Sagamok First Nations Primary Care Needs Assessment Study

HEALTH GROUP INC.

CONTENTS

Executive Summary

Introduction

This report was commissioned by Sagamok First Nations to assess the state of primary health care programs and services on the reserve. The report will determine the best recommendations for improving access and meeting the primary care needs of the Sagamok Community.

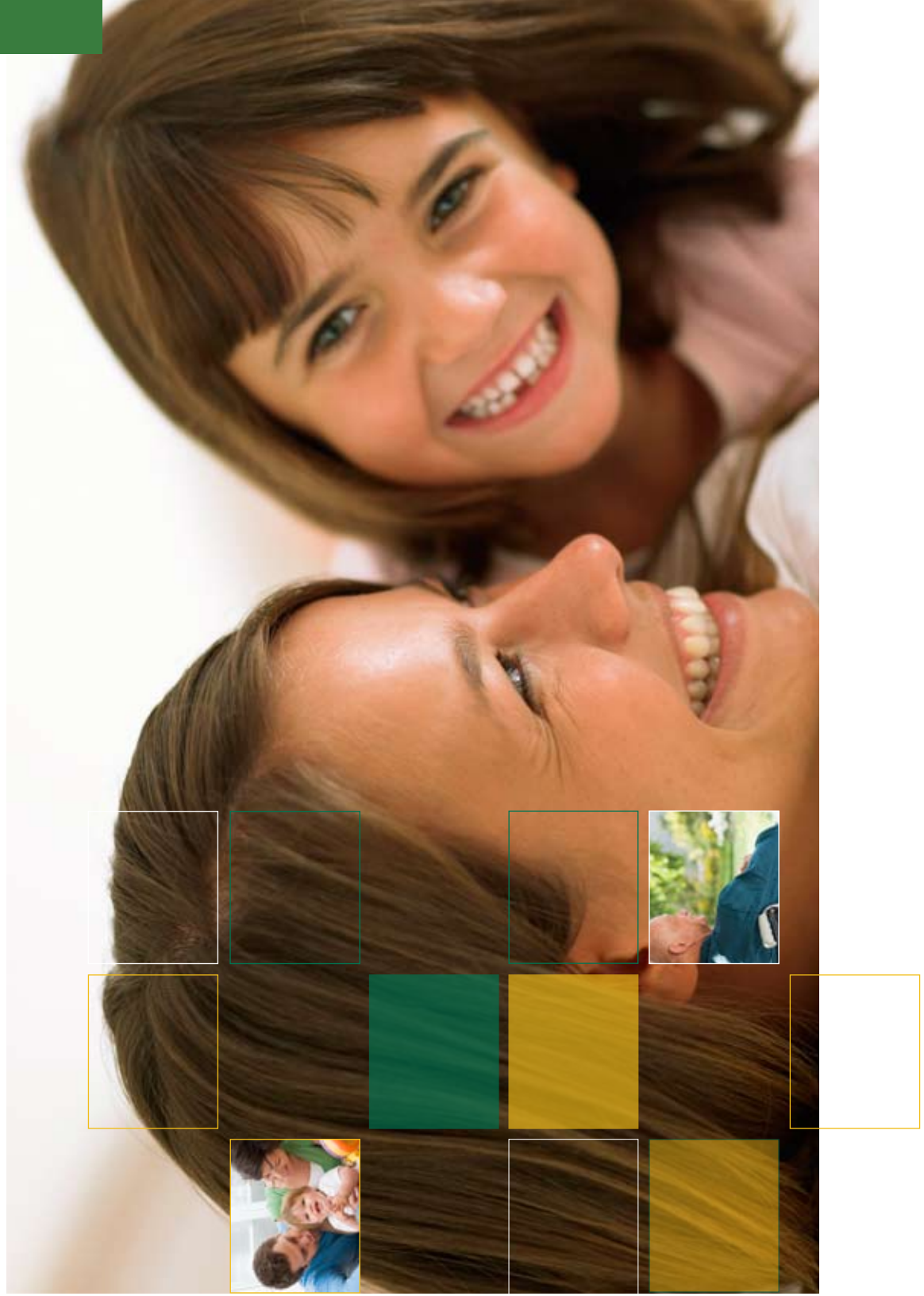
The report is intended to be a foundation for developing a strategic approach that is based on documented community needs, available data, previous studies and surveys, and a framework for understanding the viability of proposed solutions. The first step in this overall process is to determine and understand the gaps in services.

