1).

TABLE 1
Time of last visit to a doctor or community health nurse among adolescents and adults

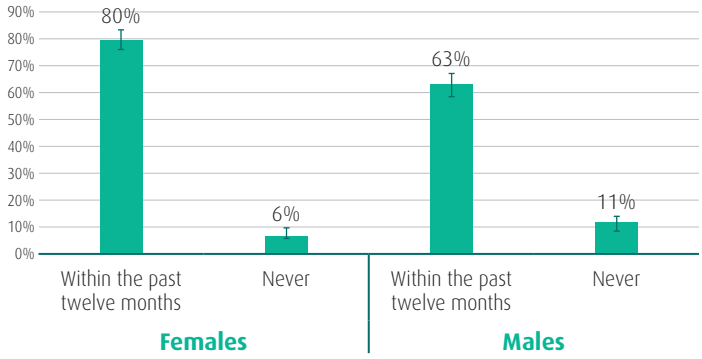
	Adolescents	Adults
Never	20% [17-24]	9% [7-11]
Within the past twelve months	58% [54-62]	72% [69-75]
One to two years ago	14% [12-18]	13% [11-15]
Over two years ago	8% [6-10]	6% [5-8]
Total	100%	100%

Among adults, there is a difference between males and females in the timing of the last visit to a doctor or nurse. For example, more women than men have seen a doctor or community health nurse in the past year. Also, women are less likely to have never seen a doctor or nurse in their lifetime (FIGURE 2).

1 The study population is not the same throughout the booklet since questions regarding accessibility and use of services differ in the three questionnaires (children, adolescents and adults).

2 The RHS questionnaire does not determine whether the health professionals consulted are working within or outside communities.

FIGURE 2
Time of last visit to a doctor or community health nurse among adults, by gender

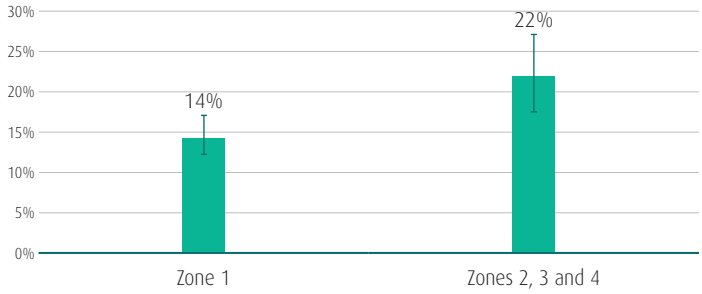


Continuity of care

According to the Canadian Institute for Health Information (2015), the stability of the primary caregiver – the person who is the patient's first point of contact with the health system – is an essential component of the quality of first-line services. This relational continuity of care has an impact on the effectiveness of care, the patient's health status, the number of emergency visits and hospitalizations, and thus contributes to improving the patient's state of health.

The results of this survey indicate that 16% of adults who have a primary care provider (family physician, nurse or nurse practitioner) have changed their primary care provider at least once in the last twelve months. A greater proportion of adults residing in Zones 2, 3 or 4 reported having changed their primary care provider at least once in the last twelve months, compared to those residing in Zone 1 (FIGURE 3).

FIGURE 3
Proportion of adults who changed primary health care provider, by geographic zone



Use of a mental health service

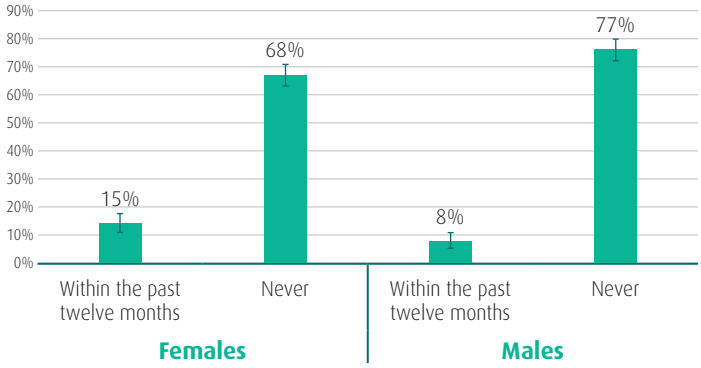
In terms of mental health services, three-quarters of adults said they had never used such services, while just over one in ten adults reported having used them in the last twelve months. Relatively similar proportions were observed among the adolescent population (TABLE 2).

