

how we use doctor and hospital services in unama'ki

Health Information Bulletin #4



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- *How a toothbrush could save your life!*
- *How men and women use services differently*
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This bulletin looks at the number of times people in Unama'ki visit doctors and stay in hospitals with different types of health issues. The information tells a few important stories, especially when it is compared to people in the Cape Breton District Health Authority (CBDHA) and the rest of Nova Scotia.

Overall, we have *good access to doctors and hospital services*. There is a *small difference in the way men and women use family doctor services*, but in general we're in line with the rest of CBDHA and Nova Scotia. Where there is a *big difference is in how often we visit the hospital* and how long we stay.

Doctors and hospitals alone aren't enough to make us healthier. We *need to work on healthier lifestyles* (eat more nutritious foods, get more exercise, quit smoking, drink less alcohol and keep our communities safe).

There are some services that we are not using as much as would be expected, given our high rates of illness. This, matched with high rates of complication from disease and *high rates of being re-admitted to hospital* for the same thing means that we probably *need to see our specialists more often* and have them as part of our care team.

How our communities use health services tells a lot about where we should be doing more in our health programming, if there are gaps and whether the services we get are the right fit for our needs.

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The Unama'ki Client Registry was used to generate the statistics in this Health Bulletin. It is the fourth in a series of short profiles that highlight some key findings. This information can help us better understand and address the health needs of our people.

mawlukutimk (working together)

How a toothbrush can save your life!



*There is a direct link between oral health and most chronic diseases. Infections and bacteria in your mouth can poison the rest of your body. Painful teeth and gums make it difficult to eat good food, which weakens your entire body. Brushing with toothpaste that has fluoride and flossing regularly is a simple first defense against killer diseases. **And did you know that putting little kids to bed with a bottle can rot their teeth and cause ear infections?***

Reasons for Ambulatory Care Sensitive (ACS) Admissions

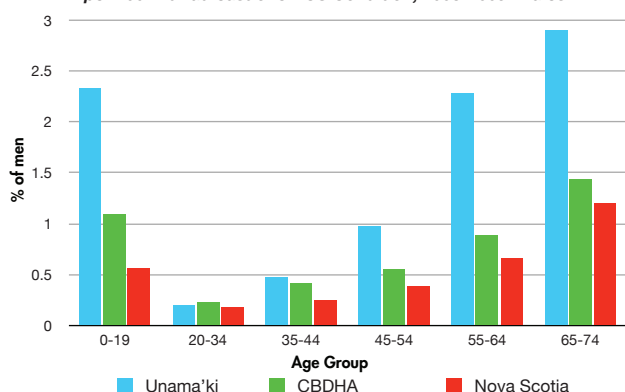
Type of Issue	% of total
Dental Conditions	42
Bacterial Pneumonia	11.25
Gastroenteritis	10.5
Severe Ear Nose & Throat Infections	9.15
Congestive Heart Failure	7.85
Angina	6.55
Cellulitis	5.5
Asthma	2.9
Epilepsy	2.45
Pelvic Inflammatory Disease	1.45

We have lots of information showing that people in Unama'ki have *higher rates of illness* than the rest of CBDHA or Nova Scotia. We also have a *younger population and a higher birth rate*. This all means that *we need to use hospital services more*. The good news is that those hospital services are there for us when we need them.

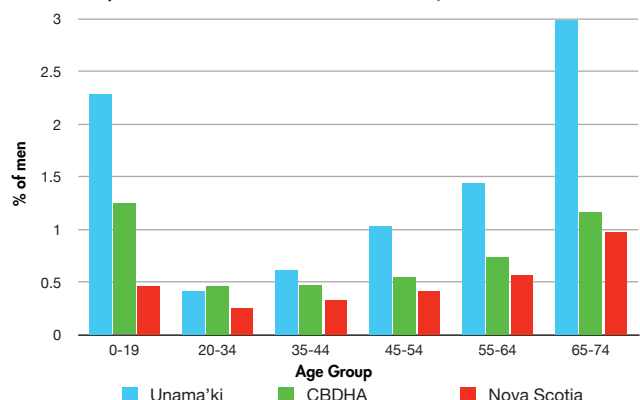
The table on the left shows the reasons behind our Ambulatory Care Sensitive (ACS) hospital admissions, (health problems that could have been avoided or managed at home, or in some cases prevented entirely). The majority (42%) were for dental problems. This tells us that *we need to do more at home and in the community to keep our teeth and gums healthy. We also need to treat dental problems earlier*, before they become so bad that we need to go to the hospital.

There is another part of the story, though. The tables at the bottom of these pages show how often we are admitted to hospital for problems that were potentially preventable. Unama'ki numbers are in blue and show that *our rates of hospital admission are much higher* as compared to CBDHA (green) and Nova Scotia (red).

Annual Rate of Ambulatory Care Sensitive (ACS) Hospital Admissions per 100 with at least one ACS Condition, 2005-2009: Males



Annual Rate of Ambulatory Care Sensitive (ACS) Hospital Admissions per 100 with at least one ACS Condition, 2005-2009: Females



Are men and women using services differently?

Compared to the rest of the province, people in Unama'ki – especially women – are more likely to see a family doctor. Those who go to the doctor are also more likely to go more often. This makes sense, since we also have higher rates of illness that starts earlier in life. Unama'ki women also have higher birth rates, so they need more reproductive care. This might explain why younger men use fewer doctor services than women overall.