Overview of Study

The study identifies gaps in primary health care services, through an extensive examination of primary health care services available on the reserve and the health status of the community. Data for this study was obtained through existing studies and documentation, consultations, and anecdotal testimonies. The data was then synthesized into general observations and recommendations for improvement.

In this study, Primary Health Care is defined as:

- the main point of contact with the health care system for most people and consisting of those interventions that trained professionals perform to protect and promote the health of people;
- the basic, life-long care which includes prevention (immunizations and advice on healthy living) and identifying and treating health problems, starting from new symptoms to long-term conditions (i.e. chronic diseases); and
- a recognition that primary care health professionals are the gate keepers to the broader health system and are responsible for referrals and coordinating care.



A three-phased approach will be used to determine the primary health care needs of the community. The approach as a whole seeks to provide a comprehensive and holistic assessment of current programs and services. This includes a thorough look at current facilities, users, and community members to determine gaps in programming and space allocation. The final phase involves a look at recommendations and options for improvement.

Phase 1
Current State Assessment

- Population demographics
- Health care characteristics
- Available programs and services
- Current health care utilization rates
- Review of existing care facilities
- Identification of current service gaps
- Review of any previous studies

Phase 2
Consultation with Community and Health Professionals

- First Nations leaders
- Health professionals
- Community consultations

Phase 3
Options and Recommendations

- Core and optional primary health care programs
- Potential partners for service delivery
- Future programs and services

Data required to complete Current State Assessment

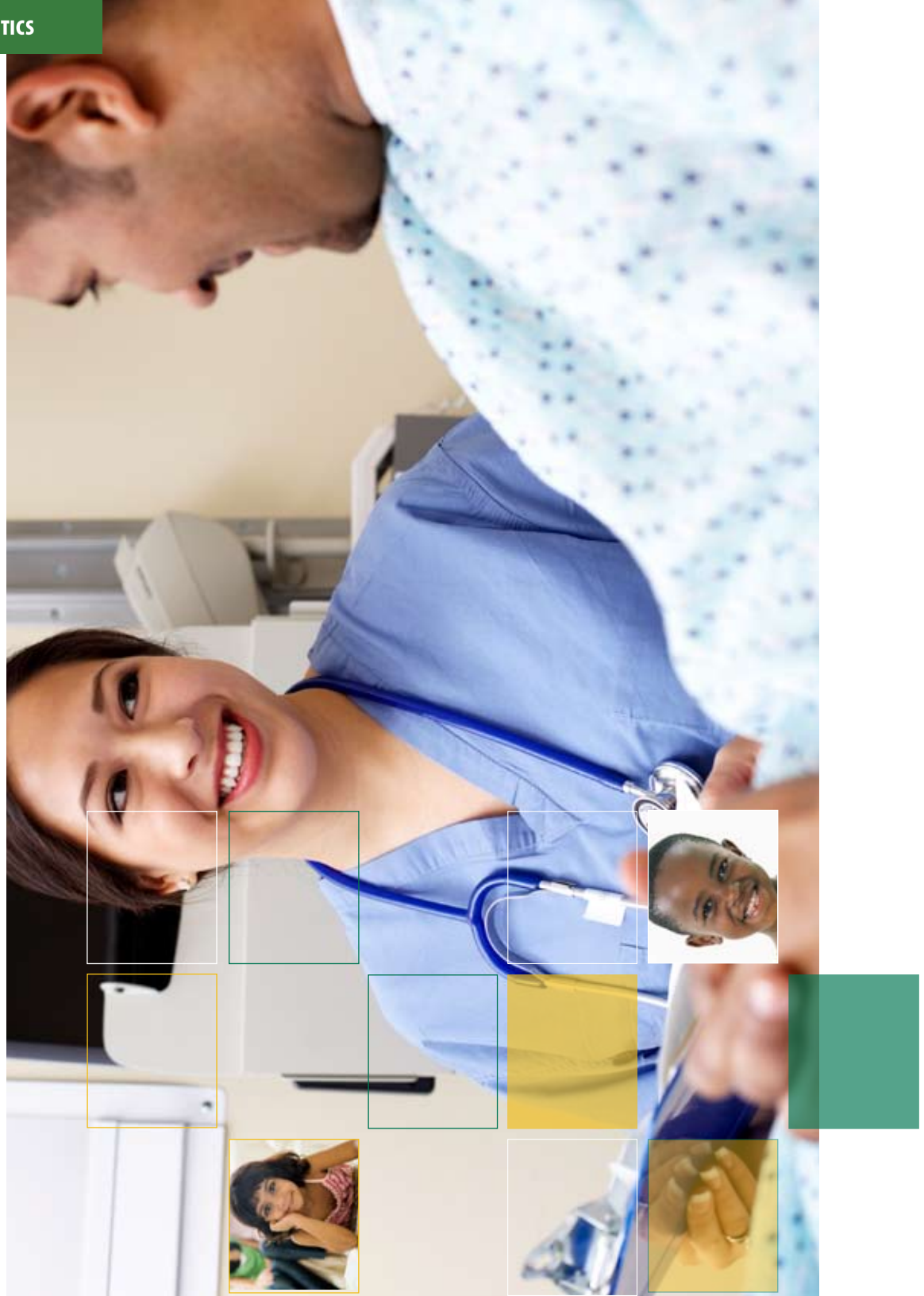
- Population demographic data (i.e. population statistics, age, sex, literacy rates, socioeconomic indicators, lifestyle and environment related indicators etc.)
- Health characteristic data (i.e. prevalence of chronic diseases and co-morbidities, health care trends such as health care access and utilization, hospital discharges, etc.)
- List of available programs and services in catchment area
- Information from any First Nations health care related study

