

Sheshatshiu

Labrador



Community Needs Assessment

Acknowledgements

The *Sheshatshiu Comprehensive Community Needs Assessment* was researched and written by the staff of the Sheshatshiu Community Health Office. Many hours were dedicated to creating databases, where none existed previously, as well as attempting to manually create statistical information from a system that was not designed for this purpose.

The Community Health Staff would like to acknowledge a number of people who assisted in the process of creating this assessment. Innu Auassit, Innu Uauitshitun, The R.C.M.P., Peenamain McKenzie School and CFB Goose Bay Weather Office all provided summaries of programs as well as statistical information. We would like to specifically acknowledge the dedication and patience shown by the technical consultant, Miguel Borges, during the duration of this work.

HISTORY OF SHESHATSHIU

Sheshatshiu, Labrador is a Innu Community located in the province of Newfoundland and Labrador. The term *Innu* includes both the Naskapi and Montagnais groups, with Sheshatshiu being primarily populated with members of the Montagnais group. "Innu" refers to 'the human beings' or 'the people'.

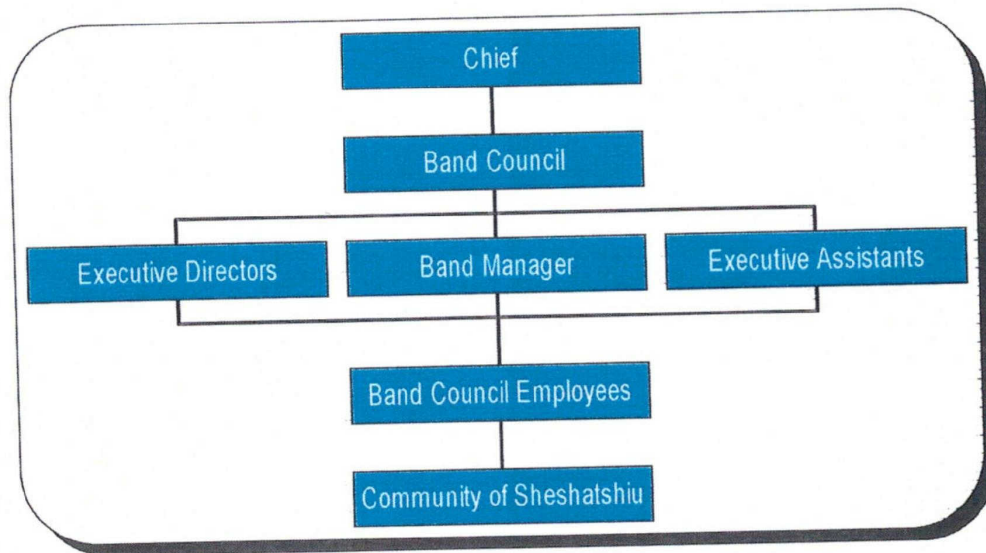
The name Sheshatshiu is a very old place name, perhaps being as old as the culture who now live there. The name refers to the narrows connecting Grand Lake to Lake Melville, with the present Innu community settling on its south shore. Historically, the Innu had occupied this area during various times throughout the year. Being primarily nomadic, it was not until the early 1950's with the establishment of a permanent Oblate Mission did Sheshatshiu become a permanent community. It was not until the early 1980's that the Innu proposed that the original Innu name, rather than the english one(North West River), be applied to the community.

Source: The People of Sheshatshit-in the land of the Innu, Mailhot, 1997. pp. 1, 2, 23, 134

Sheshatshiu is located 40km from the Community of Happy Valley and the Canadian Forces Base-Goose Bay. The total population, including both those who live in the community and outside is **1148**.

The present Band Council have negotiated the devolution of community health services. The community have many qualified health personnel working together as a team. This team is dedicated to improving the Health of the members of this community. An enhanced health care facility will give them the physical space and environment in which to face this challenge.

POLITICAL SITUATION



Community of Sheshatshiu

The community of Sheshatshiu is a non-status Indian Community. Its political structure constitutes a Chief and Band Council elected every three years.

The present chief and council's incumbency is two years, which initiated with the election of February, 1997.

The proportion of men and women on the band council is equal. There are 3 men and 3 women.

Prior to the devolution process, the Innu nation was responsible for health in the communities of Davis Inlet and Sheshatshiu. The Innu Nation had a health committee who met once a month to make decisions relating to health in both communities. At present, with the health programs under the jurisdiction of the Band Council, there is an executive director responsible for health who reports to the chief and council.

1997 has been ground breaking for the community of Sheshatshiu. The community has taken control over Community Health programming from the Provincial Government. There are two Community Health Nurses exclusively for the community for the first time in history. These health care providers are responsible to the executive director but also act as advisors on health related issues.

ENVIRONMENT

i) Housing

- There are **166** houses in the community of Sheshatshiu.
- The average number of persons per dwelling is 5.42 (*see appendix 5*)
- The percentage of dwellings with installed electric heating systems is 98%
- The percentage of homes where the main source of heat is wood stoves is ~85%
- The Projected number of houses to be built in the next three years is 30/year.

Source: Sheshatshiu Innu Band Council and Comprehensive Community List.

ii) Water

There are two artesian wells in the community that supply a 200,000 gallon holding tank. Prior to entering the holding tank the water is chlorinated.

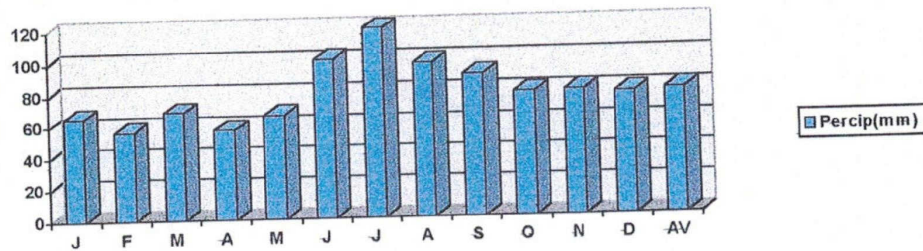
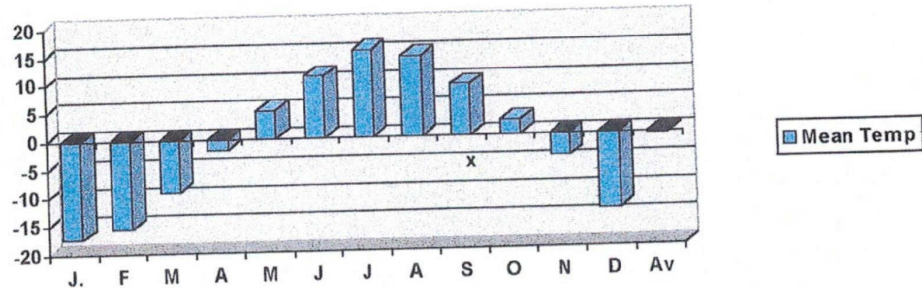
The water is tested on a regular basis by the provincial health inspectors. Please find included the most recent breakdown of the community water supply analysis (*see Appendix 1*).

