


The First Nations Health Service Utilization Study



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Sources of Data

Mental Health

Injuries

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Respiratory Disease

Birth Weight

Summary



Advisory Committee

- Treaty 6,7, and 8 Health Directors
- First Nations & Inuit Health Branch - Health Canada
- Alberta Mental Health Board
- Alberta Cancer Board
- College of Physicians and Surgeons
- Alberta Justice
- Elders
- Alberta Health and Wellness
- University of Alberta
- Nechi Institute
- Aboriginal Diabetes Wellness Program
- HIV Edmonton
- Alberta College of Pharmacists



Working Together

- Required attending three day long committee meetings, telephone calls, and email.
- A team of statisticians from Alberta Health and Wellness presented data to the committee members.
- The committee members identified **Children's health, mental health, injuries, HIV/AIDS, Hepatitis C, diabetes, teen pregnancies, FAS, cardiovascular and respiratory disease** were identified as health problems.



Background of the Study

- Methodology consisted of using Western Scientific Knowledge with Indigenous Methodology.
- The following databases were used: Alberta Health Care Insurance Plan (AHCIP) registry, Hospital Morbidity file, Ambulatory Care Classification system, and the Fee-for-Service Claims database.
- 1:1 matched design according to age, gender, and geographic region.
- First Nations people comprised (n=112, 792) individuals who used health care services in Alberta during the year 2000.



*Each and every death we take personally”
(Ruth Morin, October 22, 2001).*



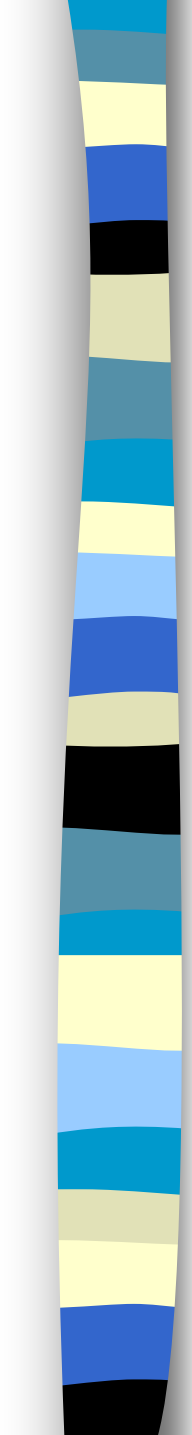
A Bicultural Process

- The process of colonization has created rifts between Aboriginal and non-Aboriginal people
- The colonial dream has been one of “us and them”
- A bicultural process moves the group forward to achieve the product
- This process resulted in sharing aspects of native culture and data to produce this report

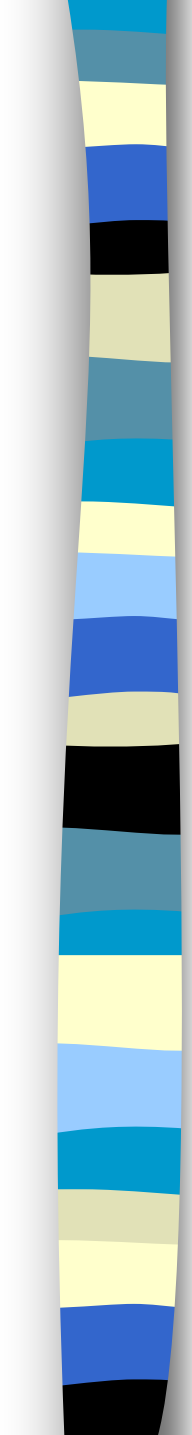


Dream Shift

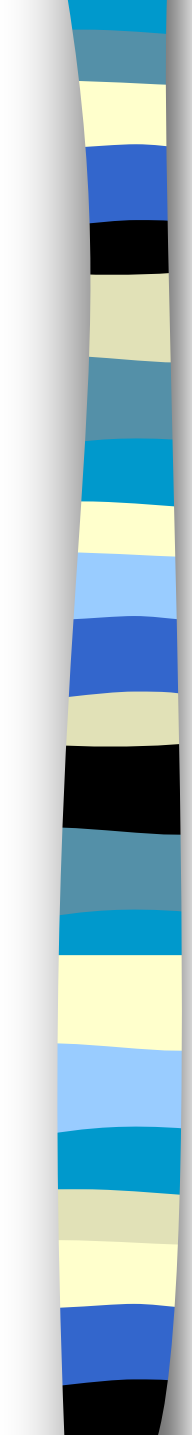
“In our way of communicating most of the time we think Aboriginal but we have to speak English. We have to interpret what we’re going to say in our communication. One thing that we have to work on is to understand one another. We understand [well] because we use our language. This is where we learn. I am happy that we’ve been asked to give our opinion and have offered our advice, now we’re going to have a better understanding between Aboriginal people and non-Aboriginal people” (Frank Daniels, April 23, 2002).



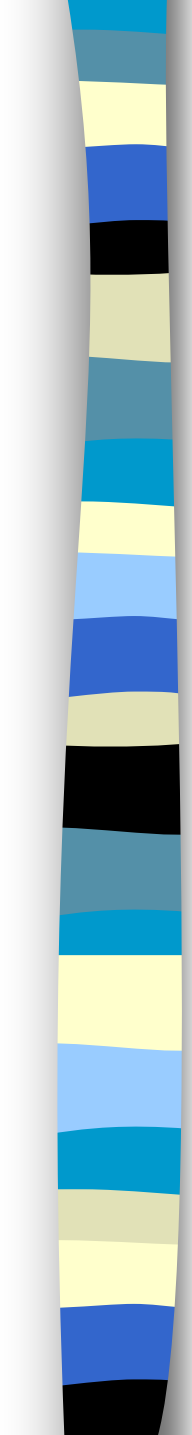
“The circle is a bond that people can trust. In my tradition if I don’t understand a person the first time maybe we need to be more open with one another in a circle and build that trust, respect, without judgement. We all have different ways of knowing. You got to have humor to be open to have that respect” (Denys Auger, April 23, 2002).



“Thank-you for sharing your culture, history, and the problems that you faced from the past and present. I’ve been saddened and outraged that this occurs in the 21st century. The United Nations stated that Canada is the best country in the world. I hope that the report can give voice to those numbers and be able to give strength to the people to change those numbers” (Donald Schopflocher, April 23, 2002).



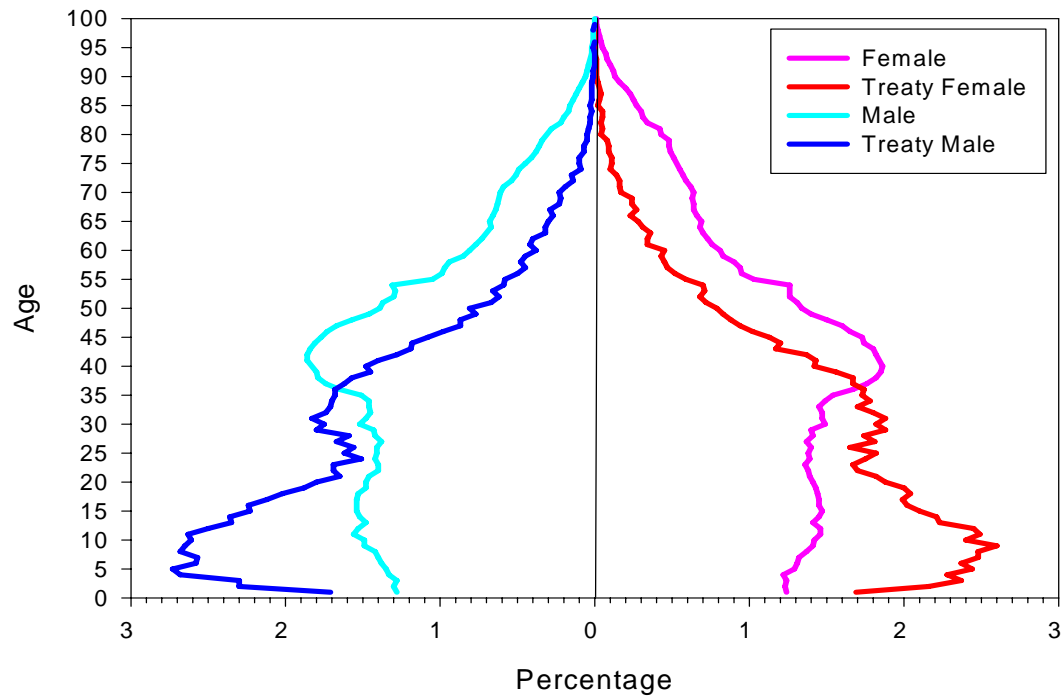
“I’ve spent twenty-nine years working with First Nation’s people and there have been many improvements. Twenty-nine years ago we would not have been sitting here in a circle, there would be a square table with non-Aboriginal people making the decisions. We’ve made fairly good progress. It helps that when we talk to one another, we see each other. We connect with each other, and if we see ourselves as part of a larger family, then we are able to give voice to those issues that are important in our lives” (Marion Perrin, April 23, 2002).

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*“The process has taught me a lot. The elders are telling us that the values, culture, and spirituality are important. These ideas need to be reintroduced as valuable and the community needs the strength to look after the elders to get those concepts back”
(Kathy Cardinal, April 23, 2002).*

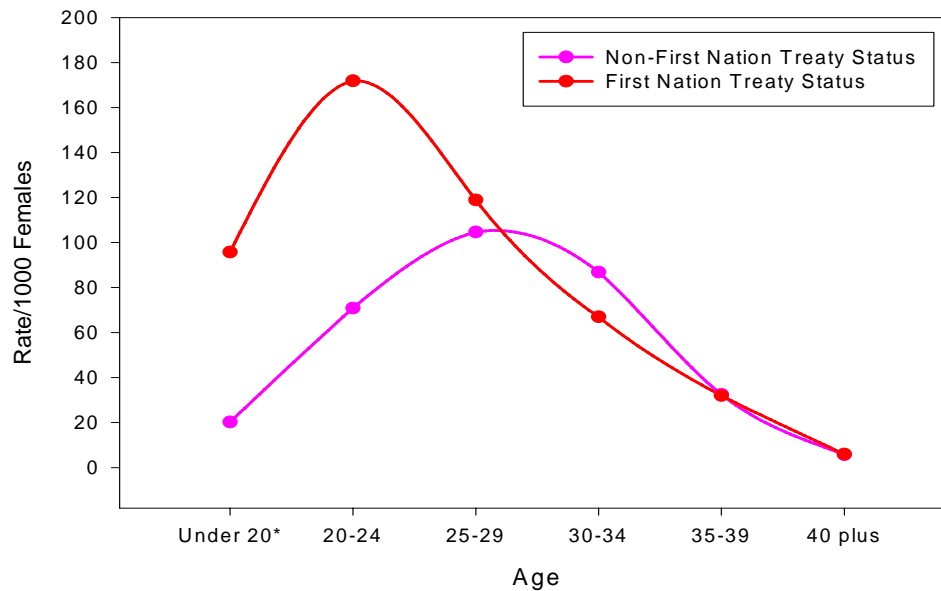
Age Distributions

Figure 1 Age distributions, Treaty Status First Nations and Non First Nation individuals, Alberta, 2000