Data required to complete Community and Health Professionals Consultations

- From reserve leaders:
  - Strategic plan and long-term health care goals
  - Sources and schedule of funding
  - Funding allocations

- From Health Care Professionals:
  - Administrative challenges
  - Human resource challenges
  - Facility and space allocation challenges
  - Access to resources and equipment

- From Community Members:
  - Barriers of access to care
  - Challenges with currently available services
  - Awareness of available programs and services



Population and Age Statistics

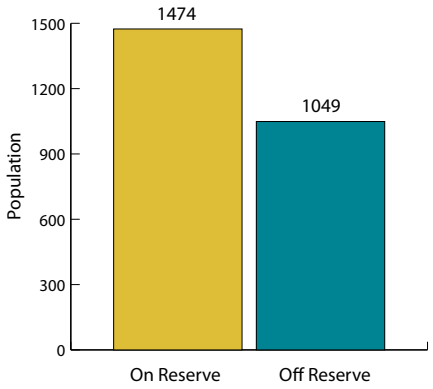
Sagamok First Nation is located on the north shore of Lake Huron.

Age statistics serve to inform expectations of community health care needs, both in the present and in the future.

Sagamok Anishawbek First Nation has a population of over 2000 community members.

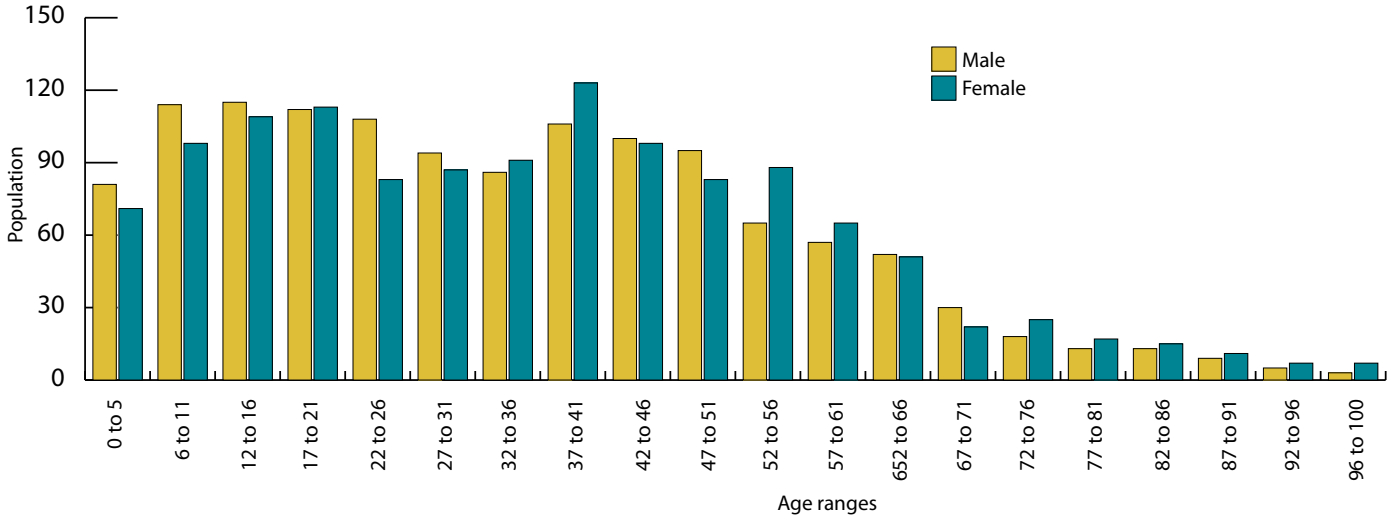
Roughly half the band membership lives on the reserve, with the remainder living in urban areas. On reserve, there is an even number of males and females, with equal age distribution (see charts below).

On and off-reserve population distribution



Source: *Population Stats April 2010*

On-reserve population distribution by age



Source: *Health Canada Community-based reporting Template, 2008-2009*

Sagamok's vision for the community is a healthy and safe community that nurtures and maintains the physical, social, emotional and spiritual wellbeing of all.

- The community's health and social mission is to anticipate and respond to the health and social needs of the community; cultivate and nurture the desire to take control of personal health and social wellbeing; stimulate and enrich the quality of life in the community by providing holistic education and awareness, intervention and treatment programs and services.
- The Health and Social Services team strives to promote health lifestyles by delivery of a variety of programs including Maternal and Child Care, School and Daycare, Adult Health, Communicable Diseases and Environmental Health in order to:
  - promote healthy adult lifestyles with education, screening, support and referrals,