There is only one home without a bathroom.

iii) Waste Disposal

- All homes in Sheshatshiu (with the exception of one) have septic tanks for sewage disposal. Solid waste (garbage) is picked up in various areas on a daily basis and trucked to the dump in Happy Valley-Goose Bay.
 - Biomedical waste from Mani Ashini Health Centre is transported to the laboratory at Melville Hospital (44km) for disposal there.
 - Biomedical Waste would be stored on the Mani Ashini site for no more than 1 working day.
 - There are limited freezer requirements for the Mani Ashini Health Centre, there are two small refrigerators for storage of vaccines and collected samples. There is no generator for power outages.
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iv) Climate



Source: CFB Goose Bay Weather Office June 11, 1997

Daily Means for Temperature and Precipitation from 1941-1990

| Mth | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|--------|-------|-------|------|------|------|-------|-------|------|------|------|------|-------|
| Temp | -17.3 | -15.5 | -9.2 | -1.8 | 5.1 | 10.9 | 15.5 | 14.2 | 9.0 | 2.5 | -4.0 | -13.4 |
| precip | 64.9 | 57.0 | 68.6 | 57.1 | 66.4 | 100.9 | 119.4 | 98.3 | 90.6 | 78.8 | 79.9 | 77.6 |

Average Yearly Precipitation = 959.5 mm

Average Annual Mean for Temperature = - 0.3 (degrees Celsius)

VI) Water, Soil and Air Conditions

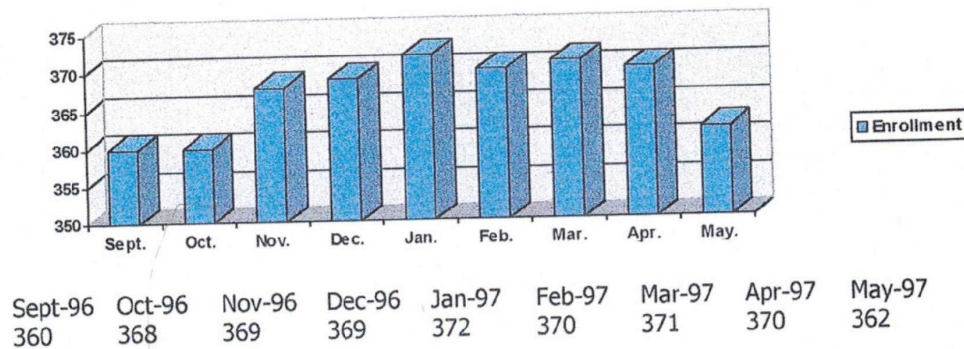
- Water samples are taken monthly, but were unfortunately unavailable for this report.
- The soil is not tested regularly but there was some concern regarding contamination at the nearby North West Point, unfortunately these samples were unavailable for this report.
- The air conditions of the community is not tested.

Education

Schools

Peenamini McKenzie School is the only school located directly in the community. This Kindergarten to Senior High school services the majority of children in the community.

Enrollment: 1996-97



The number of people in the community who are presently enrolled at the:

- Elementary Level: 238
- Junior High Level: 111
- Senior High Level: 12
- Undergraduate/Graduate level: 2
- Other Training (police, computer): 3

The Number of people in the community who have completed education at the:

- Elementary Level: unknown
- Junior High: unknown
- Senior High Level: 35
- Undergraduate / Graduate levels: 0
- Training (Police, Cosmetology, Education, Nursing): 8

Employment and Level of income

The community of Sheshatshiu has experienced a great deal of unemployment. Many in the community depend on social assistance to provide the basic necessities of life.

The Number of males and females in full time and Part time employment in the community of Sheshatshiu is **149**.

The number of people over the age of 18 who are unemployed is **321**, this number does not include the age groups above 65 years. Considering the demographics of the community, that being that 527 community members are under the age of 19, demonstrates very high unemployment statistics.

Main Sources of employment, including the number of jobs in each category:

- Human Resources and Development = 9
- Innu Nation =15
- Sheshatshiu Band Council = 68
- Voisey's Bay Nickle = 3
- Peenamin McKenzie School = 17
- Shushepishanpin Group Home = 13
- Employment Insurance programs:
 - Labrador College (NWR): 19
 - St. John's: 4
 - Ottawa: 1

Number of Families receiving Social Assistance: 150 families (May 1997)

Source: Department of Human resources and Development - Sheshatshiu

Culture and Recreation

- The community of Sheshatshiu has one Catholic Church which is not utilized at present. There are no religious services held in the community at present.
 - There is equipment for a local radio station , which is not being utilized at present, in a small building in the community. The only available radio stations are **CBC** radio, and a Corner Brook NF. station **CFCB**.
 - The nearby community of North West River has a local cable station **TVCR**. The 'Cable Labrador LTD" provides imported cable television stations (14) to the community at a cost of \$35.50 / month.
 - There are no local music or theatre facilities. The only indoor Sports facility is the Gymnasium at the Peenamin McKenzie School. There are no outdoor Sport facilities.
 - **Programs for Woman and Youth:**
 - Innu Auassit Centre (youth Centre):
 - Innu Uauitshitun
 - Alcoholics Anonymous
 - Woman's Group
-

Level of Social Disturbance

Please refer to the information below to interpret the following statistics.

Cleared other means:

- 1) The police exercise discretion and do not lay a charge.
- 2) The offender dies before being charged.
- 3) The offender is under 12 years of age.
- 4) The offender is committed to a mental hospital with little chance of release.
- 5) Direction is received from the Attorney general or his agent not to prosecute.
- 6) The Complainant or Key witness is dead and can't testify.
- 7) A 'Young Person' is referred to a screening agency like alternate measures who decides not to charge.
- 8) The offender is known and there is sufficient evidence to charge, but the complainant refuses to prosecute, or the complainant knows, but declines to identify, the offender.

