“Our strength is our knowledge, and the foundation of healthy people, healthy communities and healthy nations”

What First Nations People Think About Their Health and Health Care

National Aboriginal Health Organization’s Public Opinion Poll on Aboriginal Health and Health Care in Canada

SUMMARY OF FINDINGS

FIRST NATIONS CENTRE
National Aboriginal Health Organization

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Introduction

During the summer of 2002, the National Aboriginal Health Organization (NAHO) undertook its first national Public Opinion Poll on Aboriginal Health and Health Care in Canada. The First Nations component of the telephone poll was developed in co-operation with the First Nations Centre (FNC) at NAHO and was conducted by the Strategic Counsel, a polling firm in Toronto.

The main focus of the poll was to obtain baseline information on First Nations People’s views and opinions regarding certain health and health care issues, including:

- perceived personal health;
- access to health care providers;
- use of the health care system;
- satisfaction with the health care system;
- sources of health information;
- attitudes toward, and use of traditional healers and medicines; and
- ways to improve Aboriginal health.

The national telephone poll involved 1,209 First Nations individuals (18 years and over) living on, or near, a reserve. Conducted between July 24 and Aug. 6, 2002, 488 men and 721 women participated in the poll.

First Nations respondents were included from every province and territory except Nunavut. Due to the small sample sizes for the Northwest Territories and the Yukon, data for Alberta/N.W.T. and British Columbia/Yukon were combined.

Respondents represented a cross-section of education and income levels, as well as, a cross-section of communities based on population size and degree of isolation.

To obtain the First Nations sample, postal codes were compiled for each reserve and phone numbers were purchased to match the postal codes. As some postal codes cover areas that include communities, or areas that are not on-reserve, it is possible that the sample includes First Nations individuals who off-reserve.

Based on a sample of 1,200, the results of the poll are accurate ±2.83 points, 19 times out of 20.

The NAHO Public Opinion Poll on Aboriginal Health and Health Care in Canada is the first of its kind in Canada. As an Aboriginal-defined and -controlled process, it is intended to measure and amplify First Nations voices regarding general health issues. While the results of the poll do not represent the views and perspectives on health and health care of all First Nations People in Canada, the results do provide a snapshot of opinions and general perceptions of the First Nations respondents at the time of the poll.

One of the key objectives of the FNC is to improve and promote the health of First Nations People and their communities through knowledge-based activities. In this context, the First Nations
component of the NAHO poll can serve as one source of information to assist and inform First Nations communities and their leadership in their work on health issues.

This report provides a summary and highlights of key findings of the First Nations component of the NAHO poll.

**Definitions**

The following are terms that are used throughout this report:

**Non-isolated communities:** Communities with road access of less than 90 km to the nearest physician services.

**Semi-isolated communities:** Communities with road access of more than 90 km to the nearest physician services.

**Isolated/remote communities:** Communities with no road access or scheduled flights, and with minimal telephone or radio service.

**Large community:** Communities with a population of 30,000 people or more.

**Medium-sized community:** Communities with a population of 1,000 to 29,999 people.

**Small community:** Communities with a population of less than 1,000 people.
Highlights of First Nations Results in the NAHO Public Opinion Poll

1. First Nations Perceived Personal Health

First Nations respondents in the NAHO poll were asked to rate whether they perceived their personal health as excellent, very good, good, fair, or poor. The majority of First Nations respondents (73 per cent) provided a positive rating (good to excellent) in respect of their perceived health status with 13 per cent rating their health status as excellent, 27 per cent as very good, and 33 per cent as good. Twenty-seven per cent (27 per cent) of respondents reported their health status as being fair or poor. Male respondents reported a slightly higher positive rating for their perceived health status (at 76 per cent) than female respondents (at 70 per cent). (See Chart 1.)

![Chart 1: First Nations respondents’ self-rated health, nationally and by gender](image)

Overall, respondents in Quebec (at 80 per cent) reported the highest positive rating (good to excellent) for perceived health status while the lowest positive rating reported by respondents was in the Atlantic region (at 51 per cent).

*There was a correlation between a positive health rating and the level of income and education.* Respondents earning $30,000 or more annually were more inclined to rate their perceived health status as excellent or very good (at 50 per cent), as compared to respondents who earned $30,000 and less (at 35 per cent). Similarly, 50 per cent of respondents with a high school or higher education reported their perceived health status as being excellent or very good, while only 36 per cent of those with less than a high school education did the same. (See Chart 2.)
Chart 2: First Nations respondents’ self-rated health, nationally and by income and education

First Nations respondents who considered their health status as being excellent or very good identified regular exercise (48 per cent) and a balanced diet (43 per cent) as practices that contribute most to their good health. Fifteen per cent (15 per cent) of respondents attributed physical, emotional, mental, and spiritual balance, and 10 per cent work as factors contributing to their good health. Finally, nine per cent of respondents attributed their good health to not smoking, drinking or doing drugs, and eight per cent believed that it was a result of feeling in control of their lives.