  - to screen, prevent and control the spread of communicable disease,
  - promote healthy lifestyles in day care and school aged children and early detection of health,
  - achieve optimal health during pregnancy,
  - promote holistic health and social awareness,
  - promote access to primary health care, and
  - promote community development.

Sagamok provides a variety of health services and programs and access to a number of health professionals for the community.

- Community Health Nurse - activities include community outreach, maintaining and dispensing medical supplies and over-the-counter medications, to assess and refer patients to other health care professionals and to maintain the clinic.
- Community Health Representative - responsible for planning & assisting in the implementation of healthy activities which will influence community members of Sagamok to alter lifestyle behaviors which contribute to chronic diseases.
- Nurse Practitioner/Physician (visiting regulated health professional) - provides access to health care within the community through visiting health care professionals. The objective is to increase access to community-based medical assessment and treatment.
- Dietician – provided through the North Shore Tribal Council, once a week for the Sagamok community.
- Weekly clinic hours.
- Medical Transportation provided to eligible band members who require transportation services to neighbouring locations such as Elliot Lake and other urban centres.
- Addictions Educator/Counsellor responsible for achieving and maintaining abstinence or reduction in the use of alcohol/drugs for all Sagamok Anishnawbek members and residents seeking assistance, by providing addiction counseling and referral services.
- Parent Infact Advisor - responsible for improving the health of families before, during and after pregnancy. Also to provide programs for improving parenting skills, safety programs, parents & tots programs and to promote nutrition for families.
- Professional Healing Team
- Community Social Worker – responsible for providing mental health service to the population of Sagamok.

Some of the Health Professionals run specialized programs and services.