Assault Causing Bodily Harm means:

- any hurt or injury to a person that interferes with the health or comfort of the person and that is more than merely transient or trifling in nature. i.e. If someone slaps you and you don't require medical attention, it is common assault. If someone punches you and knocks out 2-3 teeth it is an offense of assault causing bodily harm.

Aggravated Assault means:

- wounding , maiming, disfiguring, or endangering the life of another person.

$$\% \text{ clearance} = \frac{\# \text{ of offences where a charge is laid} + \# \text{ of offences cleared otherwise}}{\# \text{ of reported offences}} \times 100\%$$

| <i># of reported offences</i> | <i># of offences where a charge is laid</i> | <i># cleared other</i> | <i>% clearance</i> | <i>Year</i> |
|--|---|------------------------|--------------------|-------------|
| Sexual Assault | | | | |
| 24 | 19 | 3 | 92% | 1995 |
| 17 | 12 | 2 | 82% | 1996 |
| 21 | 8 | 0 | 38% | 1997 |
| Common Assault | | | | |
| 132 | 50 | 51 | 77% | 1995 |
| 97 | 56 | 41 | 100% | 1996 |
| 61 | 13 | 11 | 39% | 1997 |
| Assault with a Weapon | | | | |
| 13 | 10 | 2 | 92% | 1995 |
| 4 | 2 | 2 | 100% | 1996 |
| 2 | 1 | 0 | 50% | 1997 |
| Assault causing bodily harm | | | | |
| 1 | 1 | 0 | 100% | 1995 |
| 1 | 1 | 0 | 100% | 1996 |
| 0 | 0 | 0 | N/A | 1997 |
| Aggravated Assault | | | | |
| 2 | 2 | 0 | 100% | 1995 |
| 4 | 2 | 2 | 100% | 1996 |
| 1 | 0 (under investigation) | 0 | 0% | 1997 |
| Total Assaults (includes all of the above and assaults on police and other) | | | | |
| 172 | 83 | 56 | 81% | 1995 |
| 122 | 72 | 47 | 98% | 1996 |
| 85 | 22 | 11 | 39% | 1997 |
| Total break enter and theft. | | | | |
| 21 | 3 | 3 | 29% | 1995 |
| 19 | 9 | 3 | 63% | 1996 |
| 5 | 2 | 1 | 60% | 1997 |

| # of reported offences | # Of offences where a charge is laid | # of cleared other | % Clearance | Year |
|--|---|---------------------------|--------------------|-------------|
| Total theft of motor vehicles | | | | |
| 4 | 0 | 2 | 50% | 1995 |
| 12 | 0 | 4 | 33% | 1996 |
| 3 | 0 | 1 | 33% | 1997 |
| Total thefts less than \$5000.00 | | | | |
| 21 | 3 | 8 | 52% | 1995 |
| 23 | 1 | 6 | 30% | 1996 |
| 7 | 0 | 2 | 29% | 1997 |
| Property damage less than \$5000.00 | | | | |
| 41 | 10 | 10 | 49% | 1995 |
| 46 | 7 | 21 | 61% | 1996 |
| 16 | 2 | 6 | 50% | 1997 |
| Bail violation | | | | |
| 18 | 11 | 2 | 72% | 1995 |
| 17 | 16 | 1 | 100% | 1996 |
| 9 | 8 | 1 | 100% | 1997 |
| Breach of probation | | | | |
| 15 | 14 | 1 | 100% | 1995 |
| 6 | 5 | 0 | 83% | 1996 |
| 6 | 6 | 0 | 100% | 1997 |
| Other criminal code | | | | |
| 124 | 52 | 38 | 73% | 1995 |
| 123 | 66 | 32 | 80% | 1996 |
| 51 | 24 | 8 | 63% | 1997 |
| Total Criminal Code | | | | |
| 347 | 142 | 108 | 72% | 1995 |
| 123 | 66 | 32 | 80% | 1996 |
| 152 | 48 | 23 | 47% | 1997 |

Source: RCMP detachment Happy Valley-Goose Bay

COMMUNITY HEALTH STATUS

DEMOGRAPHY

The total population of full time residents of the community of Sheshatshiu is 1017. 3.7% of this population have no permanent residence.

There is a percentage of the population who are transient between Sheshatshiu and other communities. Using our community data base we have determined that there are 131 people who spend time in the community but are not considered permanent residents.

| | |
|------------------------|------|
| Sheshatshiu Population | 1017 |
| Status Population | 1148 |

Age - Sex Distribution

The age breakdown for the population of Sheshatshiu is as follows:

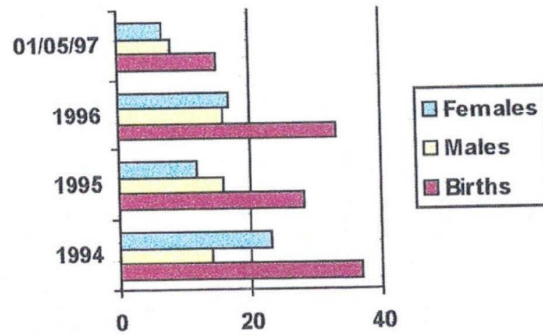
| AGE | POPULATION |
|-------|------------|
| 0-4 | 152 |
| 5-9 | 156 |
| 10-14 | 122 |
| 15-19 | 100 |
| 20-24 | 89 |
| 25-29 | 61 |
| 30-34 | 78 |
| 35-39 | 61 |
| 40-44 | 52 |
| 45-49 | 27 |
| 50-54 | 25 |
| 55-59 | 11 |
| 60-64 | 12 |
| 65-69 | 10 |
| 70-74 | 7 |
| 75-79 | 4 |
| 80-84 | 2 |
| 85-89 | 0 |
| 90-94 | 0 |

There were 48 residents without birthdates, in the comprehensive Community List. (See Appendix 2)

Males constitute 50.2% of the total population (see appendix 3)

Females constitute 49.8% of the total population (see appendix 3)

Number of Births

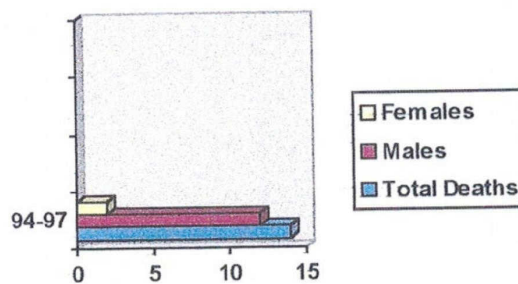


| Year | Male | Female | Total |
|----------|------|--------|-------|
| 1994 | 14 | 23 | 37 |
| 1995 | 16 | 12 | 28 |
| 1996 | 16 | 17 | 33 |
| 01-05-97 | 8 | 7 | 15 |

Source: Birth Directory : Sheshatshiu Community Health Office

Number of Deaths

The total number of deaths in the community of Sheshatshiu over the past three years has been **14**.