Fertility

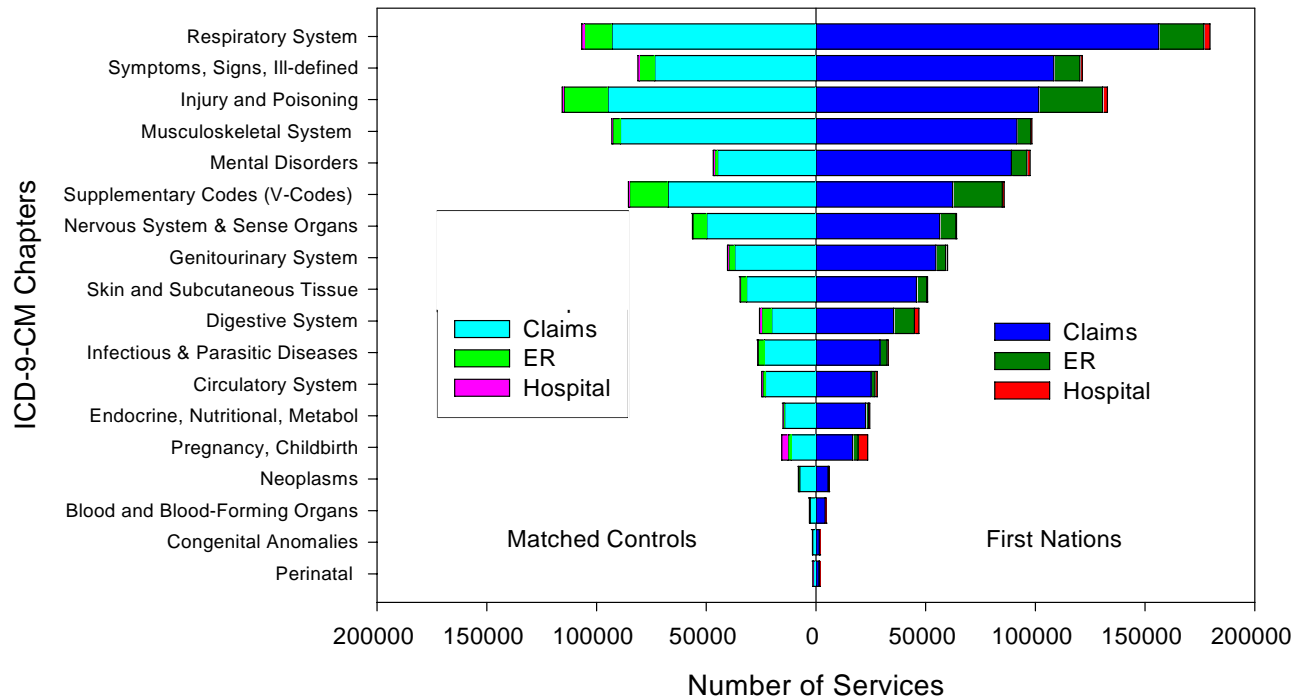
Figure 1 Age Specific Fertility Rate, Hospital Births, Alberta 1999/2000*



* Births recorded in the hospital morbidity file where the patient ID matches the AHW Registry file
This is an under-estimate of the total births to Alberta residents - particularly for age under 20

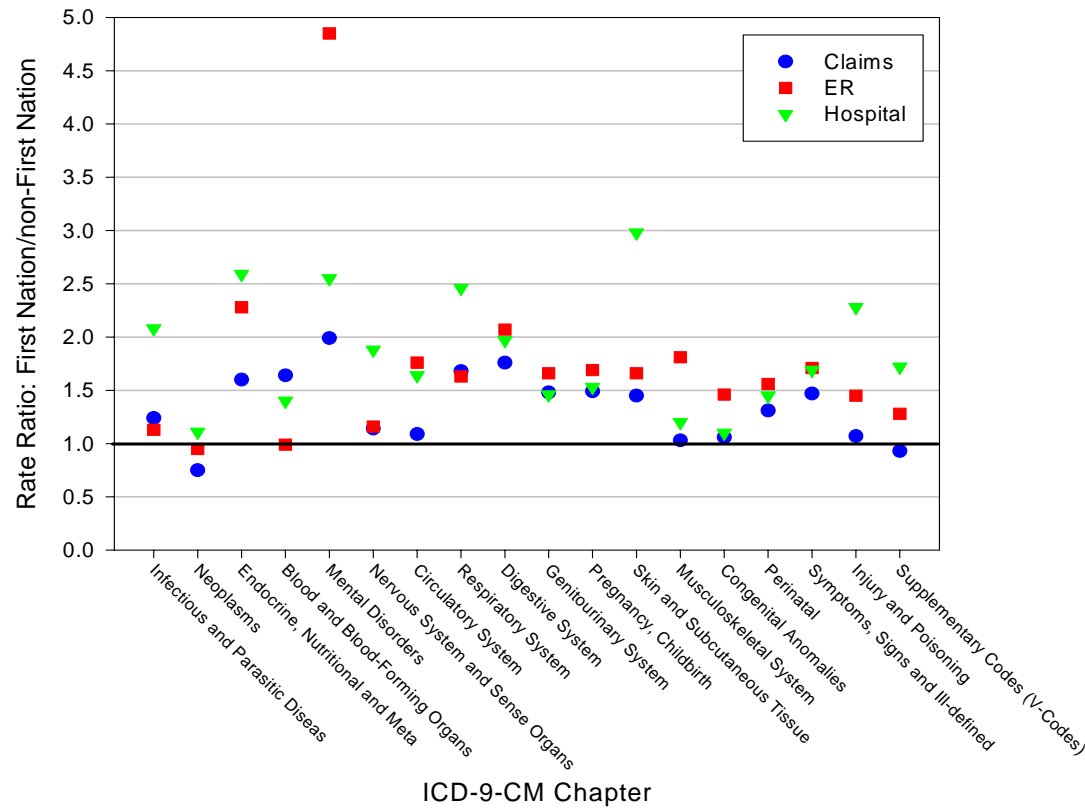
Broad Patterns of Health Utilization

Figure 1: Services by Source and ICD-9-CM Chapter, Treaty Status First Nations and Matched Controls, Alberta, 2000



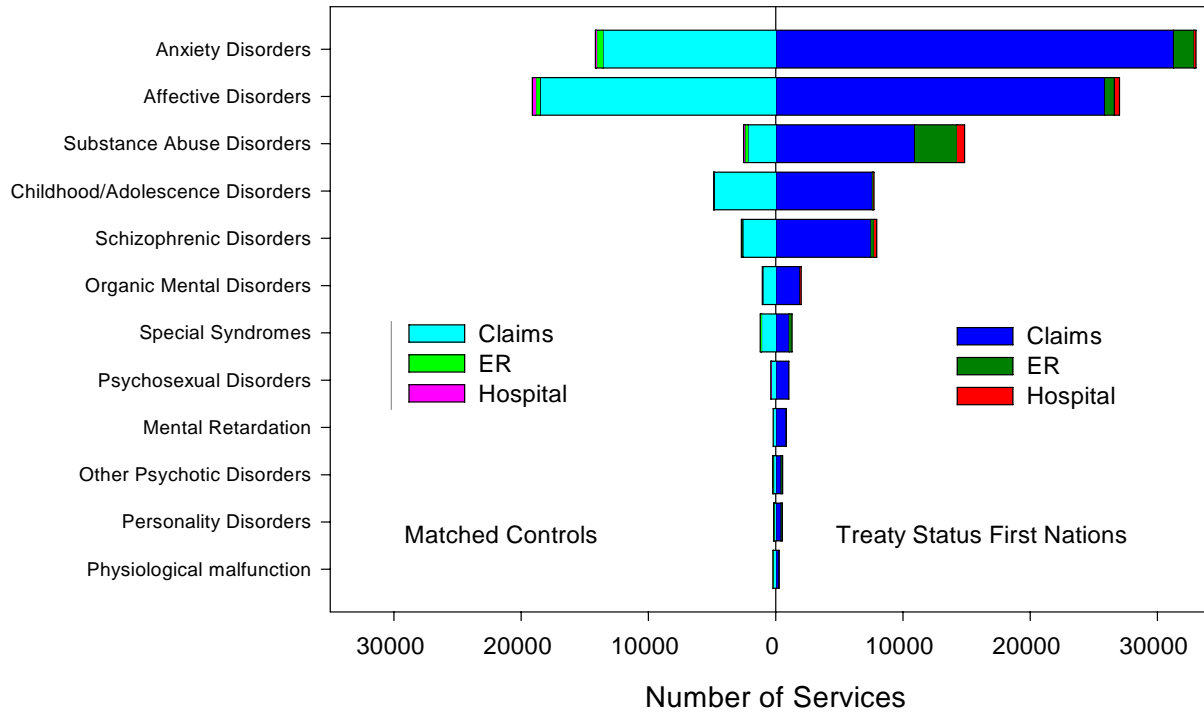
Rate Ratios for Services Used

**Figure 1 Rate Ratios for Services by ICD-9-CM Chapter, Treaty Status
First Nations and Matched Controls, Alberta 2000**



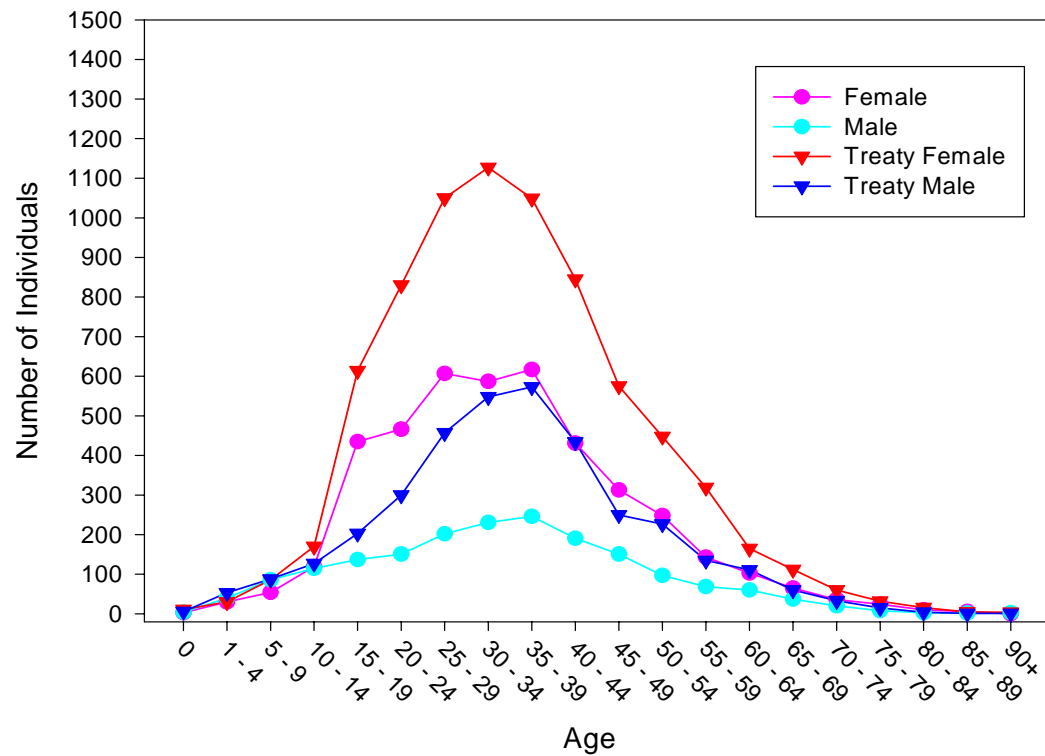
Mental Disorder: The General Pattern

Figure 1 Mental Disorder Services by source and diagnostic grouping, First Nations and matched Non First Nation individuals, Alberta, 2000