Despite the relatively high positive rating for perceived health status, First Nations respondents reported being in poorer health than the Canadian population in general. Forty per cent (40 per cent) of First Nations respondents in the NAHO poll, 18 years of age and older, rated their perceived health status as being excellent or very good while 27 per cent rated their health status as being fair or poor. In comparison, 61 per cent of Canadian respondents, 12 years and older, in the Canadian Community Health Survey 2000/01 (CCHS) rated their health status as being excellent or very good, and only 12 per cent perceived their health status as being fair or poor.¹ (See Chart 3.)

¹ Figures have not been adjusted for the differences in sample age groups.
Chart 3: Comparison of self-rated health between First Nations People and Canadians

2. First Nations Access to Health Care Providers

When asked how easy it was to get appointments with various health care providers, First Nations People reported having easier access to nurses (78 per cent), community health representatives (CHRs) (73 per cent), social workers (68 per cent), addictions treatment professionals (68 per cent), dentists (65 per cent), family doctors (59 per cent), and eye doctors (56 per cent) than to pediatricians (49 per cent), mental health workers/psychologists (46 per cent), obstetricians/gynecologists (41 per cent), and midwives (29 per cent). (See Chart 4.)

Chart 4: First Nations respondents’ ease/difficulty of access to appointments with health care providers
A significant percentage of respondents did not know whether access was easy or difficult in the case of some service providers. Almost half of respondents (48 per cent), including half of female respondents, did not know about midwife accessibility. One-fifth of respondents (20 per cent) did not know how easy it would be to access mental health workers, with smaller but significant percentages saying the same about pediatricians (18 per cent), addictions workers (16 per cent) and social workers (14 per cent).

How easy it was for First Nations People to access health care providers varied by the degree of community isolation and community size. In general, First Nations People living in non-isolated and semi-isolated communities, and large and medium sized communities reported easier access to health-care professionals than those living in isolated/remote and small communities. Overall, respondents reported relatively lower accessibility to pediatricians, mental health workers, obstetricians/gynecologists, and midwives, regardless of the degree of community isolation and community size. However, those living in isolated/remote communities reported the highest ease of access to CHRs, social workers and mental health workers.

In comparison to non-isolated and semi-isolated communities, respondents in isolated/remote communities reported a higher degree of difficulty in accessing dentists, family doctors, pediatricians, ophthalmologists/optometrists and obstetricians/gynecologists. (See Chart 5.)

In general, First Nations respondents living in small communities reported more difficulty in getting appointments with health care providers than their counterparts living in medium or large-sized communities. This was particularly true in respect of their accessibility to dentists, social workers, drug and alcohol treatment workers, family doctors, pediatricians, and obstetricians/gynecologists. (See Chart 6.)
Chart 5: First Nations respondents who reported that access to health care providers was very or somewhat difficult by degree of community isolation

![Bar chart showing access to health care providers by degree of community isolation and health care provider type.

Chart 6: First Nations respondents who reported that access to health care providers was very or somewhat easy by community size

![Bar chart showing access to health care providers by community size and health care provider type.]
3. First Nations Use of the Health Care System

First Nations respondents in the NAHO Poll were asked a number of questions concerning their use of medical services, specifically: whether they had undergone a check-up or other health treatment in the previous year; whether they had a regular doctor; and whether they had undergone any of a number of tests.

More than three-quarters of respondents (78 per cent) reported having received a check-up or treatment from a health care provider in the previous year. Respondents in non-isolated (81 per cent) and semi-isolated (82 per cent) communities were more likely to have received care within the last 12 months than respondents in isolated/remote communities (70 per cent). (See Chart 7.)

Chart 7: First Nations respondents who reported receiving/not receiving treatment or check-up in the previous year by degree of community isolation

Seventy-six per cent (76 per cent) of respondents reported having a regular doctor. Female respondents reported a higher incidence of having a regular doctor (at 81 per cent) than male respondents (at 68 per cent). (See Chart 8.)
Consistent with the general trend in respect of access to health care providers, respondents in non-isolated and semi-isolated communities were more likely to report having a regular doctor, respectively at 85 and 81 per cent, than respondents in isolated/remote communities who reported a significantly lower incidence of having a regular doctor at 52 per cent. (See Chart 9.)