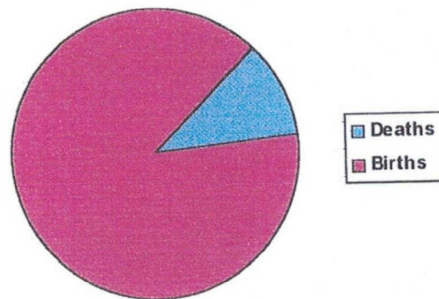
Migration Rate

There are **131** community members who are transient and claim their permanent residents outside the community of Sheshatshiu. (see Appendix 4)

Source : Comprehensive Community Listing Sheshatshiu: completed June 1997

Natural Increase in the Population

| | | | | |
|--------------|---|--------------|---|------------------------|
| Total Births | - | Total Deaths | = | Increase in population |
| 114 | - | 14 | = | 100 |



Infant Mortality

| | | | | |
|-------------|----------------------|--------------|--------------|--|
| | 1994-1997(June) | | | |
| Live Births | Non-Hosp. Deliveries | Still Births | Infant Death | |
| 114 | 4 | 4 | 1 | |

Cause of Death and Specific Death Rates

| Sex | Age | Causes of Death |
|--------|-----|-----------------------|
| Male | 49 | Cancer |
| Male | 94 | Natural causes |
| Male | 25 | MVA |
| Female | 63 | M.I. |
| Male | 46 | C.H.F. |
| Male | 66 | Cancer/Alcoholism |
| Male | 63 | M.I./C.O.P.D. |
| Male | 65 | C.O.P.D. |
| Male | 17 | Suicide |
| Male | 40 | C.V.A. |
| Female | 46 | C.O.P.D./C.H.F. |
| Male | 50 | Diabetic Ketoacidosis |
| Male | 16 | Suicide |
| Male | 14 | Accidental Shooting |
| Male | 17 | Suicide |

Source : Community Health office Sheshatshiu

Newborn Heath Status

The province of Newfoundland and Labrador provide a tool for determining high risk mothers on each live birth notification:

Categories: (each is given a numerical value)

A) Children with known handicap i.e. Spina Bifida

B) Developmental Risk factors:

- Low Birth rate
- Complications of Pregnancy
 - mid & high forcep deliveries
 - Alcohol Abuse(T-ACE)
 - Respiratory Distress
 - Apgar scores at birth

Family History:

C) Family interaction risk factors

- Age of Mother
- Social Situation
- Financial Situation
- Prenatal Care
- Education
- Health of Mother i.e. Diabetic

Pregnancies are assessed at the following values:

- High Risk: 9 and Over
- Moderate Risk: 6 - 8
- Low Risk: 3 - 5
- minimal Risk: 0 - 2

Status of pregnancies in Sheshatshiu:

| Year | 1994 | 1995 | 1996 | 1997 (to May) |
|-----------|------|------|------|---------------|
| High Risk | 18 | 17 | 21 | 7 |
| Mod.Risk | 8 | 6 | 3 | 3 |
| Low Risk | 11 | 5 | 10 | 5 |
| Min. Risk | 0 | 0 | 0 | 0 |

High Risk: 63
 Moderate Risk: 20
 Low Risk: 31
 Minimal Risk: 0
 Total Births: 114

55% OF ALL PREGNANCIES OVER THE PAST THREE YEARS WERE HIGH RISK.

Newborn Health Status (cont'd)

Congenital Abnormalities:

| Year | 1995 | 1996 | 1997 |
|--------------------------|--|--|------|
| Congenital Abnormalities | <ul style="list-style-type: none"> • 1 cases of myelomenigocele spina Bifida • 1 Intra-uterine Growth retardation. • 1 anomaly of the left hand middle digit. | <ul style="list-style-type: none"> • 1 case of severe hypoxic ischemic encephalopathy • 1 case of failure to thrive • 1 case of 2 cord vessels / sacral dimple • 1 case heart murmur • 1 case of myelomenigocele - Spina Bifida | 0 |

Methods of Deliveries:

| Year | 1995 | 1996 | 1997 |
|--------|---------------------------------------|---------------------------------------|--|
| Method | 25-Natural Deliveries 3-C-Sections | 30-Natural Deliveries 5-C-Sections | 11-Normal Deliveries 1-Antepartum Hemorrhage 1-vacuum suction 2-High Forcep |

18.4% of the children born between the period of Jan., 1994 - May, 1997 were born into single parent families, that being defined as, no parental involvement other than the primary care giver.

Source: Sheshatshiu Community Health Statistics

Prevalence of Acute Illness

May 96-May 97

| Acute Illnesses | Reported Number (MAC) | Percent out of Population |
|--|------------------------------|----------------------------------|
| Upper & Lower Respiratory | 467 | 45% |
| Musculo-Skeletal (sprains, back pain) | 332 | 32.6% |
| Skin Disorders / Infections | 289 | 28.4% |
| Ear Infections | 153 | 15% |
| Gastro-Intestinal | 215 | 21.1% |
| Communicable Diseases (total) | 129 | 18.6% of total prov. statistics |
| Chlamydia cases (95-12-30/97-06-06) | 29 | 7.2% |
| Mental Health/Alcohol & Drug Abuse (physician visit) | 74 | 2.5% |
| Cardiovascular | 26 | 12.9% |
| Ob-Gyn | 132 | 2.1% |
| Injury / Accidents | 21 | 0.8% |
| Poor Nutrition-Iron deficiency | 9 | |

- These numbers reflect the number of clinic visits to the physician at the Mani Ashini Health Centre. They were determined using billing numbers for each clinic visit. Review of the computer entries of these billing numbers as well as manual review of forms utilized to document these numbers were used to tabulate data.
- These numbers do not reflect the percentage of clients seen by staff of the Health Labrador Corporation, at either the Melville Hospital or the North West River Nursing Clinic. The Nurses at the North West River Clinic account for Sheshatshiu Clients as over half of their clientele. All after hours clients, accidents, and deliveries travel to Melville Hospital which is not reflected in these statistics. To determine the breakdowns from both of these areas would require extensive, time consuming, research to determine values. Unfortunately were unable to determine these for this report.