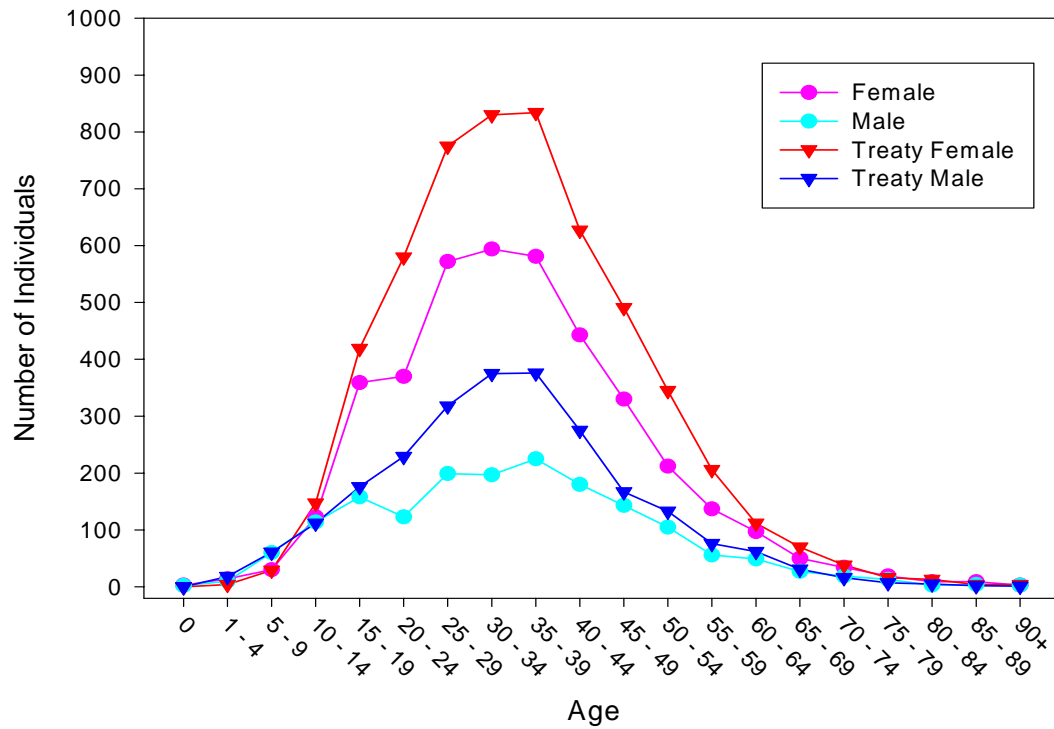
Anxiety

Figure 2 Individuals with one or more Physician claims for Anxiety Disorders, First Nations and matched controls, Alberta, 2000



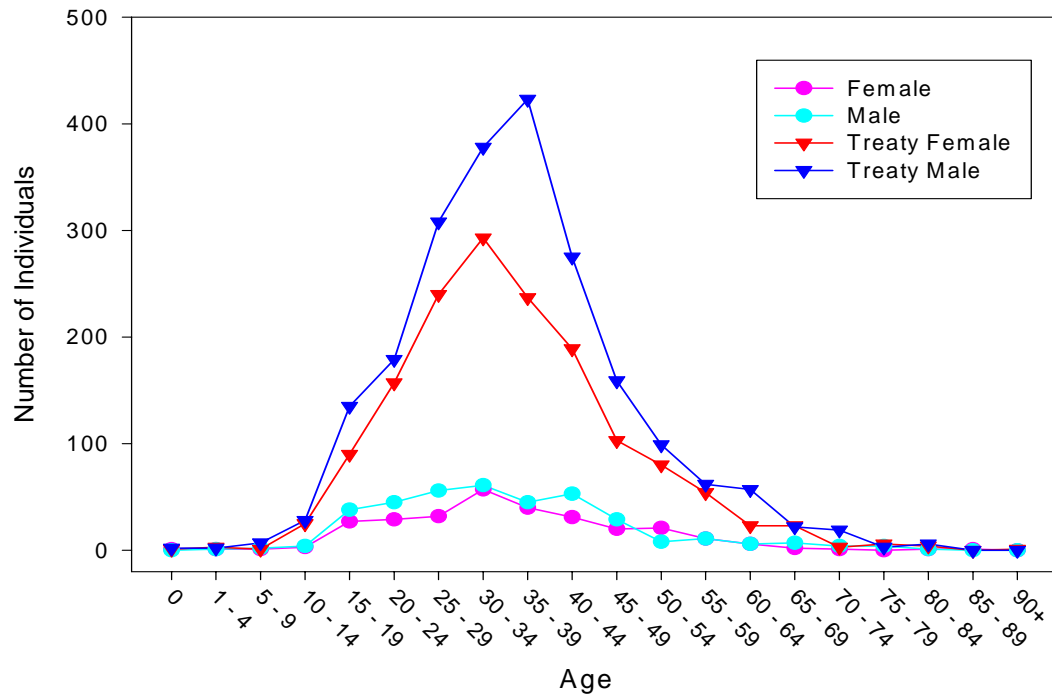
Depression

Figure 3 Individuals with one or more Physician claims for Affective Disorders, First Nations and matched controls, Alberta, 2000



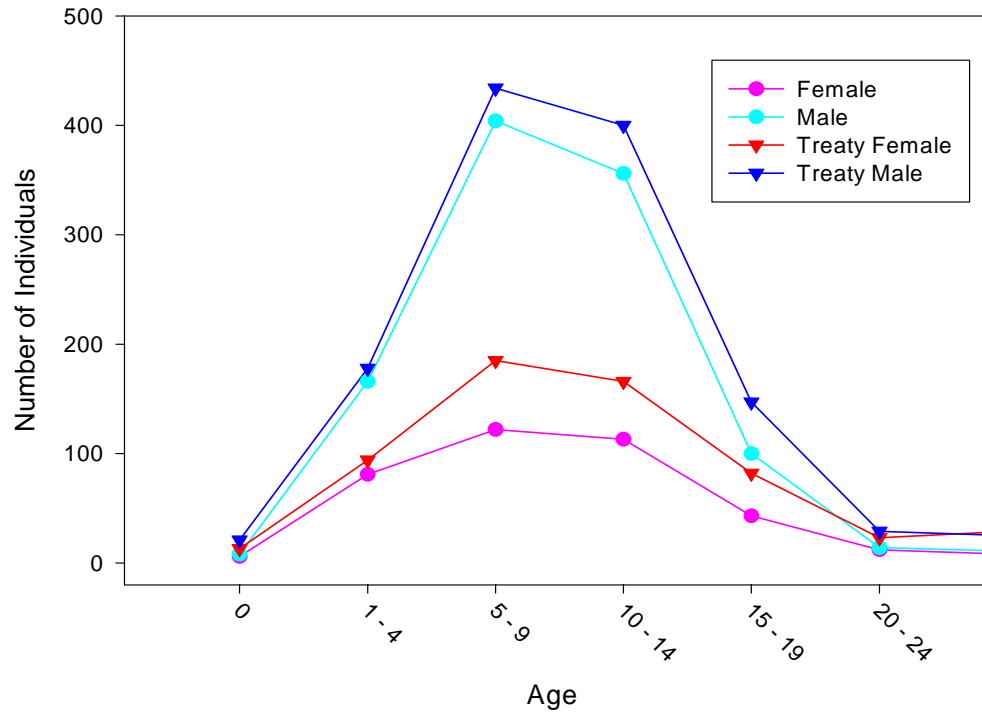
Substance Abuse

Figure 4 Individuals with one or more Physician claims for Substance Abuse (including Alcohol), First Nations and matched controls, Alberta, 2000



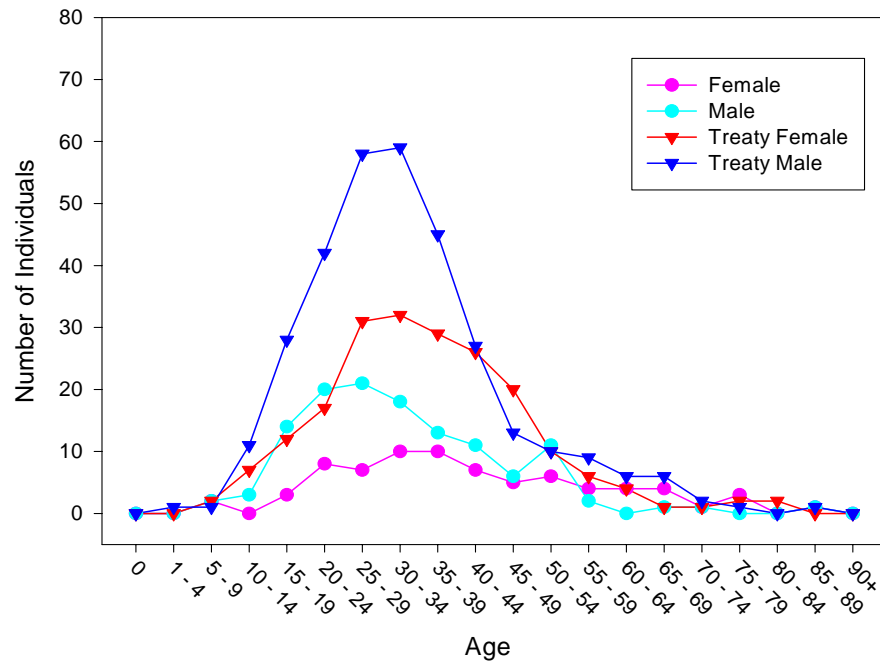
The Mental Health of Children

Figure 5 Individuals with one or more Physician claims for Childhood / Adolescent disorders, First Nations and matched controls, Alberta, 2000



