Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

TAB 6: Health Update

Status of Capacity Development Initiatives 2018-19

Approved since Oct. 11/18 IRT meeting:

- Ishpitentamun Suicide Prevention Conference / SIFN / $75k
- Training for social health staff (grief counselling training, couples counselling, Assist Training, First Aid, Anger Management Course, Conflict Resolution, Solution focused training, Trauma and certification) / SIFN / $70k
- Primary Health Team Building / SIFN / $30k

Proposals received since Oct. 11/18 IRT meeting that are pending approval:

- Diabetes Health Awareness / MIFN / $27k (additional information requested) / decision anticipated in next two weeks.

Just under $18k remains in the LITHP Capacity Development Fund for 2018-19. Partnership Facilitation is awaiting one additional proposal from the IRTS on case management for both communities. It is anticipated in the next two weeks. The Acting Director of PF recommends that any residual LITHP funding be redirected toward the existing Border Beacon deficit in Natuashish.

Public Health Nursing/Immunizations (Natuashish)

- ISC has had long standing concerns about community capacity to manage health resources. Training and mentorship efforts have yielded limited gain.
- In a recent Innu self-assessment of health system capacity (based on recommendations made in 2011), the Innu report that only 1/3 of the recommendations they had planned to achieve have been completed. The remaining 2/3 of the capacity goals have only seen some or no progress to date.
- Managing Community Health Nursing is an ongoing issue for the Mushuau Innu First Nation in Natuashish. As a result of chronically under-filling nursing positions, public health programs such as immunization and communicable disease control (including tuberculosis screening and response) have been compromised and pose a risk to public health.
- For many years ISC Atlantic has provided funding for the community to hire public health and home and community care nurses in Natuashish. To date, the community has never filled a full complement of nursing positions, despite ongoing public health concerns being brought to the attention of the health director and periodically to Chiefs and Council.

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

Current situation

- In early October 2018, FNIHB was made aware that there were over 300 vaccinations over-due in Natuashish and other public health programs such as STI and TB follow-up were not being done.
- There have been long gaps in the provision of public health nursing services in Natuashish.
- As of February 7, 2019 the number of children over-due for immunizations is 78.

FNIHB response

- A multi-lateral (provincial/RHA/MIFN/FNIHB) working group has met weekly since October 2018.
- FNIHB has established an internal task group (Communicable Disease Control, Professional Practice, CDLO for Innu,) to explore ways to better support the community in the delivery of their public health services.
- Chief Nui (and other MIFN delegates) met with Debra Keays-White January 17, 2019 to discuss public health concerns and contributing factors. It was agreed that:
    - FNIHB will work with the MIFN and the province to establish action plans for the immediate, short, medium and long term to address the urgent public health needs.
    - FNIHB would try to identify qualified public health nurses to provide public education, immunizations, and communicable disease contact tracing / follow up
    - FNIHB will identify potential qualified health managers to work the health director to manage the situation, and report regularly to both FNIHB and the Chief and Council on progress.
    - The health director will be agreeable to receiving support and guidance around managing public health programs
    - Innu leadership may need to be involved in promoting clinics (radio, community meetings)
    - Innu leadership will work to address nursing recruitment barriers such as housing, workload, and salary
    - Local Innu health staff will be required to:
        - assist in developing and distributing information about why immunization is important,
        - promote information about scheduled clinics,
        - locate people and encourage them to attend clinics,
        - possibly track down people who don't attend clinics

Staffing

- Currently there are 2 Bayshore nurses in the community (leaving February 8). One will return on a rotational basis as an interim measure.
- The regular part-time MIFN PHN will return Feb 13 for 2 weeks.

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

- FNIHB continues to assist MIFN with their ongoing recruitment efforts.

Childhood Immunizations

- Babies are up-to-date however there are approximately 45 preschoolers (age 4 to 6) who require one immunization and health check in 2019. This is a priority area and the nurses are collaborating with the Kindergarten.

School immunizations

- The school immunization program includes grades 4, 5, 6-7, and 9-10. There are many children who have not received their vaccines. This is a priority area.
- Low school attendance in several of the grades due to teacher vacancies is making it difficult to reach the children requiring vaccination. This is also a concern for the general well-being of the children.
- Getting consents for school children is a difficult process as it is not always clear who the legal guardian is and it can be difficult to determine where children-in-care are living.