Prevalence of Chronic Disease

| Chronic Disease | Number of people afflicted | Percent of total Population |
|------------------------|-------------------------------------|------------------------------------|
| Alcoholism | 105(MD visits)(42 Innu uauitshitun) | 10.3%(MD) 4.1%(I.U.) |
| Diabetes | 60 | 5.8% |
| Hypertension | 117 | 11.5% |
| Heart Disease | 74 | 7.2% |

- These numbers reflect reported total cases of known chronic diseases in the community of Sheshatshiu. Physician billing documentation, as well as physician reports of client numbers, were utilized to determine values. This is an area where statistical data are not easily gathered, and where valid prevalence must be determined.

Although there is no statistical data to strengthen the theory, it is also believed that *obesity* is a very prevalent chronic condition which is closely correlated to many of the other chronic diseases.

Identification of Community Health Needs

The community Health office, as it exists today, has only been working on the comprehensive needs of the community since April 1, 1997. There are many plans for strategic planning which will be outlined in the following pages. As the strategic planning process has not been initiated, it will be indicated what the prevalence of the health needs are statistically, and how community health staff plan to consult the community for direction in program planning.

Strategic Planning Process

Upon the completion of the comprehensive community health assessment, the results will be taken to the community. The various players in the community including Chief, Band Council, educators, social workers, elders and health providers will meet for an as yet undetermined amount of time, to evaluate the statistical data. Having been provided with the information the community health nurses will facilitate brainstorming sessions to receive direction from the community in regards to programming foci.

Health Problems / Needs / Priorities

The number-one group of health issues, as reflected by the number of annual physician visits are those which are directly related to lifestyle.

- Upper and Lower Respiratory tract infections surpasses all other acute illness for the position of number one health issue. There was a total of 467 physician visits which is 41.8% of the total population. Along with this category it was decided to include skin disorders/infections (25.8%), Gastro-intestinal complaints (19.2%), ear infections (13.6%), eye infections (2%) and iron deficiency (0.8%) as lifestyle related.
 - Note: There was a total of 12.4% of physician visits dedicated to Musculo-skeletal (including back pain) and 21 visits (1.8%) for injury/accidents. A large number of these cases can be directly correlated to inactivity, obesity and unsafe working habits.
 - There are 55% of all pregnancies in the last three years that have been classified as high risk. No pregnancy was considered minimal risk which demonstrates the degree of this health issue and it's impact on the future population.
-

- There are multiple Psycho-Social areas that are of statistical significance when looking at health priorities. The total physician visits for alcoholism for a one year period was 38, and for mental health issues was 36. The Innu Uauitshitun has identified 225 as the number of clients seen for Alcohol, Drug, Suicide intervention, relationship problems, victim and justice issues .
- There were 129 (11.5% of total population) physician visits for communicable disease. According to the Provincial Communicable Disease System over the past 18 months there were 29 cases of Chlamydia (2.5% of the communities population), this accounted for 18.6% of the total reported cases for the province for this time period.
- The Mani Ashini Health Centre estimates a total of 60 (5.4%) cases of diabetes in the community at present. There is an 'Atlantic Aboriginal Diabetes study' being completed at present in the community which will assist the community health staff in determining those who might be at risk for Diabetes or to help identify those that have the disease and are unaware.
- There were 112 clinic visits (11.0% of total population) for hypertension and 74 clinic visits (7.2% of total population) for Heart Disease seen during a one year period.

Population and How it is Affected by Various Health Issues:

| | |
|---|--|
| <p>Age Group 0-4</p> <ol style="list-style-type: none"> 1. Upper Respiratory(33.6%) 2. Ear Infection 3. Eye Infection | <p>Age Group 5-14</p> <ol style="list-style-type: none"> 1. Upper Respiratory 2. Ear Infection 3. Injury / Accidents |
| <p>Age Group 15-19</p> <ol style="list-style-type: none"> 1. Upper Respiratory 2. Alcohol & drug abuse 3. Ob-Gyn | <p>Age Group 20-39</p> <ol style="list-style-type: none"> 1. Upper Respiratory 2. Ear Infections 3. Ob-Gyn |
| <p>Age Group 40-64</p> <ol style="list-style-type: none"> 1. Upper Respiratory 2. Cardiovascular 3. Mental Health | <p>Age Group 65-75</p> <ol style="list-style-type: none"> 1. Upper Respiratory 2. Cardiovascular |

Source: Billing statistics Mani Ashini Health Centre

Community Based Health Programs and Health Service Providers

Health Programs

- Community Health (Prevention Programs)
- Innu Auassit (Youth Program)
- Innu Uauitshitun (Alcohol, substance and other abuse)
- Mani Ashini Health Centre (Acute Medical Care)

Program Priorities

Community Health Programs:

The priority of the community health programs is to assist Innu to achieve and maintain their optimal level of physical, social, and emotional well-being within their own community.

Goals:

1. To advocate for the reduction of inequities which have a negative impact on Health.
2. To advocate so that all public policies and programs are conducive to the health of the people of Sheshatshiu.
3. To Promote optimal physical, social and mental health throughout the life cycle.
4. To reduce the incidence of or eliminate communicable diseases and their sequelae to ensure the optimal health and well being of people in Sheshatshiu.
5. To reduce or eliminate hazards to help ensure a safe and healthy environment for the community.
6. To assist and support individuals and families in the achievement and maintenance of optimal health and independence.

Adopted and adapted from Provincial "Core Programs With Objectives"

Community Health Programs Overview

1. **Childbirth Education:**

One on one counseling is offered utilizing resources and principals of the provincial "A New Life" program. Group sessions are an unusual occurrence due to lack of space to hold such sessions.

2. **Postnatal Home Visiting Program:**

It is a goal to visit postnatal clients at home within 24 hours of their arrival from hospital. Guidance and support is offered to mom, while baby's health and adaptation to new home is evaluated.

3. **Child Health Clinics/Immunizations:**

Community Health nurses follow provincial guidelines for 'Child Health Clinic' for children 0-3 years. These clinics include Growth Percentile evaluation, Nutrition evaluation, Developmental assessment, and Immunization for age. The Community Health Nurse utilizes the provincial Manual 'Health Check preschool' for children over 4 years 2 months. There are set screening protocols, procedures and documentation for this assessment.

The Community Health Nurses follow the set provincial Immunization program illustrated in the Immunization Manual for Public Health Nurses-1995.

