Factors Influencing Health

Hospital Care for Heart Attacks Among Inuit

Do differences exist in the rates of heart attacks experienced by Inuit and others in Canada? Are there differences in treatment-related factors and outcomes? The report *Hospital Care for Heart Attacks Among First Nations, Inuit and Métis*, from the Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI), sheds light on these issues with a data analysis and a scan of Canadian interventions that address the prevention and treatment of heart health issues. This fact sheet summarizes findings from Chapter 2: Hospitalizations for Heart Attacks in Inuit Areas.

For more information on First Nations, Inuit and Métis and a summary of interventions that support heart health in Canada, please download the full report from www.cihi.ca/cphi.

A significant challenge in reporting on rates of heart attacks and related treatments for Aboriginal peoples' in Canada is that information about patients’ ethnicity is not recorded consistently across the country in hospital records. To overcome this challenge, an area-based approach was used to compare patients living in areas where a relatively high proportion of residents self-identified as Inuit (known as high-Inuit areas) with patients in remote low-Aboriginal areas. Results presented are based on seven years of pooled data, from 2004–2005 to 2010–2011.

To tell the story, the results are organized according to a general pathway of hospital care for heart attack patients.

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**Our Vision**

**Our Mandate**
To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

**Our Values**
Respect, Integrity, Collaboration, Excellence, Innovation

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i. “Aboriginal peoples” is a collective term that includes First Nations, Inuit and Métis in Canada.

ii. As all residents of high-Inuit areas were located in remote areas in this study, their hospital experience was compared with that of people who lived in low-Aboriginal areas of Canada that are also considered remote.
Pathway of Care

Admission and Diagnosis

Heart Attack Event

Heart attack event rates were lower among residents of high-Inuit areas than among residents living in remote low-Aboriginal areas. The rate of new heart attack events (see definitions on next page) was 35% lower for residents of high-Inuit areas than for residents of remote low-Aboriginal areas (122 versus 189 per 100,000, respectively).

Patient Profiles

Heart attack patients from high-Inuit areas tended to be younger. At the time of admission for heart attack, there was a 10-year difference in the median age of patients from high-Inuit areas (61 years) and remote low-Aboriginal areas (71 years).

Heart attack patients from high-Inuit areas were less likely to have diabetes as a comorbid condition when admitted to hospital, compared with patients from remote low-Aboriginal areas (11% and 25%, respectively).

Distance to Care

Residents of high-Inuit areas were more likely to travel long distances to access cardiac care than those from remote low-Aboriginal areas. All heart attack patients from high-Inuit areas travelled more than 500 km to access the nearest hospital with on-site revascularization capacity. In comparison, three-quarters (74%) of patients from remote low-Aboriginal areas were within 250 km of the nearest hospital with on-site revascularization capacity.
Treatment and Outcomes

Type of Treatment

Cardiac procedure rates were similar for heart attack patients from high-Inuit and remote low-Aboriginal areas. More than half of heart attack patients from high-Inuit areas had a diagnostic angiography procedure in hospital (54% versus 57% for those from remote low-Aboriginal areas), and 42% underwent a revascularization procedure, either PCI or CABG (44% for remote low-Aboriginal areas). (See definitions of procedures below.)

Length of Stay

Length of stay in hospital was similar for heart attack patients from high-Inuit and remote low-Aboriginal areas. The median length of stay in hospital after being admitted for a heart attack was seven days for patients from high-Inuit areas and six days for patients from remote low-Aboriginal areas.

Facility Transfers

The number of transfers was similar for heart attack patients from high-Inuit and remote low-Aboriginal areas. Once admitted to hospital, 42% of heart attack patients from high-Inuit areas required at least one transfer between facilities to receive the necessary care, which was similar to the rate for patients from remote low-Aboriginal areas (40%).

Definitions

Heart attack is defined as the diagnosis of a heart attack following hospitalization. If a patient suffers more than one heart attack within a 28-day period within a given year, this is counted as one heart attack event.

Coronary angiography is a diagnostic procedure that gives a picture of the heart's arteries. The procedure can be used to determine the extent of coronary heart disease and to assess what type of treatment is most appropriate.

Revascularization procedures help restore blood flow to the heart by removing or bypassing blockages in the arteries. There are two types of procedures: percutaneous coronary intervention (PCI) and coronary artery bypass graft (CABG).

PCI is a non-surgical procedure that involves inserting and inflating a balloon to open a blocked artery.

CABG is a surgical procedure performed on patients with significant narrowing or blockage of multiple heart arteries. During this procedure, arteries or veins from other parts of the body are grafted to bypass blockages in the arteries in the heart.
Limitations

Given the small number of heart attack patients from high-Inuit areas, it was not possible to assess disparities in some comorbidities or to examine hospital outcomes; this limited our ability to provide a complete profile of the hospital experiences of heart attack patients from high-Inuit areas. The small number of heart attack admissions to acute care hospitals among residents of high-Inuit areas may reflect a lower burden of heart disease among this population, but it may also reflect the challenges that Inuit experience in accessing acute care services.

Interventions to Support Aboriginal Peoples: From Prevention to Treatment

To build on the results of the quantitative data analysis, a pan-Canadian scan was conducted to identify promising approaches to health service delivery that support Aboriginal peoples in dealing with chronic disease. Relationship dynamics among patients, providers and their communities are the foundation for many of these strategies, and building relationships that address geographic and cultural barriers are important to consider when delivering health care services. For more information, see Chapter 4: Interventions to Support Aboriginal Peoples: From Prevention to Treatment of the full report.