Update from January 30 multi-lateral working group meeting

- Dr. Sarbu (provincial Medical Officer of Health) will write a letter to her peer in CSSD requesting that CSSD implement a process for the child's immunization record to go with them when they leave the community, and to request that the receiving foster family contact local public health regarding the child's immunization record. More meetings to be set up regarding this.
- LGH is putting in place a process to ensure a copy of the immunization record is attached to a child's file when they are leaving the community.

Tuberculosis follow-up

- There is one outstanding TB contact follow-up. The nurses have and will continue to make efforts to reach the client.

Sexually Transmitted Infections (STI): Contact Tracing

- The current workload for contact tracing is not available. Contact tracing is important work to prevent the spread of infection. Contact tracing involves the public health nurse having a confidential and private discussion with a person who has been diagnosed with an STI to determine who their contacts are. The nurse subsequently informs the contacts so they can get counseling, testing, and treatment if necessary. Intense efforts will continue for high risk cases and contacts such as gonorrhea, under 16 years of age and pregnant women.

Supplies

- The current system of ordering supplies is very labor intensive and time-consuming process that could be simplified (and possibly result in savings) if MIFN had a Standing-

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

Offer in place with Canadian Medical Products Inc. MIFN nurses will be seeking the support of Chief and Council to proceed with the Standing-Offer.

Health Management Support for MIFN Health Director

- Partnership Facilitation has been actively seeking mentorship support for the SIFN MIFN Health Director and has reached out to Liz Dawson (position??) and the First Nations Health Managers Association (FNHMA). Neither is currently available to work in Natuashish. Liz Dawson suggested some other resources and the FNHMA will compile a list of resources and courses that the health director could use.

FNIHB Community visits

- FNIHB CDC Nurse Manager and CDC Coordinator will visit Natuashish February 13-15 (earliest timeframe that the community can support a visit). They will meet with the Health Director and CHN to review the immunization, STI and TB programs, discuss barriers and challenges, and develop tangible short term work plans.

Mental Wellness

Action item from Oct. 11/18 meeting (#23): FNIHB to follow up with Health Directors on the Right to Play Initiative.

The Mental Wellness and Partnership Facilitation directorates met with MIFN in the late fall to explore options for improving the coordination of mental health and social services within the community. In meeting with school board officials, IRTS social workers, Healing Lodge staff and the Band Manager, two themes emerged:

1) Current social and mental health services and activities in the community are poorly coordinated resulting in a lack of staff collaboration to respond to complex community mental health issues; and,
2) Community members are not well informed about the services, providers, and activities available to support mental health and social activities.

Several solutions were discussed, including: revive interagency meetings and strategies to address ways to present community members with timely information on social and mental health services (social media presence kinked to the MIFN webpage).

Next steps: Partnership Facilitation has scheduled an initial interagency coordination meeting with IRTS social workers, the MIFN Health Director and school board officials at the community's earliest convenience later this month.

Right to Play

The joint multi-year *Right to Play* proposal submitted for Labrador Innu Healing Program (LIHP) Capacity Development funding was approved late in 2018. SIFN is the agreement holder for the funding for both communities. This initiative aims to develop capacity with

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

both MIFN and SIFN mental and social health staff to be able to develop, implement, and maintain targeted youth programming in the Innu communities. Since the approval of the proposal, the *Right to Play* initiative has been launched in both communities and is embedded in their current Youth Work model. Additionally, a *Right to Play* project manager has been hired and Youth Worker training has begun.

Youth Solvent Abuse

Both Innu communities have identified an opportunity to improve service delivery by addressing the gap in capacity and skills of community-based NNADAP workers. The Mental Wellness directorate is exploring the development of a "peer mentorship" model to support ongoing training and capacity development specific to addictions prevention, intervention and aftercare within the communities. To date, the SIFN Health Director has indicated an interest in this model and the Mental Wellness directorate has had tentative discussions with possible peer trainers.

Next steps: The Mental Wellness directorate will meet with the MIFN team to confirm their interest in pursuing this initiative in 2019-20.

Aboriginal Diabetes Initiative (ADI)

FNIHB Atlantic has been working with MIFN and SIFN leadership in over the past several months to support the communities in recruiting and retaining nursing and community staff for the ADI program. The Diabetes Educator position was staffed in December 2018 and the Physical Activity specialist position is currently vacant.

