



Conseil/Cri de la santé et des services sociaux de la Baie James
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Institut national
de santé publique
Québec

Planification, recherche et innovation
Unité connaissance-surveillance

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Results from the
2003 Canadian Community Health Survey

May 2007

How health care is set up in Iiyiyiu Aschii

The communities in Iiyiyiu Aschii are spread over a huge area—as big as Newfoundland and New Brunswick together. And all of them are far from cities and big hospitals. To cope with this, health care in the region is set up in a special way:

- ◆ Nurses provide all the basic care. The big communities have full-time doctors, but the smaller ones only have visiting doctors. At the time of this survey, only the larger communities had dentists on staff.
- ◆ Many doctors in the south have their “own” patients, but in Iiyiyiu Aschii the doctor treats anyone in the community who needs it.
- ◆ It is hard to find doctors who want to live in northern areas. So Iiyiyiu Aschii has a lot of doctors who are filling in for a short time.
- ◆ People with more serious problems are often sent out to hospitals or doctors in other parts of Quebec.



Use of medical care in Iiyiyiu Aschii

How often people get care

Like other people in Quebec, most Iiyiyiuch (87%) see at least one health worker each year. Usually, they see nurses, doctors, or dentists. Because nurses provide most of the basic care in Iiyiyiu Aschii, people in the region are very likely to have seen a nurse. But they are less likely than other people in Quebec to have seen a specialist doctor.

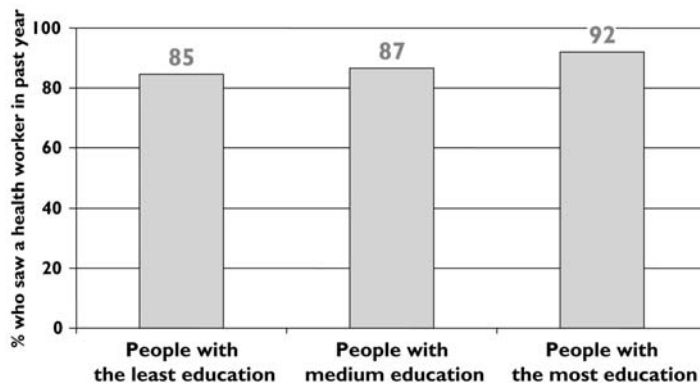
As you would expect, people who are in poor health are more likely than others to see most types of health care workers. But it seems that health is not the only thing that affects how often people see health workers. People with a lot of education are more likely than others to use most types of health care. We also see big differences between communities in how often people use health care.

Poor health

In this report, “poor health” means that:

- ◆ The person said their health was “fair” or “poor”
- and/or*
- ◆ The person had at least one long-term health problem like diabetes or asthma.

Percent of people who used health care in the past year, by education level



Education measured in quartiles: least education = bottom quartile; medium education = 2nd quartile; most education = 3rd and 4th quartiles.

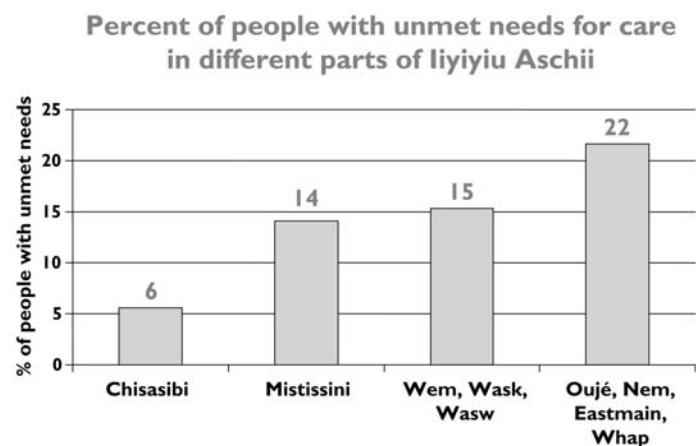


Unmet needs for medical care

About one person in seven (14%) says that they needed some type of health care in the past year that they didn't receive. This is about the same as in other parts of Quebec. But we are not sure if this can be true. Health care workers in the region think there is a lot more need than people are saying. This often happens in northern areas. It might mean that liiyiuch and health workers have different views about what people need.

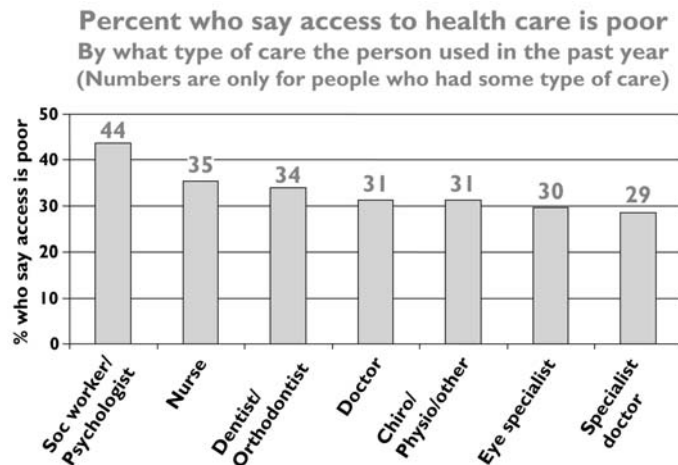
What does the information on unmet needs tell us about health care in the region?

- ◆ First, we notice that what makes liiyiu Aschii different from the rest of the province is how many young adults say they have unmet needs. Perhaps young adults need kinds of services that don't exist in liiyiu Aschii. Or maybe when people say they have unmet needs, they are thinking about care for their children.
- ◆ We also notice that a lot of the needs were not met because the service didn't exist in the region. People living in the smaller communities were especially likely to say they had needs for health care that had not been met.



