



Health Services

Information from the national and regional reports of the 1997 *First Nations and Inuit Regional Health Surveys*

What Questions Did The Regional Health Surveys Ask About Health Services?

The Regional Health Surveys (RHS) included some questions that were the same across the whole country and some questions that were only asked in particular regions. The national questions asked people's opinions about the health services available and which services need to be improved. They also asked people if they thought that a return to traditional ways would promote wellness in the community.

Several regions also asked about health services. Depending on the region, these questions dealt with:

- Traditional healing
- Use of health services
- Availability of health services
- Discrimination in health services



Traditional Healing

Many First Nations Peoples and Inuit support the idea of traditional healing methods. Nationally, more than 80 per cent of adults agreed a return to traditional ways would promote community wellness. In Manitoba, 54 per cent of people agreed their community's wellness plan should include a traditional health component.

Across the country, there was a lot of variation in how many people actually used traditional healing methods. Depending on the region, anywhere from five to 34 per cent of people had consulted a traditional healer in the previous year. Results from Quebec suggest people either use traditional methods regularly or they do not use them at all. While five per cent of adults had seen a healer in the past year, 90 per cent had never consulted one in their lives.

People living in more isolated communities seem to be more likely to use traditional methods. Surprisingly, old people are less likely than adults in the middle age ranges to use traditional approaches.



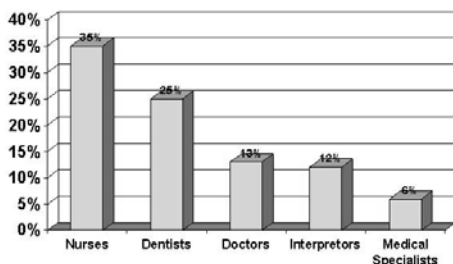
shorter supply. In Manitoba, only 36 per cent of people had ever been treated by a First Nations health worker. This was usually a community health representative, nurse or a traditional healer.

Use of Western Health Services

Three regions asked people about use of western health services such as doctors, nurses and dentists. More than half of all adults had consulted a doctor in the previous year. The proportions of those who had consulted a nurse varied between nine and 60 per cent. This is probably because rural communities are served by health centres staffed primarily with nurses while communities close to urban areas would have easier access to doctors.

Availability of health services may be a problem. In Manitoba, 18 per cent of people said at some time in their lives, they had needed health services, but did not receive them. Further, large majorities felt not enough nurses, doctors, dentists, interpreters, and specialists were available. First Nations and Inuit health professionals are in even

Opinions About Availability of Health Professionals
Percentage Who Think the Availability of Various Health Professionals Is Adequate
1997 RHS Manitoba Results



Discrimination in the Health Care System

Percentage of respondents in Manitoba who report discrimination from health care workers

Inside the community	16%
Outside the community	30%

Percentage of respondents in Labrador who were treated with respect by health care workers:

Inside the community	96%
Outside the community	89%

In some cases, discrimination may also make health services less available. While most people felt that the health services provided in their community were respectful, in Manitoba up to 30 per cent of people said that they had experienced discrimination from health workers outside the community.





Opinions About The Quality Of Health Services

Nationally, almost half the respondents to the RHS thought the health services provided to First Nations People and Inuit were not as good as those provided to other Canadians while only a third thought they were equal. Inuit and French-speaking First Nations Peoples were more likely to think health services were comparable while people with chronic conditions and activity limitations were less likely to think so.

Other groups that were particularly dissatisfied were people living in small or isolated communities and people in communities that were not involved in health transfer. It is not clear whether people in transferred communities are more satisfied because local control improves the services; because larger, developed communities are more likely to transfer; or a combination of the two.

People who felt services were unequal were asked whether any of a list of services needed to be improved. About three-quarters of the respondents answered yes to all the items indicating a desire for better services across the board. However, the top choices for improvement were:

- Paediatric care
- Preventive programs such as disease prevention, diabetes education and medication awareness
- Continuing care such as home care and homes for the elderly
- Mental health programs

There was broad agreement on these priorities. In addition, people living in small communities who spoke an Aboriginal language emphasized the need for translation services. People with poor health, activity limitations and chronic conditions placed special emphasis on home care, chronic care facilities, and preventive education.

Percentage of People Who Feel Health Services are Unequal Who See A Need For Improvements In...

National RHS results, 1997

Paediatric Services	86%
Disease Prevention	84%
Medication Awareness	83%
Diabetes Awareness	82%
Homes For The Elderly	82%
Home Care	81%
Mental Health Services	81%
More Health Staff	78%
Chronic Care Facilities	77%
Dental Services	77%
Translation Services	73%
Kidney Dialysis	72%





About the Regional Health Surveys

The statistics in this Fact Sheet are drawn from the 1997 *First Nations and Inuit Regional Health Surveys*.

The surveys covered people living in 186 First Nations communities spread across most of southern Canada and in the Inuit communities of Labrador. The surveys did not include people living off-reserve, in the North or in the James Bay area of Quebec. All told, the survey included 9,870 adults.

Sampling methods varied from one region to another. Also, the definition of adult varied. British Columbia considered anyone older than 16 years to be an adult while other regions counted anyone 18 and older to be an adult.