Similarly, there was a significant difference between respondents living in large communities and those residing in small or medium-sized communities. Ninety-two per cent (92 per cent) of respondents living in large communities reported have a regular doctor, while 74 per cent of respondents in small and medium-sized communities, respectively, did the same. (See Chart 10.)
Respondents in the Atlantic region (97 per cent) and in Alberta/N.W.T. (84 per cent) were most likely to report having a regular doctor while respondents in Manitoba (67 per cent) were least likely.

As part of the questions regarding the use of the health care system, respondents were asked whether they had undergone any of a number of medical tests in the previous 12 months. The most commonly undergone test was the blood pressure test (72 per cent), followed by the dental exam (57 per cent), blood sugar test (56 per cent), and an eye exam (54 per cent). The cholesterol test (39 per cent) and the hearing exam (19 per cent) were the least common. Half (50 per cent) of female respondents reported having had a pap smear and 22 per cent a mammogram in the last 12 months. (See Chart 11.)
First Nations respondents were moderately more likely to have experienced an occasion, in the previous year, when they did not receive needed health care, than the Canadian population in general. Eighteen per cent (18 per cent) of First Nations respondents in the NAHO poll, 18 years of age and older, reported they had not obtained needed health care. In comparison, 12.5 per cent of the Canadian population, 12 years of age and older, surveyed as part of the CCHS reported they had not received needed health care in the previous 12-month period.² (See Chart 12.)

![Chart 12: First Nations People and Canadians who reported not receiving needed health care in the previous year.](image)

For almost one-half of First Nations respondents (47 per cent) who said they did not receive needed health care in the previous year, the care in question dealt with a physical health problem. For 23 per cent, it dealt with a regular medical visit. For 12 per cent, it was for an injury. And for seven per cent, it was a mental health problem.

Of those who said they did not receive needed health care, the largest single group (22 per cent) said it was because waiting time was too long. The next largest two categories were those who said the care needed was not available in the area (14 per cent) or was not available at the time required (13 per cent). All three categories involve availability issues. Other reasons cited by respondents involved quality of care issues and included responses such as “didn’t get any help,” “didn’t get proper care,” or “the service was culturally inappropriate.” Less than one-third of respondents identified personal reasons for not being able to access needed health care, such as, the cost and being too busy. Finally, eight per cent of respondents cited non-coverage, or the denial of coverage by Non-Insured Health Benefits as reasons for not receiving needed health care.

4. First Nations Satisfaction with the Health Care System

The majority of First Nations respondents rated the quality of health care they had received in the previous year as being excellent or good. However, a positive rating for the quality of health care received in the previous year was lower among First Nations respondents in the NAHO poll than the Canadian population in general. Sixty-seven per cent (67 per cent) of First

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² Figures have not been adjusted for the differences in sample age groups.
Nations respondents, 18 years and older, provided a positive rating (excellent or good) for the quality of health care received. In comparison, 84 per cent of Canadian respondents, 15 years and older, in the CCHS reported a positive rating (excellent or very good) for the quality of health care they had received in the previous year.³ (See Chart 12.)

Chart 12: First Nations People and Canadians who provided a positive rating for the quality of health care received

Almost half of First Nations respondents in the NAHO poll believed that the quality of health care they had received was the same as that of other Canadians. Forty-nine per cent (49 per cent) of First Nations respondents said they believed the quality of health care services they had received was the same as that of the general Canadian population. Twenty per cent (20 per cent) rated their care as better and 24 per cent as worse than that of Canadians.

Respondents in the Atlantic region (83 per cent) followed by respondents in Quebec (81 per cent) provided the highest positive rating (excellent or good) for the quality of health care received while respondents in British Columbia/Yukon (60 per cent) and Manitoba (57 per cent) were the lowest. (See Chart 13.)

³ Figures have not been adjusted for the differences in sample age groups.
Respondents residing in non-isolated and semi-isolated communities were more inclined to provide a positive rating for the quality of health care received, respectively at 71 and 68 per cent, than were respondents in isolated/remote communities, who reported the highest fair or poor rating for the quality of care received at 57 per cent. (See Chart 14.)
fair or poor identified the lack of quality care (30 per cent) and the inaccessibility of care (32 per cent) as reasons.

The majority of First Nations, who reported an incidence of unfair or inappropriate treatment from a health care provider because they are Aboriginal, were receiving their health services off-reserve. Fifteen per cent (15 per cent) of respondents reported having been treated unfairly or inappropriately by a health care provider, in the last twelve months, because they are Aboriginal, of which, 75 per cent were receiving their health services off-reserve when they experienced the inappropriate treatment.