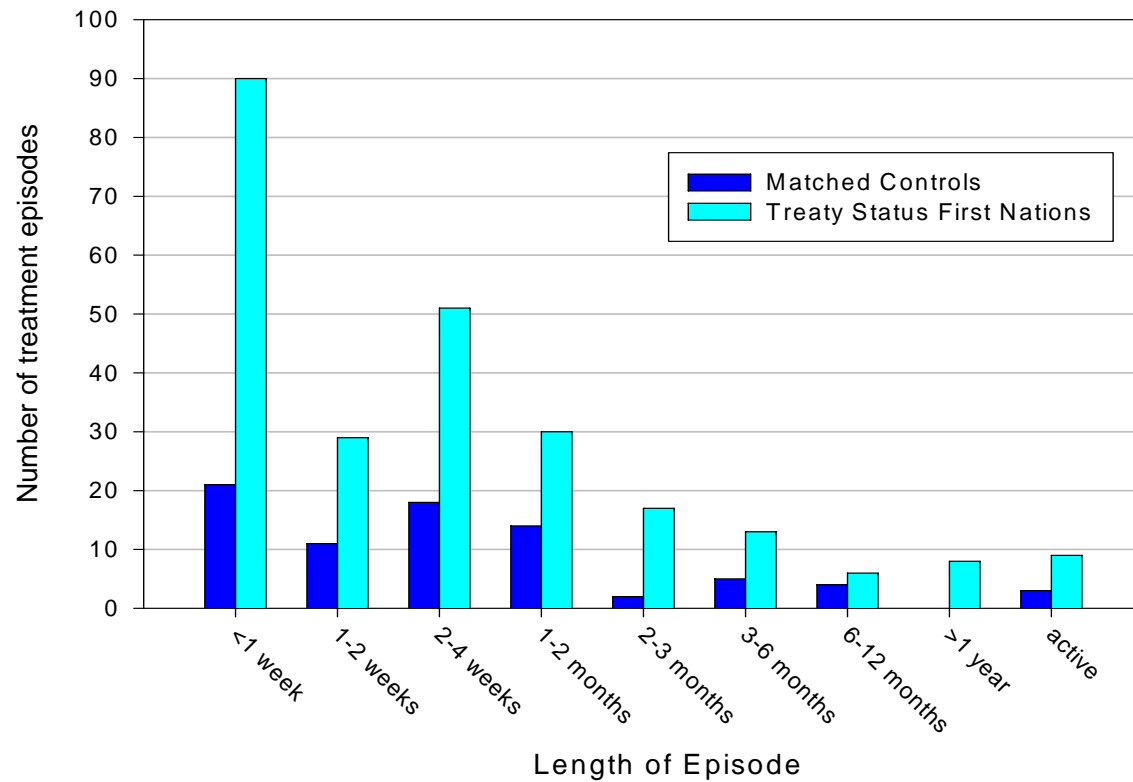
Schizophrenia

Figure 6 Individuals with one or more Physician claims for schizophrenic disorders, First Nations and matched controls, Alberta, 2000



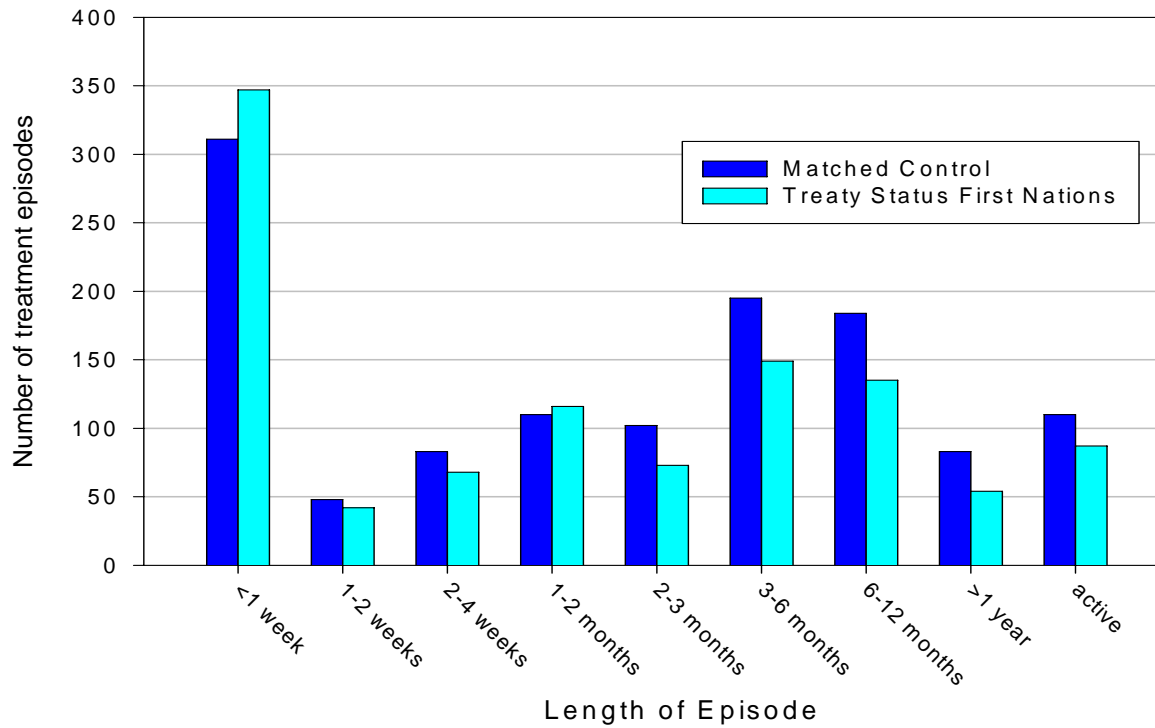
Psychiatric Treatment Centres

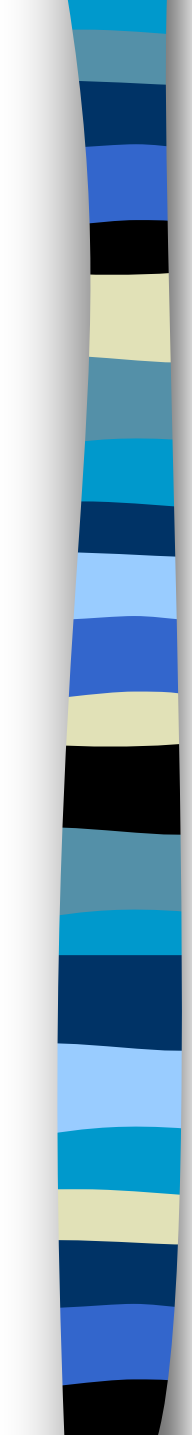
Figure 7 Inpatient treatment episodes in Psychiatric Treatment Centres, Alberta, initiated in 2000



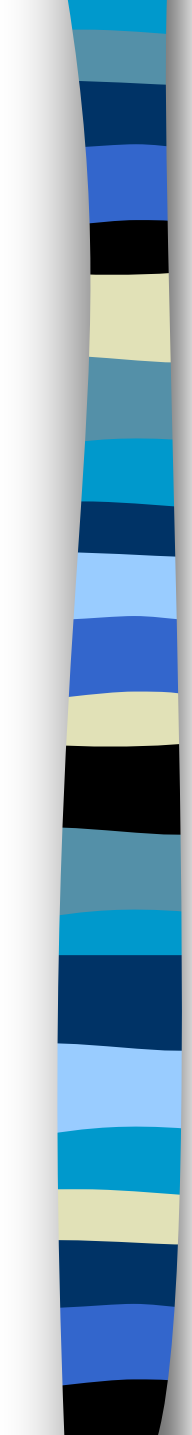
Mental Health Clinics

Figure 8 Mental Health Clinic Treatment Episodes, Alberta, initiated in 2000





With the western world's system the body is claimed by the physician and there are laws around that, so no one is to assess the body. The mind is [separated into two fields] the intellectual [field is dominated] by professors. The mind also has an emotional [field that is addressed] by psychologists. There are also parameters set around spirituality [and that field has been under the domain of the] churches... We know as First Nations people what affects the mind also affects the spirit and body... The system looks at health from a sickness perspective whereas our people look at it from how well you are... Let's work out a balance and use both cultures to work together (Jordan Head, February 19, 2002).



There is a human price today that is costly to First Nations [and that has to do with not following the culture and traditional ways]. My understanding is that individually you work on yourself, and if you don't help yourself first, you can't help another person. [In the native way] we don't give a drug to someone who is having a problem for loneliness. To try and forget about the problem is not the way to do it. Why give the people a pill if it will damage the mind, body, spirit? (Isabel Auger, February 19, 2002).

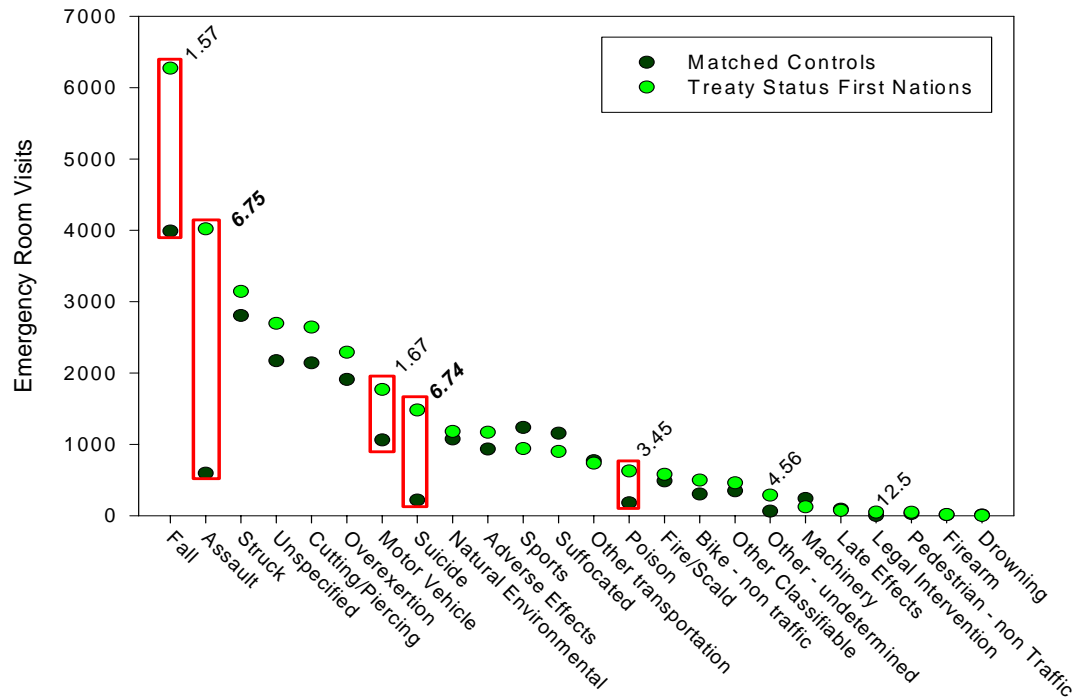
Injuries Contribute to a Cycle of Crisis



- A cycle of crisis is an ongoing and unbroken stream of grief, especially related to intentional injuries (Auer et al., 2002). Injuries lead to a period of silence and shock resulting in a sense of apathy and unhealthy coping mechanisms.