The Innu Diabetes Leadership and Capacity development project, which aims to develop twenty health leaders in the area of diabetes and a strategic action plan for both of the Innu communities to address diabetes, is being funded under the LIHP Capacity Development. The communities will receive a total of $261,910 over two fiscal years for this initiative (2018/19: $145,970 and 2019/20: $115,940).

SIFN has moved to a flexible funding arrangement under which diabetes has been named a health priority. HPDP supported the SIFN diabetes team to develop an Integrated Diabetes Initiative work plan as part of a multi-year work plan.

The SIFN diabetes team, in collaboration with HPDP, will offer a Diabetes Self-Management Journey for SIFN community members living with diabetes and their caregivers March 12-14, 2019. Labrador Grenfell Health diabetes staff and the MIFN Diabetes prevention staff have been invited to attend the Journey as a capacity building opportunity. The Diabetes Self-Management Journey is a three day educational event that brings together clients living with diabetes and their caregivers to build skills and understanding in self-management of diabetes.

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

Midwifery

The Innu communities have identified Midwifery education and developing their maternal child health staff as a priority. The IRT has been funded $10K under the Midwifery developmental funding call (FNIHB MCH) to explore a model of community-based Midwifery education. The project involves a site visit to a community-based Midwifery education program and information sessions about Midwifery as a career to youth in school.

Early Learning and Childcare

The Innu communities are jointly undertaking a feasibility study to determine the needs of each community as it relates to Headstart/Daycare; results of the study will inform future funding for possible new infrastructure in the communities. New, more flexible terms and conditions for AHSOR allow for daycare to be offered in the AHSOR in Natuashish, and allow off reserve children to attend the program. HPDP continues to work with community leadership and our ISC-RO partners to support the Innu communities on their priority of early education and care for children, and parent engagement in these programs and services.

The Indigenous Early Learning and Childcare transformation initiative and associated investments were recently approved by the Assembly of First Nations and regional allocations for 2018-19 and 19-20 were announced in December 2018. The Atlantic First Nations Health Partnership has determined how funding will be allocated to all communities in the Atlantic region including the Innu communities. 2018-19 funding will flow to SIFN and MIFN through the Aboriginal Skills and Employment Training Strategy (ASETS) in March 2019. The Innu communities may use these new investments to enhance programming for infrastructure, transportation, training and expanding the reach of the early childhood programs.

Jordan's Principle

To date in 2018-19, FNIHB has funded six group requests (four in Sheshatshiu involving 120 children and two in Natuashish for an estimated 100-110 children) totalling $452K. One group request was for a child behavioral management consultant, another was for developmental assessments and the other four are cultural/recreational programming, summer programming and on the land gatherings.

In addition to funding these six group requests, FNIHB has paid for services/items for 9 individual Innu children to date[1] totalling just under $152K. Services/items covered include home support workers, speech language, and assisted communication technology for non-verbal children, medical supplies and equipment not covered by NIHB, and medical

[1] Timeframe is July 2016 to Sept 26, 2018.

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

transportation when arrangements were needed on an urgent basis and could not be made by the medical transportation coordinator in the community.

As of February 1, 2019 six individual cases for SIFN and four group and one individual case for MIFN are pending. The FNIHB and ISC-RO focal points are supporting the Sheshatshiu service coordinator and housing director to complete them.

The total combined group and individual funding allocated to the Innu since the inception of the Child First Initiative is approximately $1M.

Service Coordination

The Natuashish service coordinator position became vacant in the summer; recently Simeon Poker was hired as the new service coordinator. Simeon will be in Halifax in February for orientation and the Miawpukek service coordinator will be asked to visit the community and provide ongoing support to Simeon.

If you know of any children needing assistance immediately, you can call Patty Ginn at any time, her number is (902) 440-4795 or e-mail patty.ginn@canada.ca. Patty can take direct referrals, meaning families don't have to go through their service coordinator.