People's opinions about health care

liiyiuch are not happy with the health care in their communities. Almost half of them think that access to care is poor. They also think the quality of the care is poor. However, people in the larger communities—Chisasibi and Mistissini—tend to be more pleased with their health care.



People's views about access depend on the type of care they need. For instance, only a third of the people who had seen a specialist in the past year thought it was hard to get care. But almost half the people who had seen a mental health worker said access was poor. This suggests that people find it easier to get help for physical problems than for mental ones.

How having a regular doctor affects use of health care

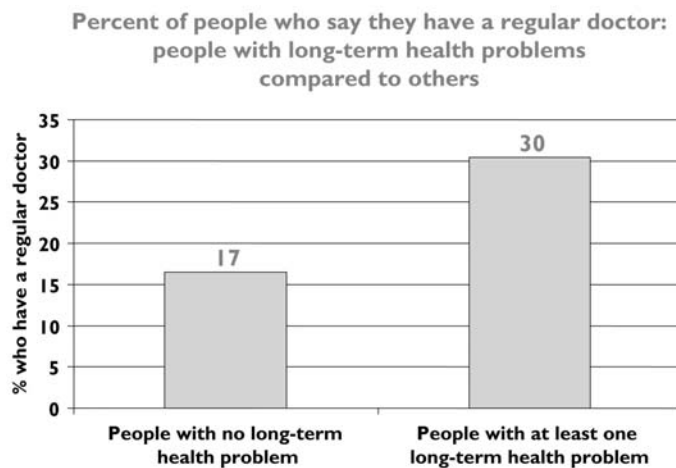
Studies in other parts of Quebec say that people find it easier to get good care if they have a regular doctor. But in Iiyiyiu Aschii, people don't have "regular" doctors in the same way as they do in the south. The doctors who visit may change often. And many people see nurses instead of doctors. Still, if the same doctor has been coming for a long time, people may start to think of him or her as their "regular" doctor. Also, people who live near Chapais, Chibougamau, or Val d'Or might have regular doctors in those towns.

All told, one Iiyiyiu in four (24%) says that they have a regular doctor. People who have long-term health problems (like diabetes or high blood pressure) are even more likely to say they have a regular doctor.

This is good news. We think it means that the people who need health care the most are being sent to doctors, who are keeping track of how they are doing.

Nurses only send people to doctors if they have a more serious illness. So it is not surprising that the people with regular doctors say that they use health care more

often. What is surprising is that having a regular doctor seems to do a lot to improve people's views of the health care system. In Iiyiyiu Aschii, the people with regular doctors are much more likely than others to think that it is easy to get care. They are also more likely to think the care is of good quality. The same pattern has been noted in other northern areas.



Even though the people with regular doctors use more services, they still report unmet needs. In fact, they are more likely than others to say that they had a problem but their doctor didn't think care was needed. This may mean that doctors are making sure that people only get health services when they really need them.



Some paths to improving medical care in Iiyiyiu Aschii

What does all this tell us about how well the health care system is working in Iiyiyiu Aschii?

The good news is that it seems that the people in greatest need are getting the most care. The survey results show us that people in poor health get more services than others. And they are at least twice as likely to see a specialist. This is a good sign. It is also good to see that people report no more unmet needs in Iiyiyiu Aschii than in other parts of Quebec (even though some health workers wonder if this can be true).

But the results also suggest that people find it hard to get health care. Many people in Iiyiyiu Aschii feel that care is poor, and some needs go unmet because the service simply doesn't exist in the region. We also notice that use of health care varies a lot between the different communities. (This suggests that health care is harder to get in some communities than others.) And we notice that people in Iiyiyiu Aschii are a lot less likely than others in Quebec to see a specialist doctor. This often happens in northern areas.

Some types of care seem to be harder to get than others. For instance, the results suggest that the region needs more mental health services. We also see that women age 20–29 say they have a lot of unmet needs, although we're not sure what these needs are.

How could care be improved? The Cree Health Board thinks the new Miyupimaatisiwin centres will help. These centres will offer care from a team of workers. The team could include nurses, doctors, miyupimaatisiwin workers, and other people like nutritionists or physiotherapists. The centres will also offer some traditional kinds of care. The plan is to cover the whole range from:

- ◆ helping people to stay well
- ◆ treating people when they are sick
- ◆ helping people get back to their normal activities after an illness or accident
- ◆ caring for people who are dying.

Along with this, the Health Board wants to see more Iiyiyiuch trained in health and social services. This will allow people to get care that fits with their culture.

Use of dental care in Iiyiyiu Aschii

About half the people in Iiyiyiu Aschii saw a dentist in the past year, and another third saw one in the past 1–3 years.

Women, and people under age 45, were more likely to have seen a dentist within the past year.

There were some big differences between communities in how often people saw a dentist. People living in Chisasibi and Mistissini were most likely to have seen a dentist in the past year.

Some of what people said about dental care is surprising. On the one hand, many people describe their dental health as poor, and dentists in the region think that a lot more services are needed. Yet few people say that the long waiting lists are keeping them from seeing a dentist. And some of the people who have not had dental care in years explain that they don't need any. In short, dental

staff think there's a lot of need, but the people living in Iiyiyiu Aschii don't always agree.

What could explain these different views? One answer might be that dentists think people should be getting check-ups and doing things to prevent cavities, while the people themselves may only want to see a dentist when they are actually having a problem like toothache. The Public Health department may need to tell people more about how dental check-ups can help them to keep their teeth strong.

When people living in different parts of Iiyiyiu Aschii last saw a dentist