TABLE 2
Time of last use of a mental health service among adolescents and adults

	Adolescents	Adults
Never	77% [74-81]	72% [69-76]
Within the past twelve months	12% [10-16]	12% [10-14]
One to two years ago	5%* [3-7]	3%* [2-4]
Over two years ago	6% [4-8]	13% [11-15]
Total	100%	100%

For adults, almost twice as many women as men have used a mental health service in the past twelve months (FIGURE 4).

FIGURE 4
Time of last use of a mental health service among adults by gender



Relationship between the use of services and certain sociodemographic factors

A number of authors have demonstrated that poverty is a significant barrier to the use of health services, even when services are said to be "universal" (Hutchison, 2007).

According to the results obtained, adults who live in a low-income household (less than $20,000 a year) are more likely to have never seen a doctor or nurse, or used a mental health service, than people from households with higher incomes. Similar patterns were observed for adults who did not complete high school **(FIGURES 5 AND 6)**.

It can also be observed that adults who use a First Nations language exclusively in their daily lives are more likely to have never seen a doctor or nurse, or a mental health professional, than those who speak another language **(FIGURES 5 AND 6)**. It is recognized that when the services are not offered in the language of the community, this constitutes a barrier to the use of services (National Collaborating Centre for Aboriginal Health, 2011).

FIGURE 5
Proportion of adults who have never visited a doctor or community health nurse, by household income, language, and schooling

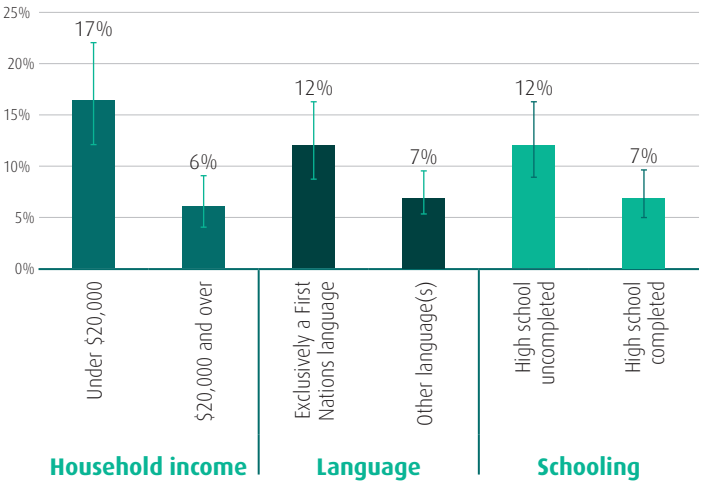
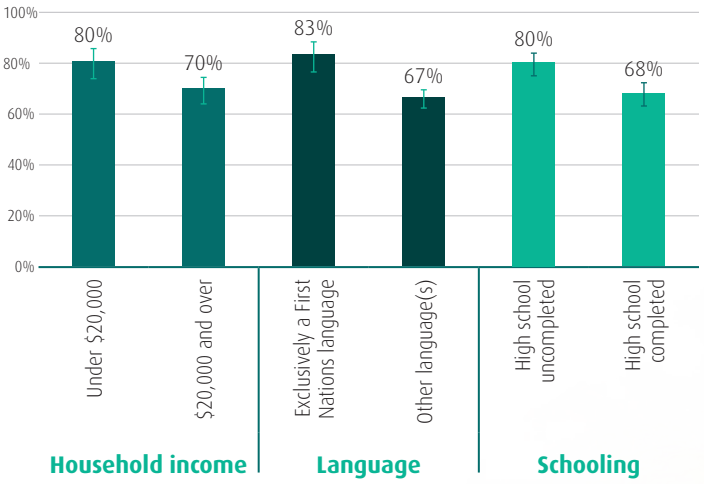


FIGURE 6
Proportion of adults who have never used a mental health service, by household income, language and schooling