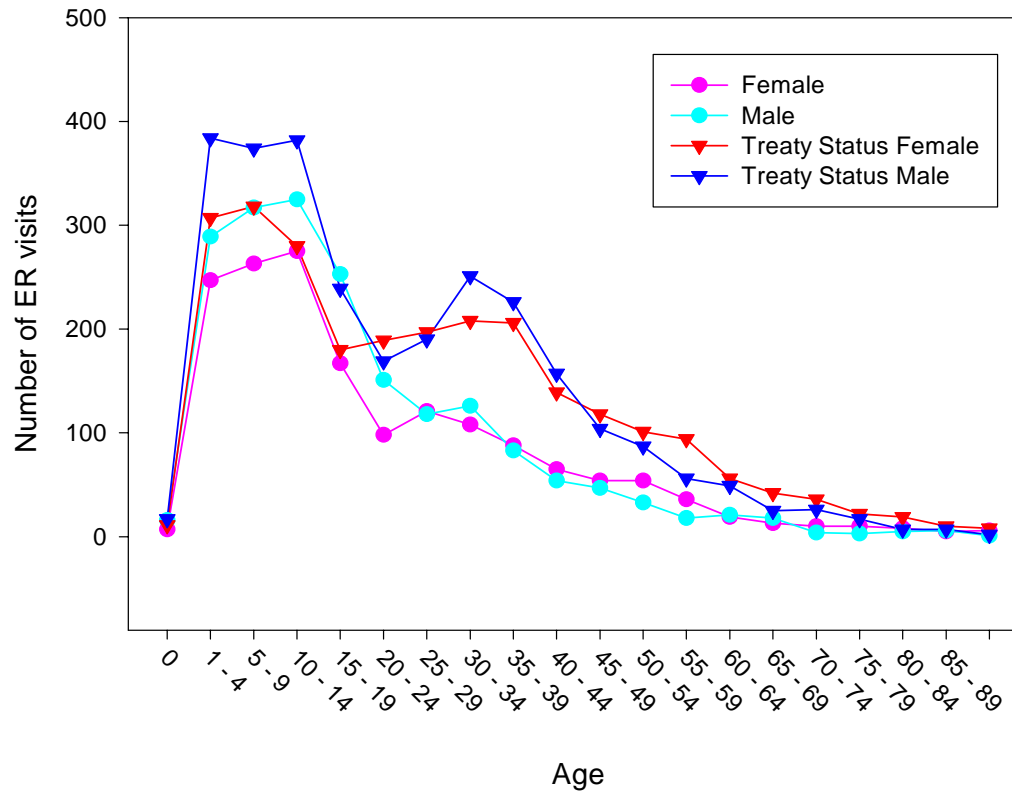
Injuries

Figure 1 Emergency Department visits by injury cause, First Nations and Matched Controls, Alberta, 2000



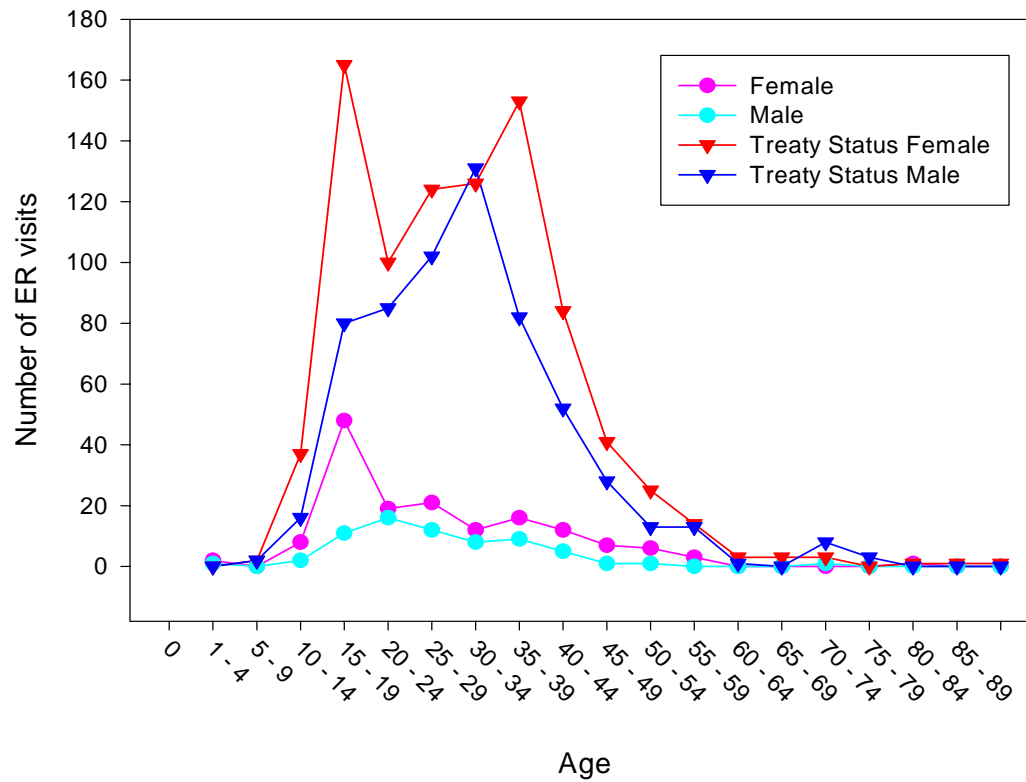
Falls

Figure 2 Emergency Department visits for falls, First Nations and matched controls, Alberta, 2000



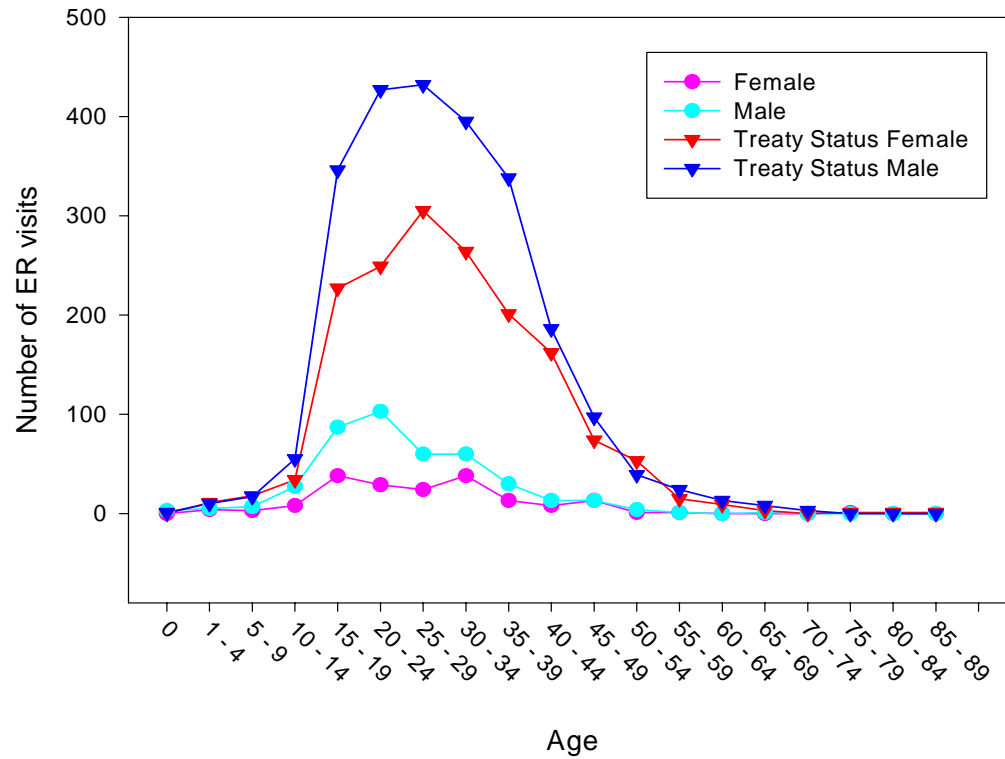
Suicide Attempts

Figure 3 Emergency Department visits for suicide attempts, First Nations and matched controls, Alberta, 2000



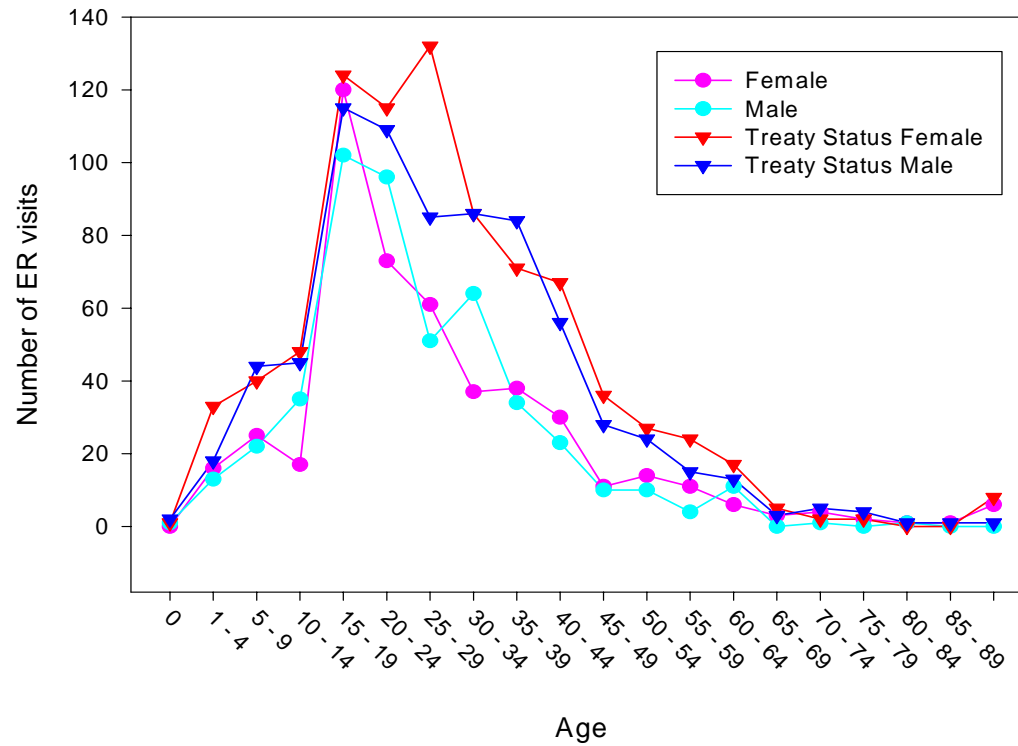
Assaults

Figure 4 Emergency Department visits for assault, First Nations and matched controls, Alberta, 2000



