

Labrador Innu Community Needs Assessment: Summary of Key Findings

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Newfoundland and Labrador Provincial
Staff

Agenda

- Project Overview
 - Background
 - Purpose
 - Objectives
 - Process
- Key Findings
- Next Steps

Background

- A recommendation from the 2009 evaluation of LICHs was to conduct a needs assessment to:
 - a) Understand the impact of targeted programs and services
 - b) Determine the need for continued targeted funding

Purpose

- Assess the community health needs and health program priorities
- Assess the capacity needs for the management and delivery of health programs
- To empower the communities through gathering their own knowledge
- To inform the minister's progress report about targeted funding in these communities

Objectives

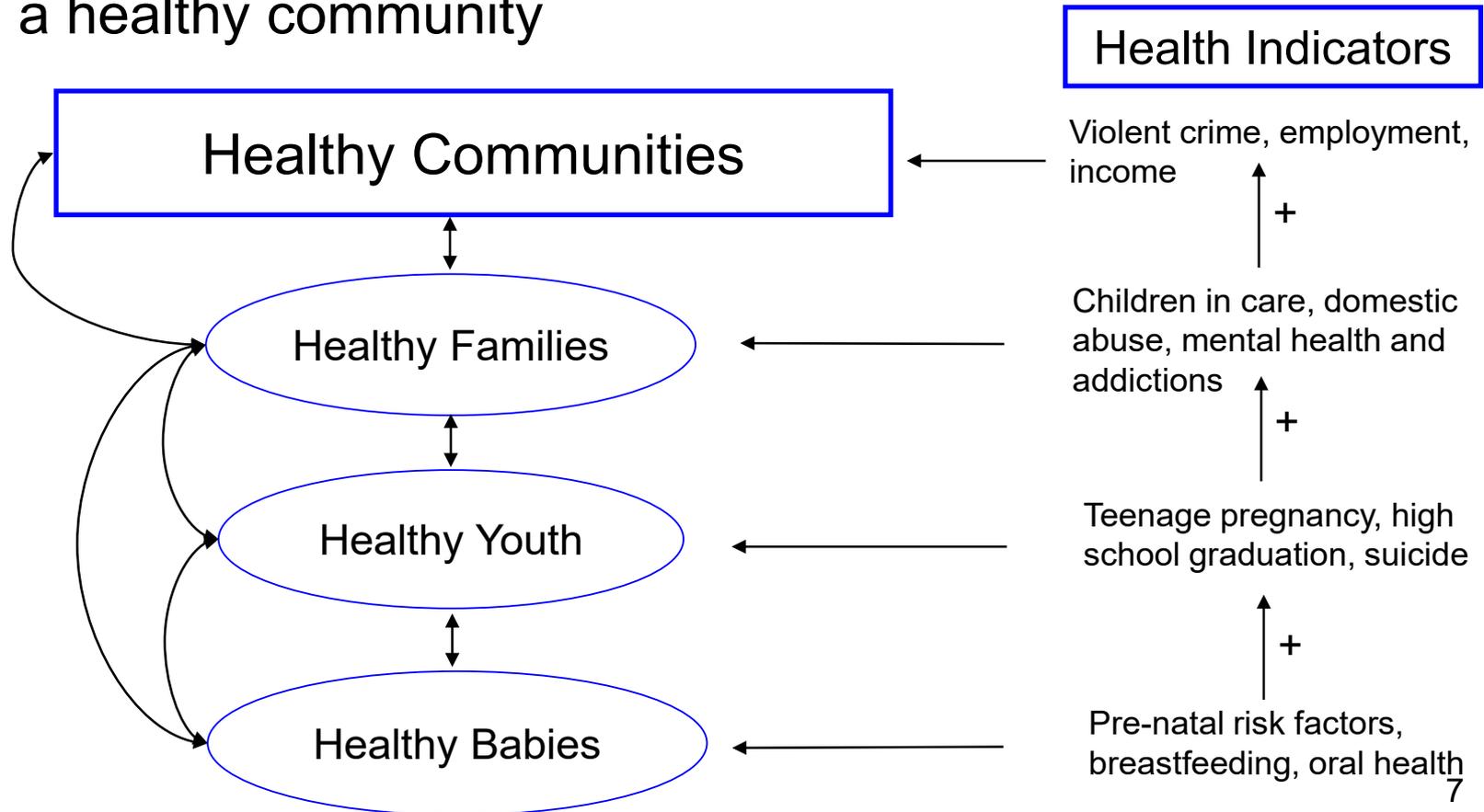
- Establish a baseline for the measurement of the health status of communities and a plan for ongoing evaluation and community health planning
- Develop strategies and recommendations to address identified health needs in the communities
- To create a vision for the future of the community that will capture the dreams of the children

Process

- An assessment of the health of the community
 - Qualitative community process
 - Quantitative data collection
- An assessment of the capacity needs in each community for the delivery of health programs

What makes a healthy community?