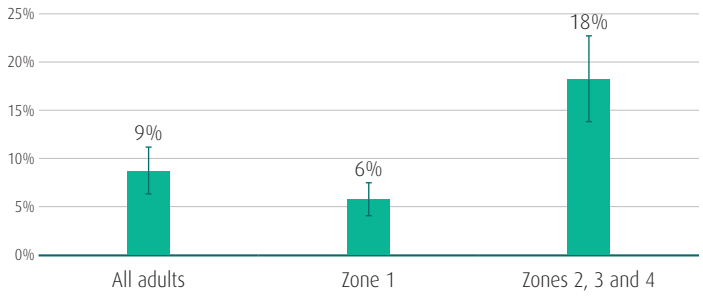


BARRIERS TO ACCESSING SERVICES

Equitable access to health services is a recognized right in Canada under the Canada Health Act. Despite this right, not all Canadians have equal access to health services. It is well recognized that there are a number of challenges that limit First Nations access to health services (National Collaborating Centre for Aboriginal Health, 2011). This inequity contributes to widening the gap between the health status of Aboriginal and non-Aboriginal people (Peiris, Brown & Cass, 2008).

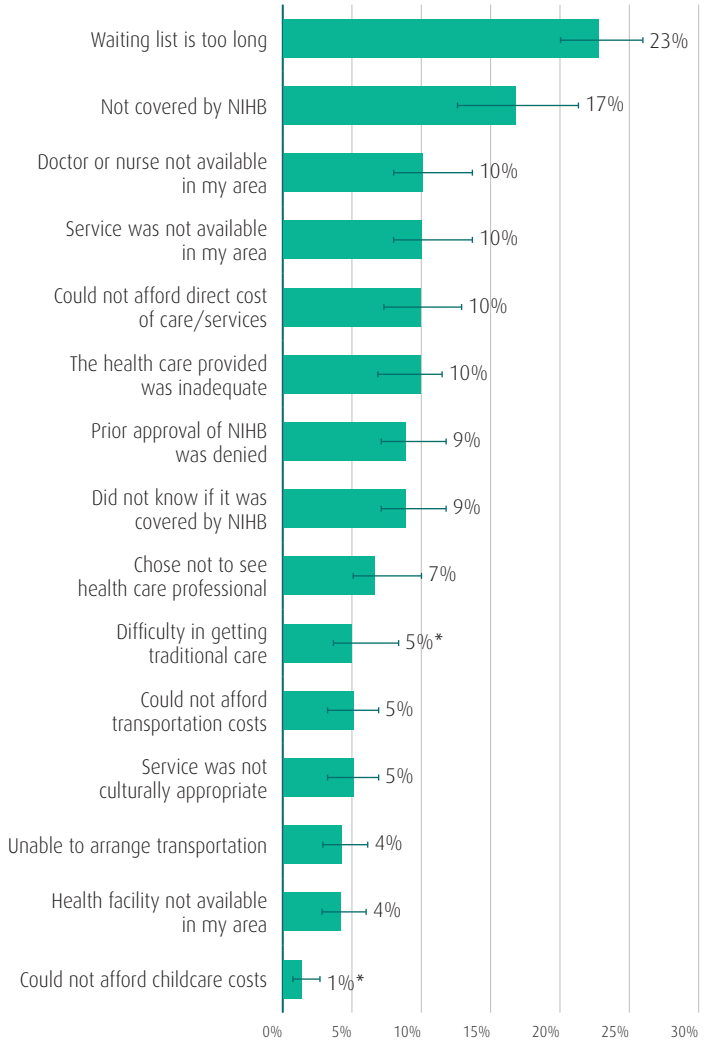
The results of the RHS show that nearly one in ten adults said they did not receive all the care they needed in the last twelve months. A larger proportion of adults residing in Zones 2, 3 or 4 reported that not all their needs were met in comparison to adults residing in Zone 1 **(FIGURE 7)**.

FIGURE 7
Proportion of adults who reported not receiving all the health care they needed in the past twelve months, by geographic zone



Adults who have needed health care have encountered a variety of barriers to obtaining this care. The most frequently mentioned barriers are a long waiting list, the fact that the service is not supported by the *Non-Insured Health Benefits Program* (NIHB) and the fact that there is no doctor or nurse or that the service is not available in the area **(FIGURE 8)**.

FIGURE 8
Barriers faced by adults to receiving health care



With regard to children, the challenges most often mentioned by parents whose children have had health needs roughly compare to those of adults. These challenges include an overly long waiting list (16%), non-availability of service (14%) and the fact that the service is not supported by the NIHB Program (9%).