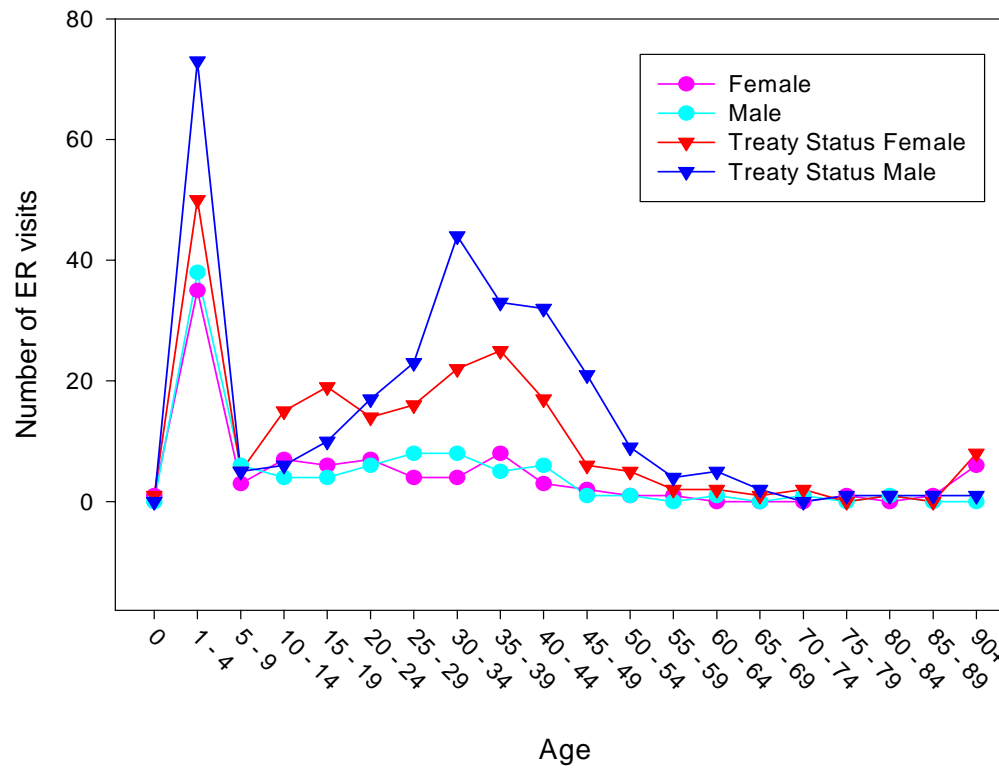
Motor Vehicle Collisions

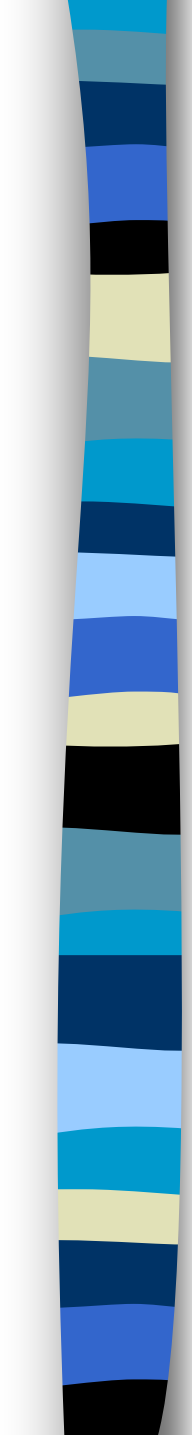
Figure 5 Emergency Department visits for motor vehicle collisions, First Nations and matched controls, Alberta, 2000



Unintentional Poisonings

Figure 6 Emergency Department visits for unintentional poisoning, First Nations and matched controls, Alberta, 2000

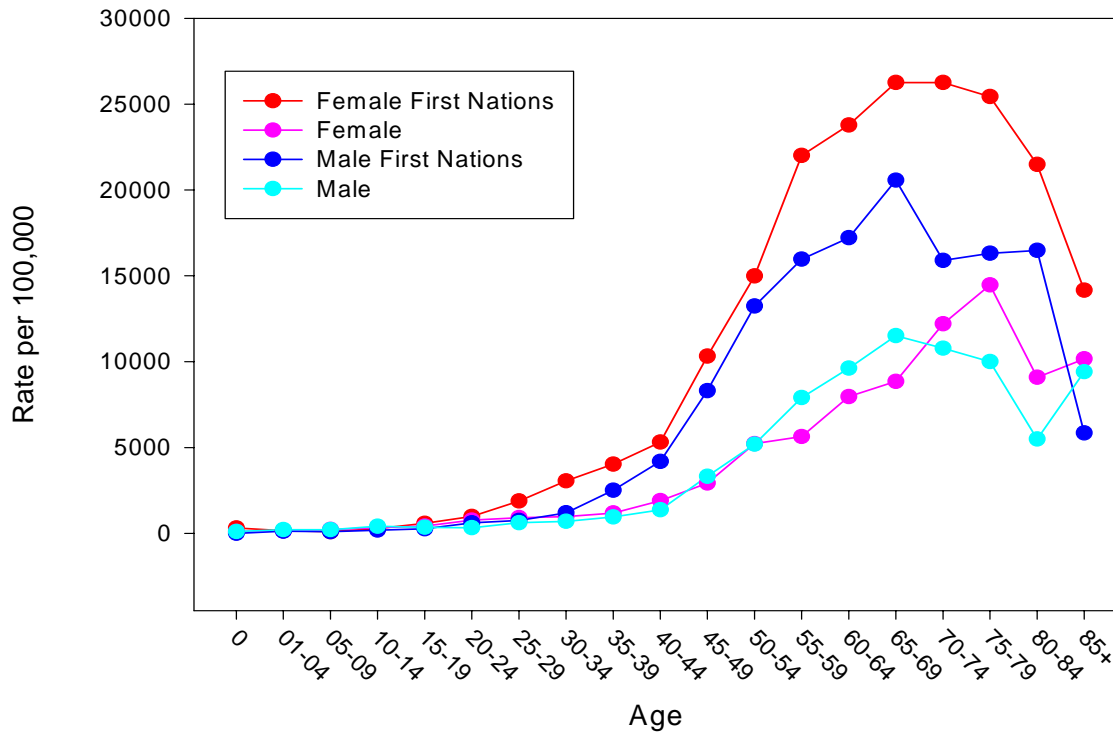




“Our communities are in a state of crisis. Our children are getting into a lot of trouble because they are idle. We have to look for answers especially for our youth today. They feel that nobody is listening to them. We are trying to help them search for their identity. There’s a lack of programs and facilities” (Sykes Powderface, Oct. 22, 2001).

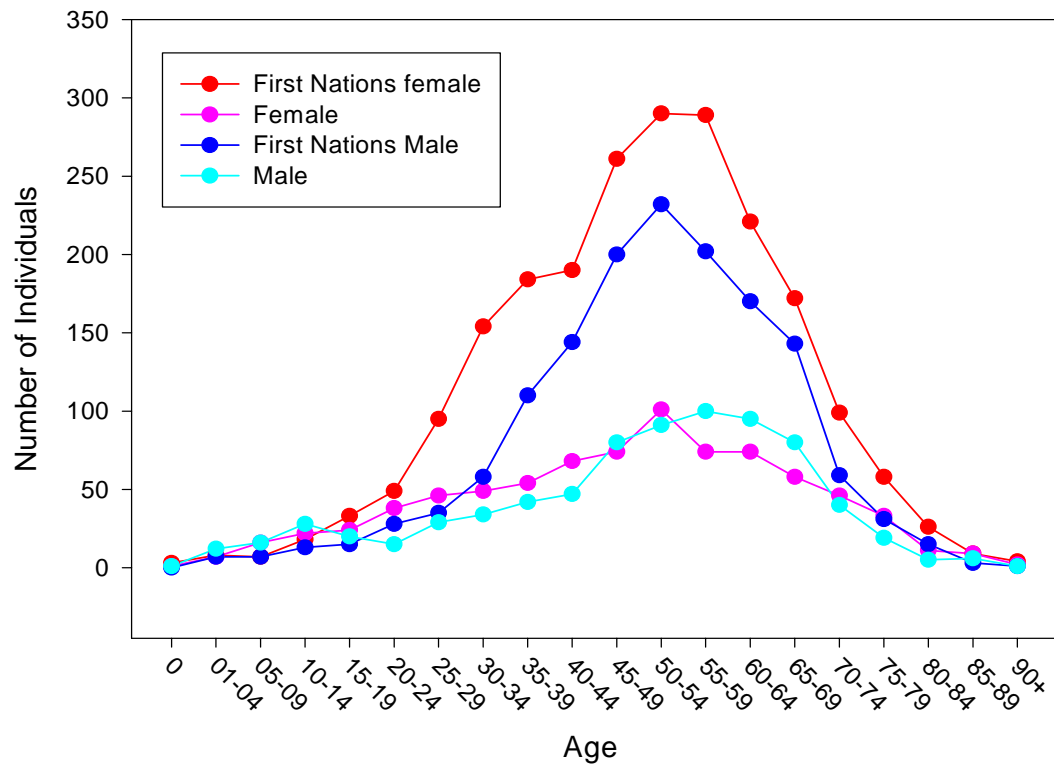
Health Service Utilization for Diabetes

Figure 1 Rates of physician claims for diabetes, First Nations and matched controls, Alberta, 2000



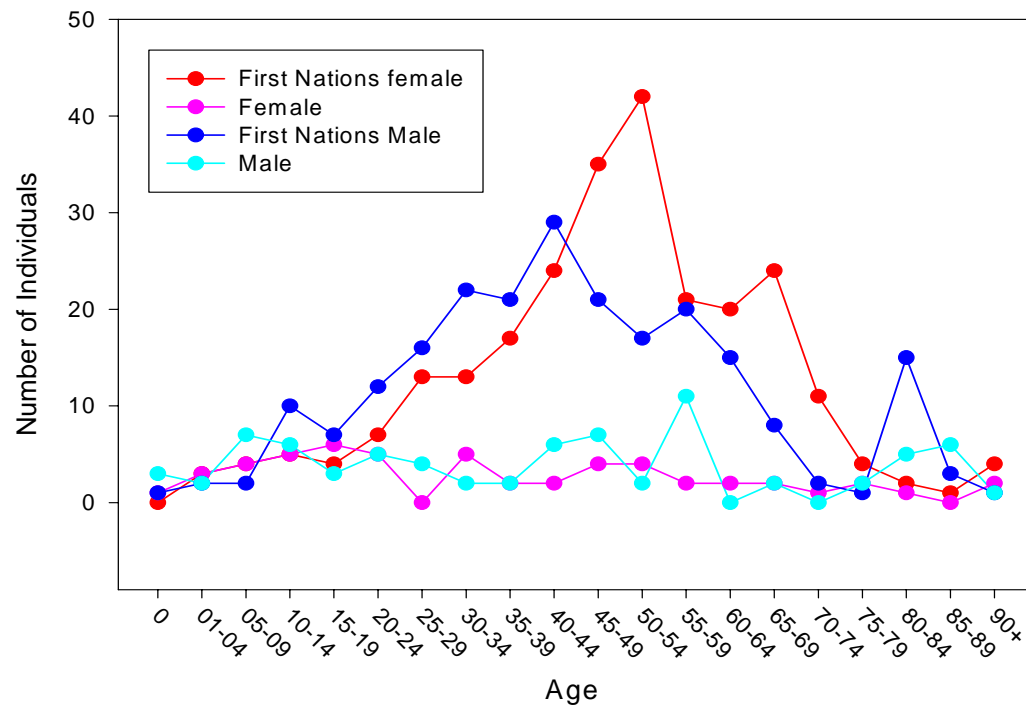
Actual Numbers of Individuals Seeking Physician's Services for Diabetes