- The indicators for health at all stages of life contribute to a healthy community



Summary of Key Findings

1. Targeted programs in the areas of maternal child health, mental health and addictions remain high priorities
2. Other issues requiring attention include very low average age at death, high rates of violent crime, risky sexual behaviour and poor education outcomes
3. The capacity to manage and deliver health programs and services varies between the communities but still requires additional support

Key Findings

Targeted Programs: Maternal Child Health

- Many prenatal women, mothers and children would be considered high risk based on standard screening processes
- Parenting concerns, breakdown of families and the high number of children in care
- Poor educational outcomes among females and low school attendance rates (K-12)
- Poor maternal health, community mental health, and addictions negatively impact children and youth

Key Findings

Targeted Programs: Maternal Child Health

- Lack of assessment, treatment and support for special needs children and their families
- Low breastfeeding rates and poor oral health outcomes
- Need for a sustained approach to family healing & supports

Key Findings

Targeted Programs: Maternal Child Health

- **Pre-Natal Risk Factors:**
- Pre-natal smoking in Natuashish in 2008-2009 was 70%
- This is 1.5 times that of FN in Atlantic Canada (41.4%, 2008-2009) and FN in Canada (46.3%); 5 times the Canadian population (13.4%, 2005)
- Pre-natal drug/alcohol/solvent use in Natuashish was 61% in 2008-2009
- This is 3 times the percentage of FN in Atlantic Canada (21.0%, 2008-2009) and FN in Canada (18.8%, 2006-2007); almost 6 times the Canadian population (10.5%, 2005)

Key Findings

Targeted Programs: Maternal Child Health

- **Pre-Natal Risk Factors:**
- Pre-natal smoking in Sheshatshiu in 2008-2009 was 81%
- This is almost 2 times that of FN in Atlantic Canada (41.4%, 2008-2009) and FN in Canada (46.3%); 6 times the Canadian population (13.4%, 2005)
- Pre-natal drug/alcohol/solvent use in Sheshatshiu was 43% in 2008-2009
- This is 2 times the percentage of FN in Atlantic Canada (21.0%, 2008-2009) and FN in Canada (18.8%, 2006-2007); 4 times the Canadian population (10.5%, 2005)

Key Findings

Targeted Programs: Maternal Child Health

- **Breastfeeding:**
- The Canadian breastfeeding initiation rate (85%, 2003) is 5 times higher compared to Natuashish (17%, 2007-2008) and 3 times higher compared to Sheshatshiu (28%, 2008-2009)
- **Children's Oral Health:**
- In 2010, the Decayed/Missing/Filled score for Natuashish was almost 5 times higher compared to the general Canadian population
- For Sheshatshiu in 2010 the Decayed/Missing/Filled score was 3 times higher compared to the general Canadian population

Key Findings

Targeted Programs: Maternal Child Health

- **Immunization coverage rates:**
- 1-year old coverage rates in 2010:
 - Natuashish=100%
 - Sheshatshiu=100%
- 2-year old coverage rates in 2010:
 - Natuashish=93%
 - Sheshatshiu=100%
- 6-year old coverage rates in 2010:
 - Natuashish=100%
 - Sheshatshiu=93%

Key Findings

Targeted Programs: Maternal Child Health

- **Children in Care:**
- For 2010-2011, 11.9% of children (18 yrs and younger) in Natuashish were in the care of Child, Youth and Family Services
- The percentage of children in care in 2010-2011 in Sheshatshiu was 21.1%
- Community staff are concerned that the number of children in care will continue to increase
- Between June and September 2011, 27 additional children have come into care in Natuashish

Key Findings

Targeted Programs: Maternal Child Health

- Domestic abuse was identified as a concern in both communities
- The number of incidents of domestic abuse reported in Sheshatshiu has been increasing since 2006 to a high of 339 in 2010
- The number of domestic abuse incidents reported in Natuashish have decreased since 2007, from 191 to 101 in 2010
- The decrease of domestic abuse in Natuashish could be related to the implementation of the alcohol ban by-law which was passed in January 2008

Key Findings

Targeted Programs: Mental Health and Addictions

- **Mental Health:**
- High rates of suicide and intentional injuries
- High rate of violent crime and number of domestic abuse incidents
- Expressions of hopelessness, despair and loss of cultural identity among community members
- Lack of assessment, treatment and support for mental health (including community staff)