4. **School Health Promotion / Disease Prevention:**

The school health program includes the following areas:

- Communicable Disease Control
- Immunization
- Vision Screening
- Hearing Screening
- Health Education
- Environmental Surveillance
- Case Management
- Update of Records

5. **Home Visiting Program:**

The community Health Nurse accepts referrals from clients, family, neighbour, health care professionals and other agencies. The nurse works with the client to determine an appropriate plan of care.

6. Community Education and Community Development:

It is the responsibility of the community health Nurse to assess the needs of the community and to facilitate and co-operate with members of the community in identifying their needs and planning strategies to meet these needs.

7. Communicable Disease Control Program:

These include immunizations, public education, consultation to the community, case identification, case management, contact tracing and follow up.

Tuberculosis surveillance project is under the communicable disease subsection and employs one worker, with the ultimate goal of identification and treatment of all old TB cases.

Innu Auassit (youth program):

This program is a new initiative implemented by the Innu Band Council. There are only two people employed within the agency. The centre tries to focus youth between the ages of twelve and eighteen within the community of Sheshatshiu. The roles and responsibilities are on going and are to assist and provide numerous functions such as:

1. Provide moral support with youth in need
2. Educate youth about alcohol and drugs abuse
3. provide information about family violence
4. provide treatment referrals to outside facilities within Canada
5. Provide and assist recreational activities and programs
6. Provide one on one counseling.
7. Hold a lateen meetings and Innu sweats

Innu Uauitshitun (Alcohol, substance and other abuse counseling):

Innu Uauitshitun translates to "Innu Helping Innu" it was formally called Innu Alcohol Program. At Present it employs six people, one receptionist and five NNADAP workers. It provides the following services :

- One on one Counseling
 - A.A. Meetings
 - Counseling Addiction Problems
 - Justice System Involvement
 - Suicide attempts and other family crisis
 - Sweat Lodges
 - Victim Issues: Physical, Sexual, Emotional and financial abuse.
-

Mani Ashini Health Centre:

Houses the community health professionals as well as the acute care physician's clinic. This clinic has a physician 4 days a week who assesses clients in a family practice setting.

The total population that access these programs is 1017, with an additional 130 transient population who irregularly utilize services.

External Programs and Services

- **Dental Services:** now privatized and are located in the community of Happy valley - Goose Bay, some 44km's from the community of Sheshatshiu.
- **Psychiatric Services:** not available in this region and an individual would have to travel to the provincial capital of St. John's to receive services. Travel would be via air transport. There is a visiting peads psychiatrist once a year in Happy Valley-Goose Bay, with the Child Development Team.
- **Optometrist:** located in Happy Valley some 48kms from the community.
- **Breastfeeding consultant:** located in Happy Valley - Goose Bay, and occassionally will come to the community for a consultants fee + travel.
- **Health Labrador Corporation:** Provides Services to those community members who choose to travel to the North West River clinic or the Melville Hospital (Goose Bay). They also provide some homecare services in the community.

Clients accessing these services have a 24hr driver available, provided by the Band Council. There are two drivers employed to transport clients to services outside the communities. Clients receiving Social Assistance are provided with taxi's for these services.

Health Programs vs Community Health Needs

- The number one identified health problem is upper/lower respiratory illnesses. Existing health programs address this issue through community health programs, i.e. counseling in child health clinics re: air quality and smoking. There is a need to address this issue on a larger scale by planning community information sessions, promoting flu immunization programs, and negotiating the potential of adopting a pneumococcal vaccination program.
 - The number two issue is High risk Pregnancies: At present these issues are being addressed through Prenatal follow-up, prenatal education upon referral. There is a great need for enhanced facilities and resources to aid in the wholistic care of prenatal mothers. We must have an atmosphere that is conducive to educating, group discussions, and relaxation for mothers of all ages.
 - The area of communicable disease is very broad. The alarming number of Chlamydia cases is addressed through contact tracing and treatment of the individuals involved. At this time education is offered to the contacted individuals, as well as the case. The community health team provide education in the area of Sexually transmitted diseases in the school. There is a need for more broad community education in this area. Unfortunately the physical space for such on going education is not available. The area of Tuberculosis is being addressed through an on going Northern Tuberculosis testing program. There is also a TB worker on staff who is researching old files to determine all old cases and contacts who have not been properly treated or treated at all. These individuals are then introduced to their treatment options.
 - The area of Alcohol and Substance abuse is primarily the domain of the Innu Uauitshitun. This NNADAP program deals with the various treatment issues related to this topic. There is a need for more access to meeting areas for programs addressing issues in this area.
 - The area of Cardiovascular Health is being addressed by regular physician clinics, referrals for one on one teaching, and by a walking program 'Mamu Pimutetau' (walking together) .There is a need for more generalized community education in the healthy living areas, with enhanced resources and facilities conducive to learning, these could become a reality.
-

Currently Available Human Resources

- There is an Executive Director for Health employed by the band council: This individual has no job description but is responsible for budgeting, ensuring programs are running, day to day operations of health centre and is responsible to report health activities to the Band Council
- There is no Health Committee, all issues are taken directly to the Chief and/or Band Council for resolution.
- There is presently one Community Health Representative who works under the supervision of the community health nurses and their programs.

According to the CWIS:

The number of CHR's who presently hold positions within the community is one. The number of CHR's which the community is entitled to is two but there is no space available for a second CHR.

There are two Community Health nurses in the community providing Prevention programs. The number of nurses that the community is entitled to is Two.

NNADAP:

The number of NNADAP workers who presently hold positions within the community is six.

Physician Services:

There is a physician at the Mani Ashini Health Centre four days a week. This physician provides family practice service to the community. The Physician at Mani Ashini Health Centre is privately contracted by the Band to provide this service.

Dental Services:

There are no dental visits to the community of Sheshatshiu. There are two **private practice** dental offices in the community of Happy Valley, who irregularly provide a visit to the community of North West River. The distance the community must travel to access a Dental office ranges from **40-45kms**.

Other Visiting Professionals:

None of the following services are available in the community of Sheshatshiu. It has been indicated how many of these professionals are in the area and by whom they are employed.