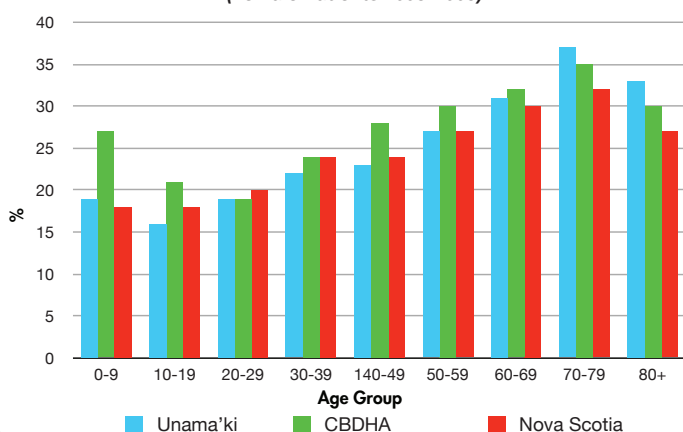
Older people from Unama'ki communities are also staying in hospital beds for longer. This tells us that we need to connect them with more community-based supports so they can come home sooner. As our population ages, we *need to start planning for long term care solutions* that are culturally appropriate for our people.

One of the most important parts of a hospital stay is planning to leave. In the past couple of years our communities have been working with discharge planners to get us home sooner with the right community supports.

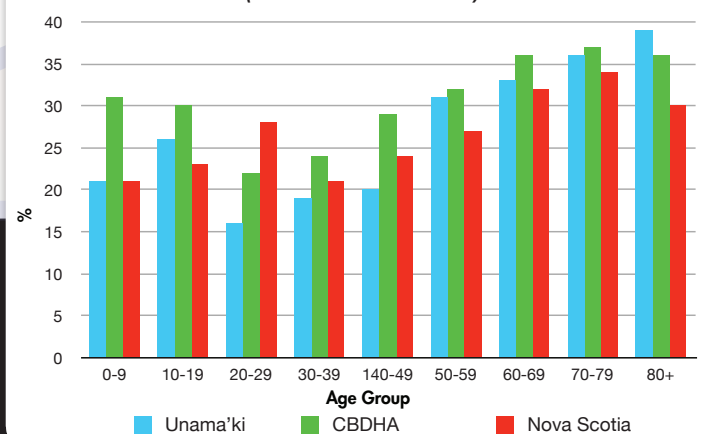
The two charts below show that *we visit specialists less often (especially men)* than people from outside our communities, even though we have a higher level of health need. This means we *need to continue removing barriers to getting to specialist appointments*, including having more specialists visit our communities and making sure people keep their appointments.

The District Health Authorities and our Unama'ki communities need to work more closely in the planning and delivery of provincial programs. Treatment services are almost all part of the provincial health care system, so these are essential partnerships for us to continue to develop.

Percent of All Physician Visits that are to a Specialist
(Female Patients 2005-2009)



Percent of All Physician Visits that are to a Specialist
(Male Patients 2005-2009)



Way to go community leaders!

At about the same time as when we started collecting this data, community leaders also made some changes to the way family doctors are paid. Before, they were paid based on the number of people they saw every day. Now, they are paid to work as part of a team and can take time with each patient and family. This means we can be working toward a more holistic approach to health in our communities.

Our doctors are working more closely than ever with nurses, nutritionists, social workers and other care providers. In time, we expect this will pay off in stronger community-based programs, better chronic disease prevention and management, and eventually bring our body, mind and spirit back in balance.

Good information about the health of our communities can help us answer some difficult questions: How does our health compare with the rest of the province? How can we close the gap between our health and other Nova Scotians? How should we use our health care resources? What services will we need in the future?

Together with government and academic partners, we have created the Unama'ki Client Registry (UCR). It is a community-owned, locally-designed information system that allows us to link data from a variety of provincial sources. This is the first registry of its kind in Canada.

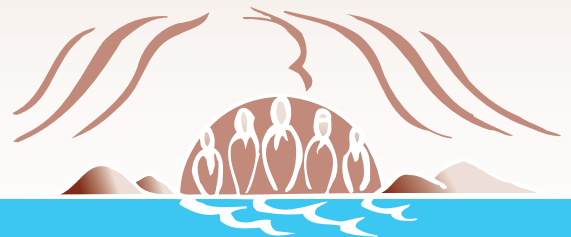
We have the highest standards of privacy protection. The registry has undergone a rigorous privacy impact assessment and there are extensive security safeguards in place to protect the information contained in it. The Unama'ki Client Registry does not contain names or addresses.

The Unama'ki Client Registry has put the strength of information into local hands. Before this, there was a lot we didn't know about the health of our people. We could not say with certainty how many suffered from heart disease or cancer, or how many women were regularly screened for cervical cancer. Now, we know these things and much more. Our health information gives us the power to negotiate with government and other partners for the services we need to improve the health of our people.

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We would like to thank Health Canada (First Nations and Inuit Health Branch), the Public Health Agency of Canada, and the Nova Scotia Department of Health and Wellness for financial and in-kind support of the Tui'kn Partnership's efforts to improve access to timely and reliable population health information for our communities.

The information in this bulletin was generated by linking the Unama'ki Client Registry with the Nova Scotia provincial administrative health data, including the Medical Services Insurance (MSI) physician billing data and the Canadian Institute for Health Information (CIHI) Hospital Discharge Abstracts Database (DAD).



Tui'kn Partnership
Because health belongs to all of us.