Key Findings

Targeted Programs: Mental Health and Addictions

- **Addictions:**
- The high prevalence of addictions and the complex addiction profile
- Poor uptake of addictions assessment and treatment
- Lack of after-care for addictions

Key Findings

Targeted Programs: Mental Health and Addictions

- **Suicide:**
- The suicide rate in Natuashish (1997-2009) is 164.1 per 100,000 population¹
- The suicide rate for Sheshatshiu (1997-2009) is 75.7 per 100,000 population¹
- The suicide rate for the FN population in Canada (2001-2002) was 27.4 per 100,000 population²
- The Newfoundland and Labrador suicide rate (1997-2009) was 10.2 per 100,000 population¹

¹Newfoundland and Labrador Centre for Health Information; ²Statistical Profile on the Health of First Nations in Canada

Key Findings

Targeted Programs: Mental Health and Addictions

- **Suicide:**
- All suicides completed were males and by violent means¹
- In Sheshatshiu 73.3% of those that committed suicide had a blood alcohol level above the legal limit; 28.4% in Natuashish¹
- For both communities, 77.8% of individuals that committed suicide had a psychiatric disorder¹
- The community identified the link between suicide and loss of culture²

¹Newfoundland and Labrador Centre for Health Information; ²It takes a community to raise a child: A Sheshatshiu Innu First Nation community health needs assessment

Key Findings: Other Indicators

- While improved over the past ten years, the low average age of death is still a significant concern
- The emerging issues of chronic and cardiovascular diseases
- The increasing rates of violent crime
- The high rates of sexually transmitted infections and the management of the communicable disease programs
- Poor education outcomes including low rates of school attendance

Key Findings: Other Indicators

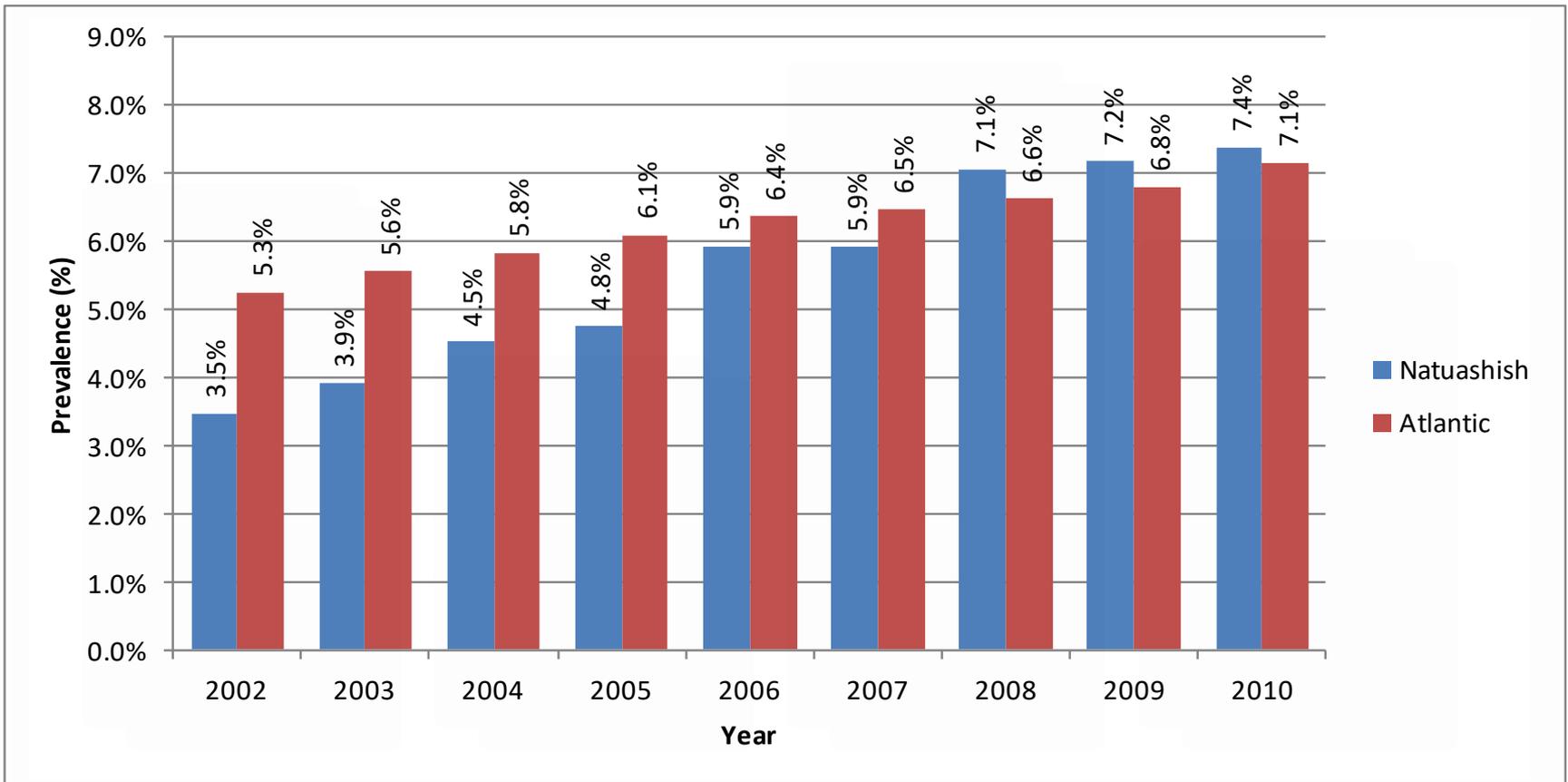
- **Young average age at death:**
- The average age at death (2005-2007) is 47 years in Natuashish and 48 years in Sheshatshiu
- This is compared to 74 years for Newfoundland and Labrador and 68 years for Conne River
- The age has been increasing since 1999-2001 but is still 27 yrs younger for Natuashish and 26 yrs younger for Sheshatshiu compared to the province
- The high rates of suicide and increasing rates of chronic disease would contribute to this younger age at death