5. Sources of First Nations Health Information

First Nations respondents who reported seeking health information did so from a variety of sources. More than one-third (36 per cent) of respondents reported seeking information on personal health issues such as nutrition, fitness and quitting smoking over the past year. Those who sought information did so from a doctor (29 per cent), a CHR (20 per cent), a nurse (13 per cent), a pharmacist (five per cent), and a health centre/clinic (10 per cent). Respondents also sought information from written sources, such as pamphlets (12 per cent) and magazines, books or newspapers (seven per cent). Seventeen per cent (17 per cent) of respondents sought information from the Internet.

The tendency to use the Internet as a source of information was greater for respondents in non-isolated communities (21 per cent) than those in semi-isolated (11 per cent) or isolated/remote communities (10 per cent).

6. First Nations Attitudes Toward, and Use of, Traditional Healers and Medicines

More than half of respondents (51 per cent) reported having used a traditional Aboriginal healer or medicines. Of those, 37 per cent had done so in the previous six months. Respondents in Saskatchewan reported the highest use of traditional healers and medicines at 62 per cent while respondents in Ontario had the lowest at 43 per cent. (See Chart 15.)

There were slight variations in respect of the use of traditional care by degree of community isolation. Respondents in semi-isolated (at 54 per cent) and non-isolated communities (at 52 per cent) were more likely to report having used traditional care than those in isolated/remote communities at 47 per cent. (See Chart 16.)
While there was little variation in the use of traditional healers and medicines according to income levels, there was a correlation between the use of traditional care and the level of education. Respondents who reported having a high school education or higher were more likely to report having used traditional care (at 62 per cent) than those with a high school education or less (at 47 per cent). (See Chart 17.)
The majority of First Nations respondents reported using traditional healers and medicines, and would be more likely to use traditional care if it were locally available and covered by the health care system. Seventy-two per cent (72 per cent) of respondents reported trusting the effects of traditional medicine and 64 per cent said they knew where to access traditional care. However, 64 per cent also said they knew very little about traditional medicines or healing practices. Sixty-eight per cent (68 per cent) said they would use traditional care more often if it were available through their local health centre and 62 per cent said they would use traditional care more often if it were covered by the health care system. Finally, 44 per cent said they had to travel too far to get traditional care and 35 per cent identified cost as an issue.

7. Ways to Improve Aboriginal Health

First Nations respondents in the NAHO poll were asked whether they agreed with a number of statements on Aboriginal health, as well as to rate ideas to improve the health of Aboriginal Peoples.

The majority of First Nations respondents recognized the adverse effects of residential schools and the loss of land and culture on Aboriginal health and identified a number of health priority areas for improvement. Sixty-eight per cent (68 per cent) of First Nations respondents in the NAHO poll agreed that the residential school experience and the loss of land and culture (63 per cent) have contributed to the poorer health of Aboriginal Peoples. While 61 per cent of respondents believed there was a lack of respect for Aboriginal cultures in the health care system, 56 per cent felt Aboriginal Peoples are treated as well as non-Aboriginal peoples by the health care system. Finally, less than half of respondents (43 per cent) preferred to visit an Aboriginal health care provider.

When asked which ideas would most improve Aboriginal health, respondents identified a number of health care priorities they believed would improve Aboriginal health:
<table>
<thead>
<tr>
<th>First Nations Ideas to Improve Aboriginal Health</th>
<th>Percentage of total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>More information on health related topics available in the community</td>
<td>85 per cent</td>
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<tr>
<td>Increased funds for health care services</td>
<td>84 per cent</td>
</tr>
<tr>
<td>Better housing</td>
<td>84 per cent</td>
</tr>
<tr>
<td>Better translation and interpretation services in the health care system</td>
<td>83 per cent</td>
</tr>
<tr>
<td>Decreased use of drugs and alcohol</td>
<td>82 per cent</td>
</tr>
<tr>
<td>Better relations between Aboriginal and non-Aboriginal peoples</td>
<td>80 per cent</td>
</tr>
<tr>
<td>Developing culturally-relevant/responsive health care programs</td>
<td>80 per cent</td>
</tr>
<tr>
<td>Revival of Aboriginal cultures and traditions</td>
<td>75 per cent</td>
</tr>
<tr>
<td>Increased use of Aboriginal languages</td>
<td>72 per cent</td>
</tr>
<tr>
<td>A return to Aboriginal medicines and healing practices</td>
<td>67 per cent</td>
</tr>
<tr>
<td>Aboriginal control of health care services</td>
<td>66 per cent</td>
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