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

Back pocket note:

Medical Transportation for Second Opinion

NIHB recently approved medical transportation for a client in hospital in Goose Bay who was being released after 5 days, however, did not feel better and was not confident in the diagnosis provided by medical staff, to travel to hospital in St. John's. Ultimately, the client was admitted to hospital in St. John's and required surgery. Chief Hart notes this incident in a letter to Labrador Grenfell Health earlier this week (Annex A)

The IRT Health Systems navigator noted that this was not the first time an Innu client was released from care in Goose Bay and who was not feeling better and/or was not confident in their diagnosis. She suggested that doctors in Goose Bay may be reluctant to refer Innu patients for additional care (or a second opinion) in St. John's.

NIHB has only received one similar request since this incident; however, that one was declined as the client was feeling better. As a matter of policy, NIHB does not cover medical transportation for a second opinion or when no medical appointment is scheduled. NIHB will consider covering medical transportation, on a case-by-case basis, for Innu clients who are released from hospital but are not feeling better and are not confident in their diagnosis.

Key message:

NIHB will consider covering medical transportation, on a case-by-case basis, for Innu clients who are released from hospital but are not feeling better and are not confident in their diagnosis.

Sudden Infant Death Syndrome (SIDS)

In a letter to Labrador Grenfell Health earlier this week (Annex A), Chief Hart notes his concern that four children have dies of SIDS in Natuashish over the past few years.

The risk factors for SIDS are prevalent in the SIFN population – low breastfeeding rates, exposure to smoke, parents struggling with mental health and substance use issues. Community conditions contributing to these risk factors include but are not limited to crowded living conditions, housing quality, food insecurity and poverty, and poor overall health status that is trauma informed.

SIDS education/ information: there are two community employed PHNs in the community (and have been for quite some time), one of which is a lactation consultant. Their role is to be providing pre an postnatal support to women, which would include information about SIDS. There is also the Parent Support program that June works closely with who provides

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

these health promotion messages. Centering pregnancy was launched in the last two years that has an education component, which would share information about breastfeeding and safe sleep environment. Centering Parenting has either started or is starting this year. June has completed Invest in Kids and Nobody's perfect training with PSWs.

FNIHB supports

- HPDP facilitated the 20 hour breastfeeding course in Goose Bay in June 2015. Both of the PHNs from Sheshatshiu and the PSWs at that time attended. Peer Breastfeeding Support training has been offered to SIFN, however do not have confirmation of a date.
- There is ongoing work to support the Innu Maternal Child Health work plan through the MCH IMC working group.
- There is the ongoing effort to bring Midwifery to these communities. The IRT has developmental Midwifery project funding working with both Innu communities. Midwives can be involved in all aspects of care from sexual health teaching with adolescents, to reducing risk factors and increasing protective factors associated with child abuse and neglect such reducing stress during pregnancy, strengthening parent-infant attachment, reducing social isolation, enhancing parenting capacity, addressing mental health and substance use and of course reducing risk factors associated with SIDS. Midwifery work can be aligned with primary care (LGH), as well as Child Youth and Family Services. Anastasia Qupee and Thea Penashue have been advocates for Midwifery in SIFN.

Innu Round Table Meeting #24

January 14, 2019 | Goose Bay, NL

2019-20 MOP

Key messages:

- Our regional expenditures last year were $151.5M. This year we expect to add nearly $20M, and our proposal for next year would add nearly another $40M if approved. Contributions for the implementation of Jordan's Principle, Mental Wellness, and Healthy Child Development are major drivers of expenditures.

- At the Atlantic First Nations Health Partnership meeting on January 23-24, a total of thirty nine decisions totalling approximately $14M were made regarding funding requests to Ottawa pertaining to the next fiscal year. If approved, these increases will support important work such as chronic disease prevention and management as well as mental wellness. Additionally, our healthy child development work will see a boost starting this fiscal year - the region is distributing over $3.6M in Indigenous Early Learning and Child Care funding to communities.

- These proposals are now included in FNIHB Atlantic's submission to Ottawa.

- Labrador has a voting seat at the Health Partnership. Chief Eugene Hart is the member. A full copy of the Operational Plan proposal was provided to all members (sent to Eugene via courier following the meeting as he was absent).

- A written update was provided to the Atlantic Health Directors on Feb 12th. Engagement on the operational plan development has spanned 6 months and the Health Directors as well as the Health Partnership committees have been instrumental in the region's request. You can get a copy of the update from your Health Director who is invited to these meetings or I can provide it to you directly (see attached).