Key Findings: Other Indicators

- **Violent Crime:**
- The violent crime rate for 2010 in Natuashish is 2.3 times higher and Sheshatshiu is 3 times higher compared to Nunavut (10.29/100 population)
- The violent crime rate for 2010 in Sheshatshiu is 24.5 times higher compared to the Canadian rate in 2010 (31.31 vs. 1.28 per 100 population)

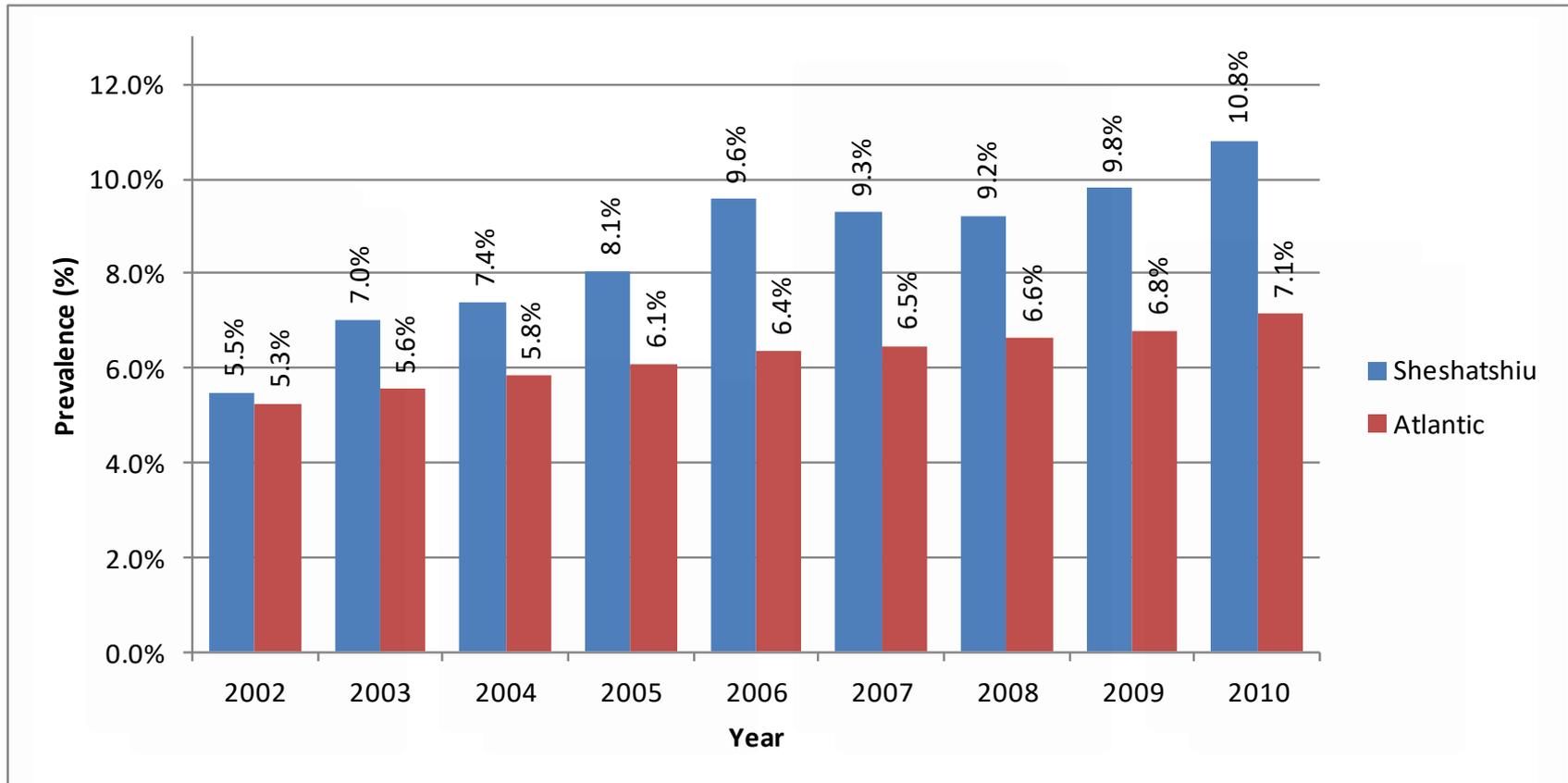
Key Findings: Other Indicators

- Prevalence of Antidiabetic Medication Use: Natuashish



Key Findings: Other Indicators

- Prevalence of Antidiabetic Medication Use: Sheshatshiu



Key Findings: Other Indicators

- Natuashish, 2010:
 - 46% of clients with HbA1c test results were in the <7.5 category; 23.8% had results >9.4
- Sheshatshiu, 2010:
 - 28.3% of clients with HbA1c test results were in the <7.5 category; 41.4% had results >9.4

Key Findings: Other Indicators

- **Education Outcomes:**
- Sheshatshiu attendance rates (2009-2010; Sept. 2010-January 2011):
 - Grades K-12 = 46% (09/10) and 54% (10/11)
 - Grades 10-12 = 18% (09/10 and 10/11)
- For Sheshatshiu in 2006-2007, only 7.1% of grade 10 students from two years earlier graduated from high school (holding power)

Key Findings: Other Indicators

- **Education Outcomes:**
- The average number of days absent for Grade 7 students in Natuashish for September to November 2001 was 25.3
- There were no high school graduates in either community for 2010-2011

Key Findings: Capacity Assessment

- **Community Capacity:**
- The continuing issues with community governance
- The lack of human resource planning and poor educational outcomes
- The lack of a capacity plan to manage and deliver the health programs and services

Key Findings: Capacity Assessment

- **Common capacity issues in both communities:**
- Governance of health services is important
- More integration and collaboration
- Health Information system required
- Community health planning framework would guide decisions
- Human resources are stretched and need supports

Key Findings: Capacity Assessment

- **Governance:**