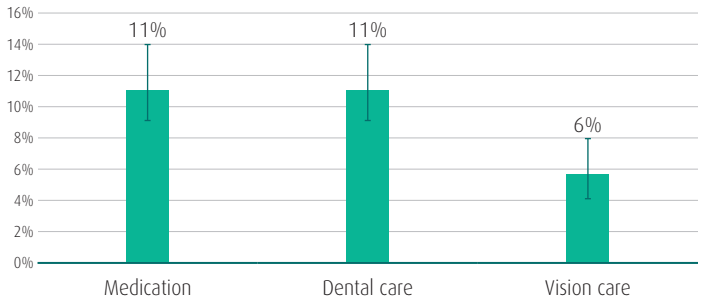
In 2002 and 2008, the same barriers were reported as most common for both adults and children.

Barriers to obtaining products and services covered by the NIHB Program

Eligible First Nations and Inuit have access to the NIHB Program, funded by Health Canada, which covers the cost of medically required products and services when they are not covered by other programs or by their province of residence.

According to the results obtained, 86% of adults have tried to access one of the health care services offered by NIHB. Of these, 25% had difficulty accessing at least one of the services. The products and services which adults reported having the most difficulty obtaining were medication, dental care and vision care (FIGURE 9). These are also the three products and services adults reported having the most difficulty obtaining in 2002 and 2008.

FIGURE 9
Proportion of adults who experienced difficulties accessing a NIHB service, by service

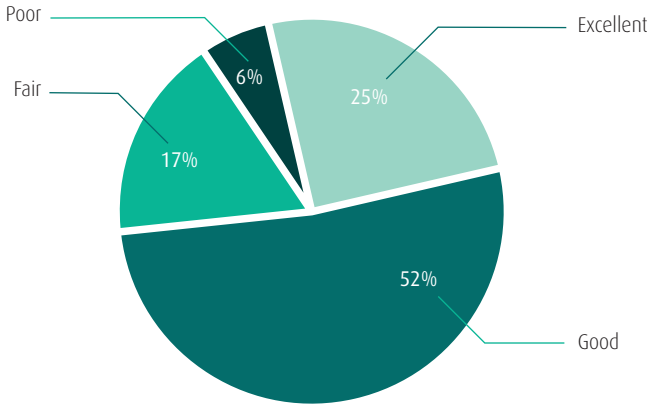


Note: The categories "medication", "dental care" and "vision care" are not mutually exclusive. The respondent could indicate more than one choice.

SATISFACTION WITH THE QUALITY OF SERVICES

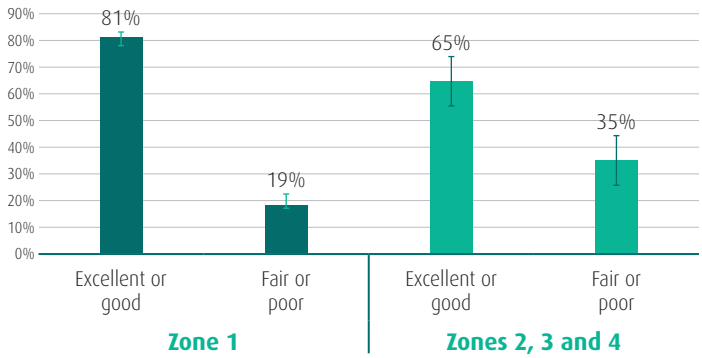
More than three-quarters of adults consider the quality of health services offered in their community[3] to be good or excellent (FIGURE 10).

FIGURE 10
Perceptions of adults on the quality of health services available in their community



The data collected indicate that adults residing in Zone 1 consider the services offered in their community to be of better quality than adults in communities located in other geographic zones. For example, eight out of ten adults living in Zone 1 perceive that the quality of services provided is excellent or good compared to two-thirds of adults in Zones 2, 3 and 4 (FIGURE 11).

FIGURE 11
Perceptions of adults on the quality of health services available in their community, by geographic zone



3 The question asked of respondents does not distinguish between satisfaction with the quality of services offered by employees of the community health centre and services offered by visiting professionals.

CONCLUSION

Results from the 2015 RHS demonstrate that there remain, in the communities, significant issues in terms of accessibility and use of health services, with a significant proportion of the population not receiving the health services that it needs. This situation is all the more concerning in light of the serious challenges posed by the numerous health issues of the First Nations population in Quebec.

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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:[4]

– 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.

4 INAC, http://fnp-ppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng [accessed 2018-01-03].

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