**Figure 2 Physician claims for diabetes,
First Nations and matched controls, Alberta, 2000**



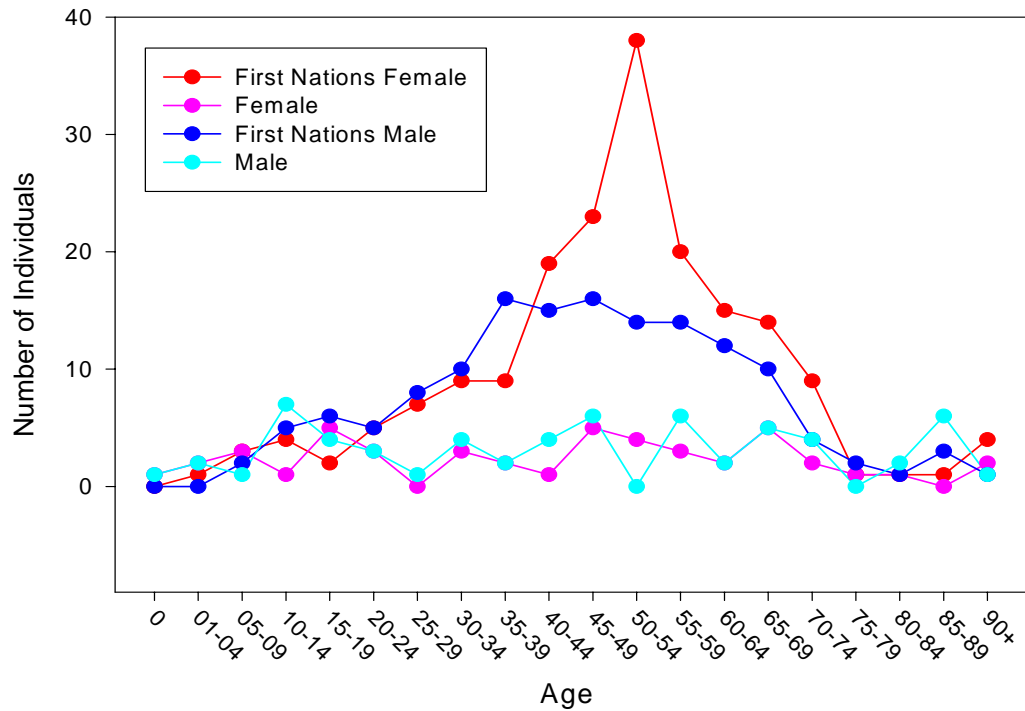
Emergency Department Visits for Diabetes - Actual Numbers

Figure 3 Emergency Department visits for diabetes, First Nations and matched controls, Alberta, 2000



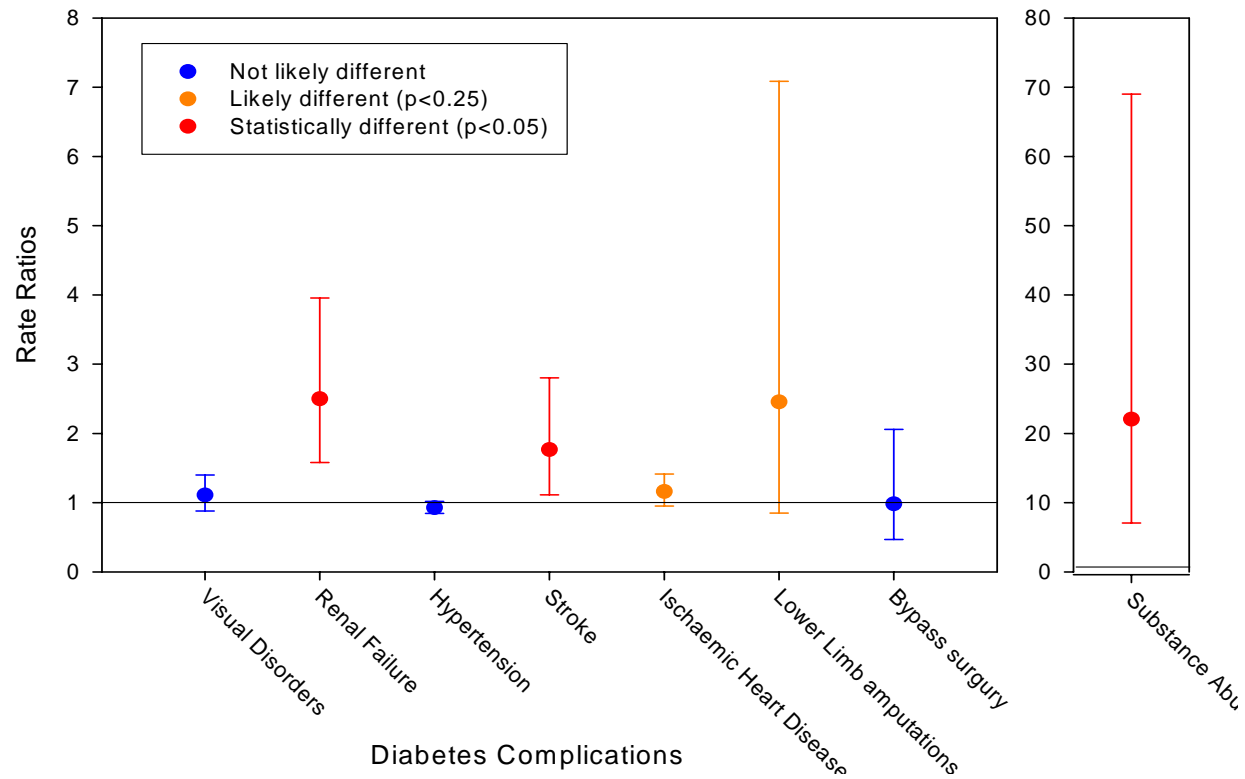
Diabetes Hospitalizations - Actual Numbers

**Figure 4 Hospitalisations for diabetes,
First Nations and matched controls, Alberta, 2000**



Rates of Diabetes Complications and Risk Factors

Figure 5 Rate ratios for diabetes complications and risk factors, First Nations and matched controls, Alberta, 2000



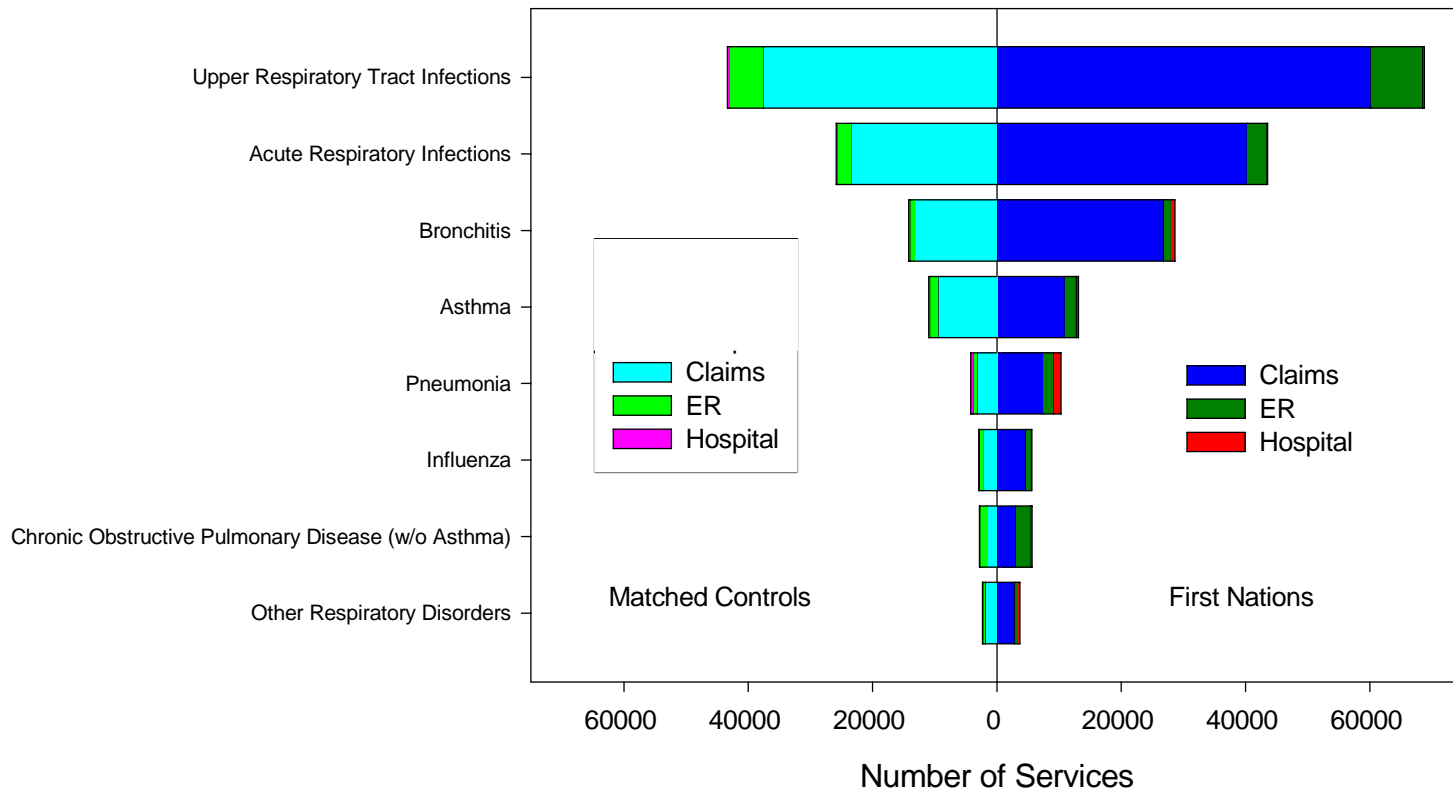
The Need for Diabetes Education Among First Nations People

- *“When we hear about sugar diabetes we know that the statistics are high among First Nations. We know people use needles for diabetes. We see people getting operated on and we see them coming back in boxes” (Denys Auger, October 22, 2002).*



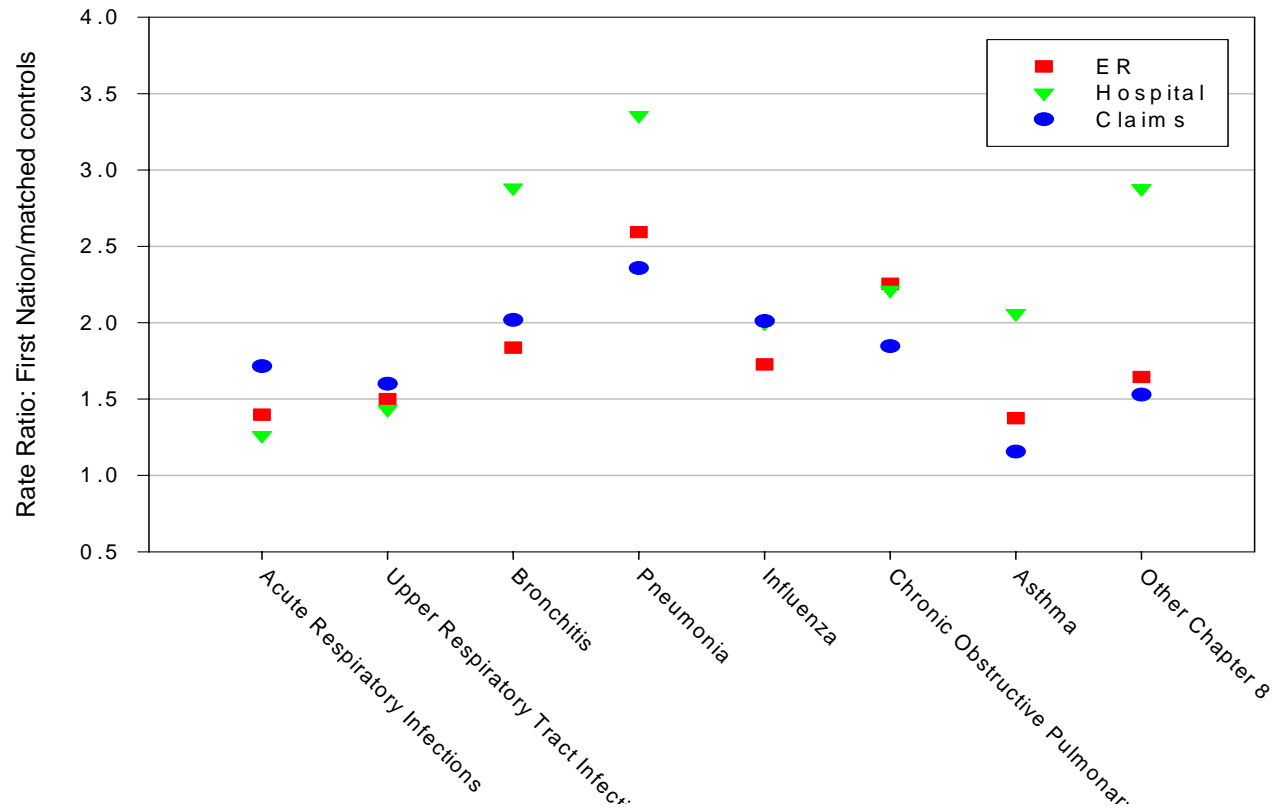
General Pattern of Respiratory Disease

Figure 1 Services for respiratory disorders by source and diagnosis, First Nations and matched controls, Alberta, 2000