 - The importance of governance capacity was reiterated by both the community and external stakeholders and is seen as the key to developing capacity at all other levels
 - Improved integration and collaboration with all partners is important for strengthening planning on health priorities
- **Data Collection and Reporting:**
 - Data collection and reporting of program and health status data is a capacity gap in both communities
 - This is especially evident for mental health and addictions

Key Findings: Capacity Assessment

- **Human Resources/Workforce Development:**
 - It was identified in both communities that a few staff have the burden of the majority of the work
 - The communities experience high staff turnover, extended vacancy rates for positions, under qualified staff and the inability to backfill positions
 - In Natuashish, there is no plan to ensure essential services are delivered when staff are away from the community

Conclusion

1. Establish a baseline for the measurement of the health status of communities and a plan for ongoing evaluation and community health planning
 - The results from this project will provide a baseline to measure against in the future
 - Ongoing work towards better health information management and surveillance is required

2. Develop strategies and recommendations to address identified health needs in the communities
 - Some strategies and recommendations have been put forward to address the identified needs
 - More integration and collaboration across agencies is needed (internal and external)

Conclusion

3. To create a vision for the future of the community that will capture the dreams of the children
 - The Innu have identified the need for continued healing
 - The community report from Sheshatshiu highlights their priorities:
 - A healthy community must be a priority for everyone
 - Leaders must lead
 - A comprehensive community health plan
 - Culture & language are assets
 - Children & families foremost
 - Community divisions must be solved
 - Politics must be done differently
 - Training, capacity and self government are all one

QUESTIONS