- **Pharmacist:** There are two pharmacies in Happy Valley, with at least two pharmacists employed at each. These are privately owned and operated. There is a pharmacist at the Melville Hospital for the purposes of that institution.
- **Physiotherapy:** There is one private practice physiotherapist in the Happy Valley area, and one Physiotherapist at the Melville Hospital, Goose Bay who is a provincial employee.
- **Speech Therapy:** There is one provincially employed speech-language pathologist employed by the Health Labrador Corporation. There is a Speech-Language pathologist employed by the Labrador School Board for the whole region of Labrador.
- **Psychiatrist/Mental Health Worker:** There is no psychiatrist in the Labrador Region. There is a Mental Health Nurse employed by the Health Labrador Corporation. A community member would have to travel by air to St. John's, NF. to access a psychiatrist.
- **Optometry:** There is one private practice optometrist in the community of Happy Valley. The distance a member from the community would have to travel to access this service is approximately 45kms.

Anticipated Human Resources Requirements

The only anticipated changes to the existing human resources, is to hire a second CHR. At present all staff have limited working space and some have no office at all. With an improved Health Centre staff would be better able to provide the services that they are mandated to complete.

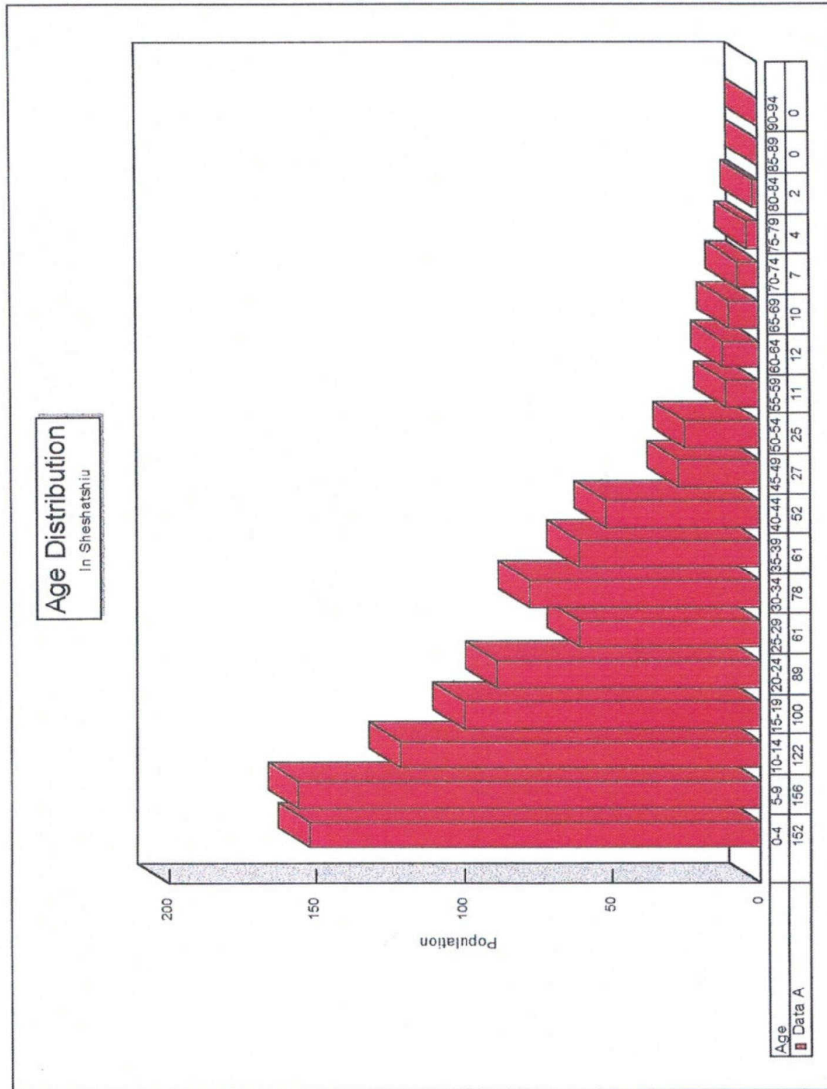
Appendix 1

**ZENON ENVIRONMENTAL LABRADORIES
CERTIFICATE OF ANALYSIS**

| | | Client ID: | Well 1 | Well 2 |
|-----------------------------------|------------|----------------------|------------------|------------------|
| | | Zenon ID: | 012105 97 | 012106 97 |
| | | Date Sampled: | 97/04/11 | 97/04/11 |
| Component | MDL | units | well 1 | well 2 |
| Anions | | sum | 9.9 | 0.87 |
| Cations | | sum | 9.8 | 0.84 |
| Cond(theoretical) | | | 1030 | 72 |
| Relative Error | | % | 0 | -1.7 |
| TDS(theoretical) | | | 547 | 45 |
| Alkalinity(asCaCO3) | 1.0 | mg/L | 180 | 33 |
| Bicarbonate | 1.0 | mg/L | 180 | 33 |
| (asCaCO3)-calculated Carbonate | 1.0 | mg/L | < | < |
| (asCaCO3)-calculated Langelier | | | <0.17 | <2.7 |
| Saturation Index | | | | |
| pH of saturation | | | 7.80 | 8.99 |
| pH (20 DEG C) | | | 7.63 | 6.31 |
| Conductivity | 4.2 | uS/cm | 1000 | 89 |
| Colour | 1 | true | 13 | < |
| Turbidity | 0.01 | ntu | 0.14 | 0.14 |
| Nitrite (as N) | 0.050 | mg/L | < | < |
| Nitrate (as N) | 0.0500 | mg/L | 0.058 | < |
| Nitrate and Nitrite | 0.0500 | mg/L | 0.058 | < |
| TOC(uv/persulf) | 0.16 | mg/L | 1.9 | 0.51 |
| Ammonia (as N) | 0.03 | mg/L | 0.26 | < |
| Fluoride (probe) | 0.03 | mg/L | 0.90 | 0.09 |
| Bromide | 0.10 | mg/L | 0.70 | < |
| Chloride | 0.50 | mg/L | 200 | 1.6 |
| ortho-Phosphate (as P) | 0.10 | mg/L | 0.33 | < |
| Sulfate (as SO4) | 0.10 | mg/L | 29 | 7.8 |
| Hardness (as CaCO3) | 1.0 | mg/L | 140 | 31 |
| Aluminum | 0.030 | mg/L | < | < |
| Barium | 0.001 | mg/L | 0.062 | 0.018 |
| Beryllium | 0.001 | mg/L | < | < |
| Soron | 0.010 | mg/L | 0.22 | 0.017 |
| Cadmium | 0.002 | mg/L | < | < |
| Calcium | 0.20 | mg/L | 29 | 7.2 |
| Chromium | 0.004 | mg/L | < | < |
| Cobalt | 0.010 | mg/L | < | < |
| ?Copper | 0.006 | mg/L | < | 0.006 |
| Iron | 0.010 | mg/L | 0.027 | 0.067 |
| Lead | 0.020 | mg/L | < | < |
| Magnesium | 0.050 | mg/L | 16 | 3.2 |