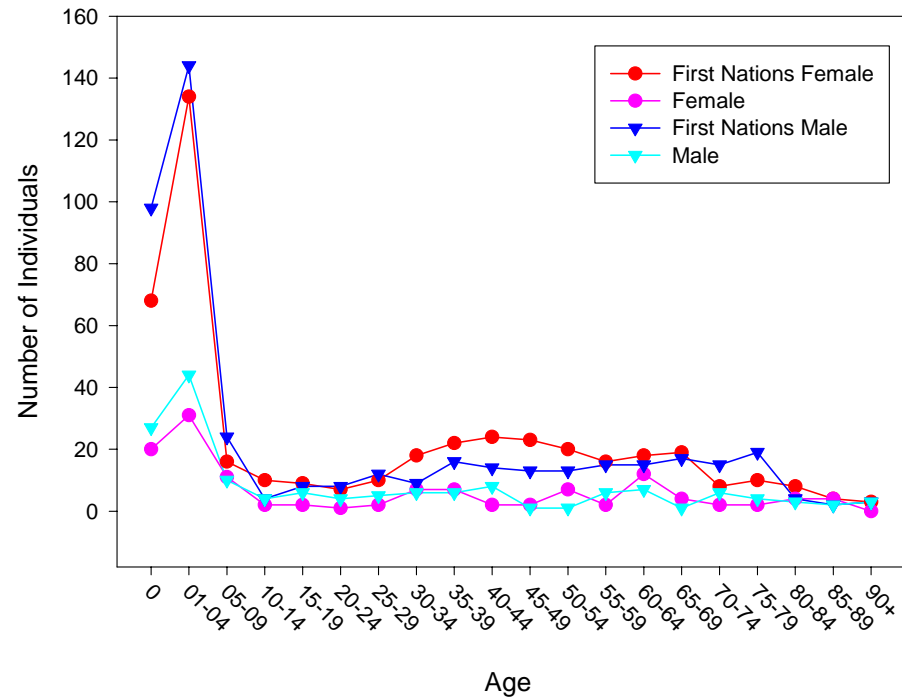
Rate Ratios for Respiratory Disease

Figure 2 Rate ratios for Services for respiratory disorders, First Nations and matched controls, Alberta, 2000



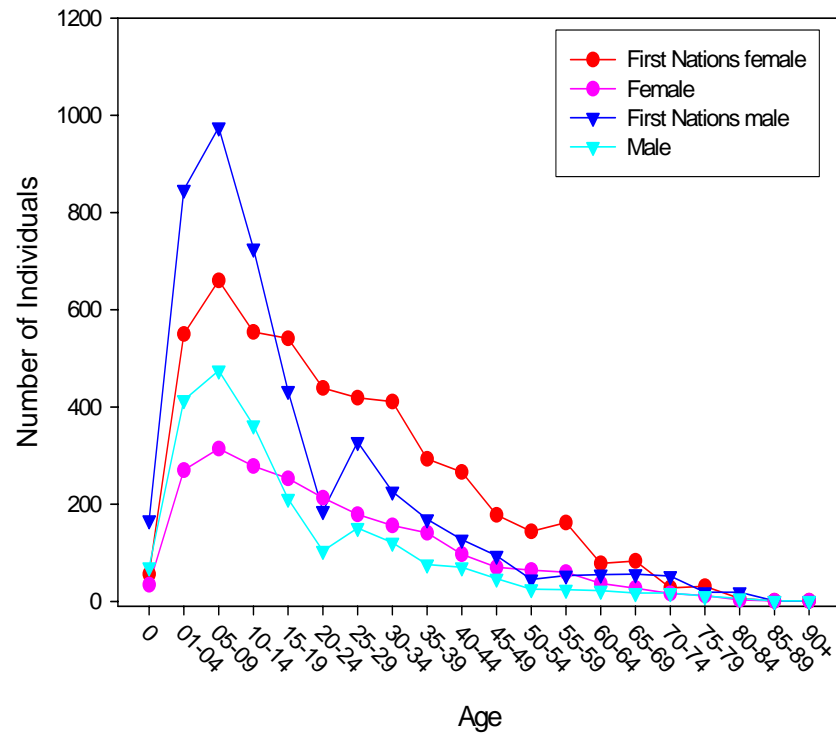
Age Sex Patterns for Pneumonia

**Figure 3 Hospitalizations for Pneumonia,
First Nations and matched controls, Alberta, 2000**



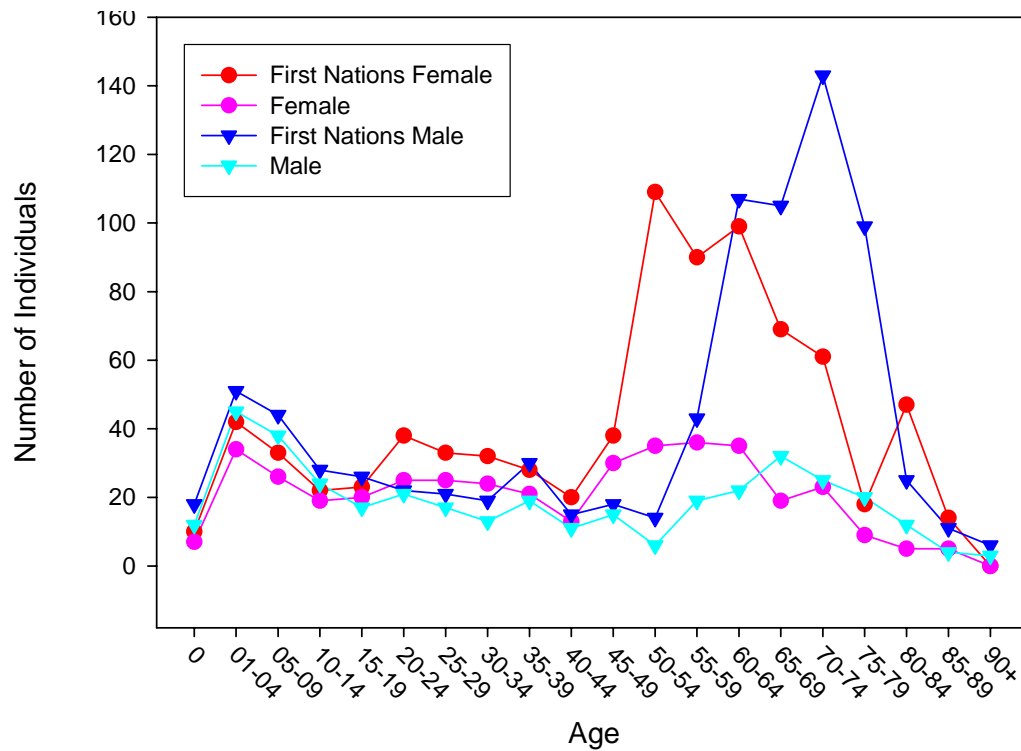
Age Sex Patterns for Asthma

**Figure 4 Physician Claims for Asthma,
First Nations and matched controls, Alberta, 2000**



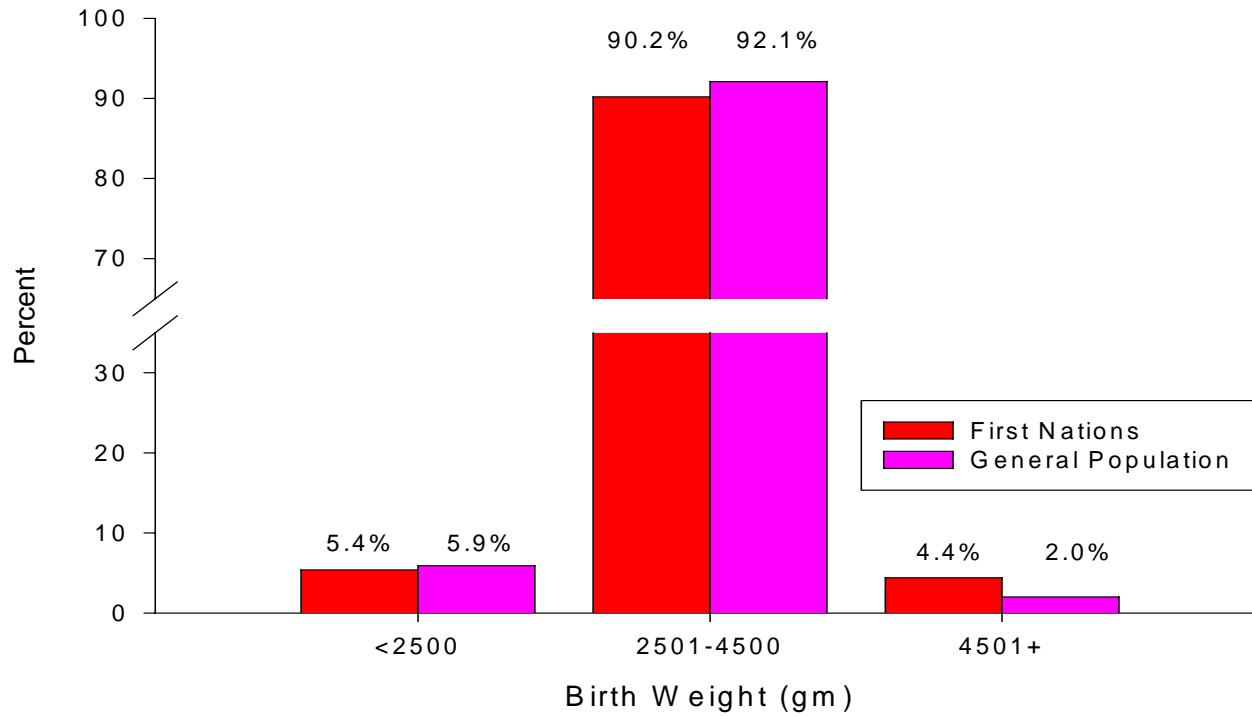
Age Sex Patterns for COPD

**Figure 5 Physician Claims for COPD,
First Nations and matched controls, Alberta, 2000**



Birth Weight

Birthweight Distribution,
Hospital Births,
Alberta, 1999/2000



Life is Sacred



Children and Families are the Future





References available upon request.