| Component | MDL | Units | Well 2 | Well 1 |
|------------|-------|-------|--------|--------|
| Manganese | 0.005 | mg/L | 0.035 | 0.019 |
| Molybdenum | 0.010 | mg/L | < | < |
| Nickle | 0.010 | mg/L | < | < |
| Phosphorus | 0.060 | mg/L | 0.34 | < |
| Potassium | 1.000 | mg/L | 7.7 | 2.0 |
| Silicon | 0.050 | mg/L | 7.5 | 8.4 |
| Silver | 0.010 | mg/L | < | < |
| Sodium | 0.100 | mg/L | 160 | 3.8 |
| Strontium | 0.001 | mg/L | 0.28 | 0.065 |
| Sulphur | 0.060 | mg/L | 9.9 | 2.6 |
| Thallium | 0.060 | mg/L | < | < |
| Tin | 0.050 | mg/L | < | < |
| Titanium | 0.010 | mg/L | < | < |
| Vanadium | 0.005 | mg/L | < | < |
| Zinc | 0.005 | mg/L | < | < |
| Zirconium | 0.010 | mg/L | < | < |

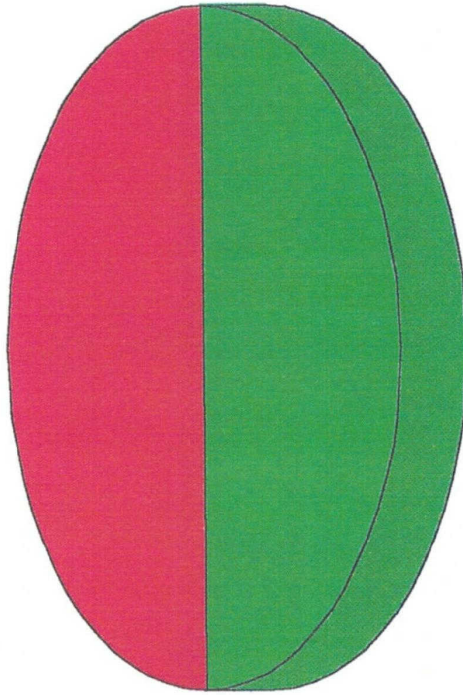
Appendix 2



Appendix 3

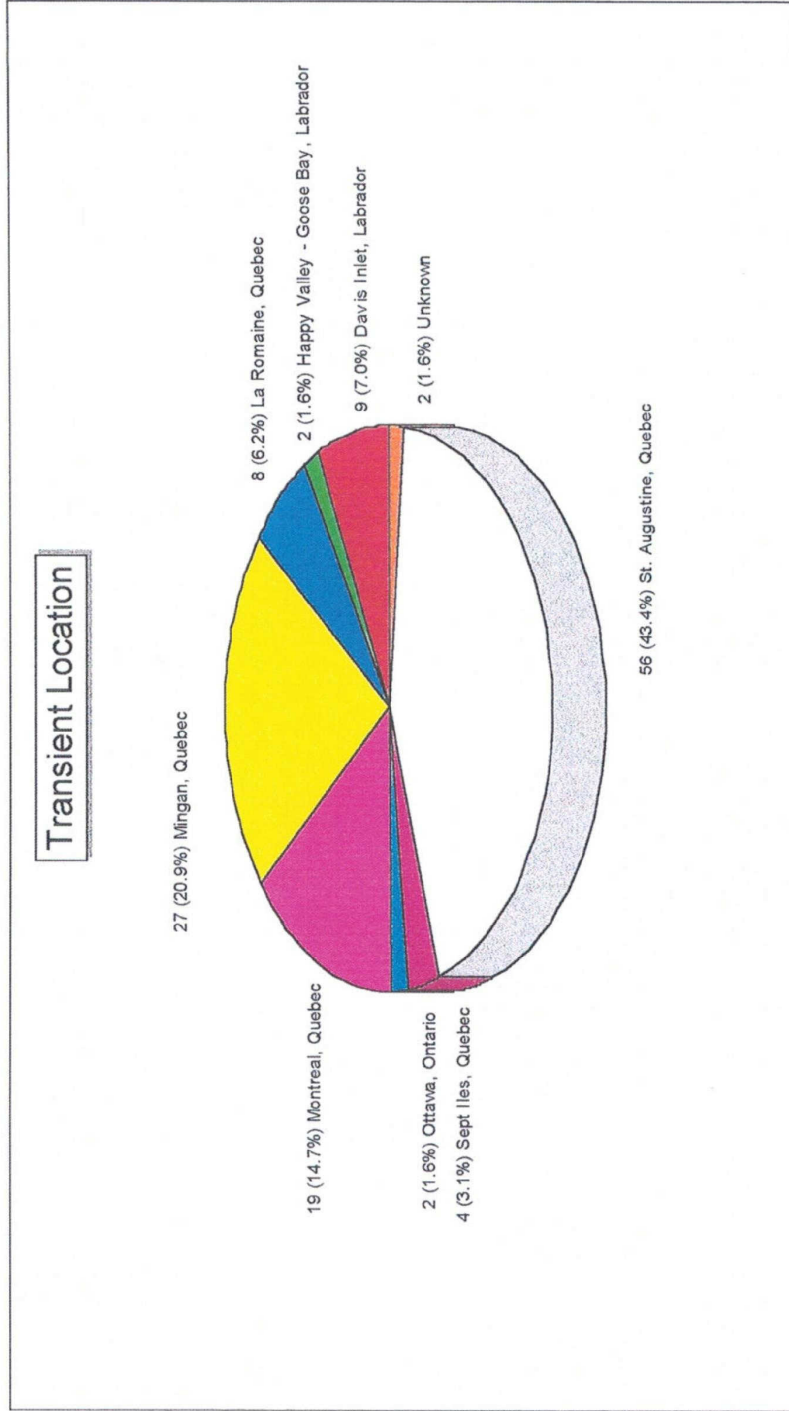
Gender Distribution
in Sheshatshiu

(50.2%)



(49.8%)

Appendix 4



Appendix 5

Inhabitants per house
in Sheshatshiu