Clinician	Programs & Services
Community Health Nurse	• Health Assessments (August) • Walking Program (Summer) • Prenatal Program (Spring and fall) • 4 Diabetes Prevention • 1 Parental Self Care • Car seat Blitz • 2 Day Women's Wellness Retreat (September) • 2 Day Men's Wellness Retreat (July) • 2 Day Couples Wellness Retreat (July)
Community Health Representative	• Biidaaban Elementary School Head Lice Prevention Strategy (monthly) • 2 Day's Women's, Men's and Couples Wellness Retreats • 5 Recreational Activities (25-35 year old males) • Coordinating trips to Chiropodist (referral) • Coordinating Ontario Breast Screening Program (Referral, upon request) • HIV/AIDS Awareness to students • Seniors Social Interaction • 6 Weight Management Activities for Youth, Adults and Seniors • 6 Diabetes Awareness and Prevention Activities

Clinician	Programs & Services
Community Health Representative (cont'd)	• 3 Diabetes Intervention Activities • Bereavement support • 1 Parental Self Care 5 week program • Blue Bulb campaign • Adult Community Trip • Youth diabetes promotion and cooking class • Active living, Healthy Eating and Smoke Free Strategy
Parent Infant Advisory	• 5 week Pre/Post Nation Sessions • 2 Pre/Post Natal activities • Grocery Store tour • Workshop presentations: infant/child car seats, first aid, CPR • Health Assessment Day
Community & Adult Wellness Worker	• Individual, couple and group counseling • Recreational activities • Community workshops; personal, emotional, mental or physical development • Health Assessment Day
Community Social Worker	• Individual, couple and group counseling • Women's wellness program • 4 suicide Prevention Workshops • Stress Management Workshops • Applied Suicide Intervention Skills Workshop • Crisis Intervention • Bereavement Support Group
Addictions Counselor	• Tobacco Awareness Program • Addiction referral and after-care services • Alcohol/Drug Awareness Education, Alcohol and Drug Strategy

Source: *Sagamok Anishnawbek Community Resource Guide*

North Shore Tribal Council provides various services to seven First Nations communities along Lake Huron including the Sagamok Community.

Health Access Program

The Health Access program was developed in 1995 and receives provincial funding through the Aboriginal Healing and Wellness Strategy. The services delivered under this agreement is based on the outreach model to each of the seven (7) First Nations and the Indian Friendship Centre in Sault Ste. Marie.

The Aboriginal Health Access program mandate is to:

- Improve accessibility, comprehensiveness, coordination, continuity and accountability of primary health care programs and services.
- Respond to community identified health priorities with effective, culturally sensitive and accessible primary health care programs.
- Reflect the importance of disease prevention and health promotion in the planning and implementation of primary health care programs.
- Increase client participation in their health care.
- Ensure client access to Traditional Healers / Elders for those who request such services and to other Traditional Healing / Health activities.

This service is similar to provincially funded Community Health Centres who have a mandate to provide primary health care to those who face barriers to access. North Shore Tribal Council has focused on diagnosis and treatment of illness to compliment the existing health promotion, illness and injury prevention programs delivered and controlled by the First Nations. The following programs are available through the Health Access Centre program:

Minomodzawin Diabetes Education Program

This program was implemented in 1993 and is funded through the Northern Diabetes Health Network. Limited resources are flowed to each of the First Nations to provide diabetes awareness and support through Diabetes Lay Educators and dieticians. The mandate of this program is to:

- provide nutrition counselling and education,
- increase the number of people practicing control over their diabetes,
- reduce the incidence of complication of diabetes, and
- reduce the incidence of people with diabetes.

Fetal Alcohol Spectrum Disorder / Child Nutrition Program

Long Term Care and Aging at Home Program(s)

N'Mninoeyaa Aboriginal Mental Health Services

- Mandated to provide culturally competent mental health counselling and treatment services for adults (18+) who have significant mental health challenges
- Service Components include (1) counselling and treatment services to individuals, families and group, (2) facilitate access to traditional mental health healing and wellness practice, and (3) coordinate mental health training and education for regional and community front line staff.
- Funded through the Local Health Integration Network

Regional Traditional Health Program

Information Technology Program - Health

The June 2006 Community Story identified the improvements in the community and opportunities to continue the life and well-being of the Sagamok band members.

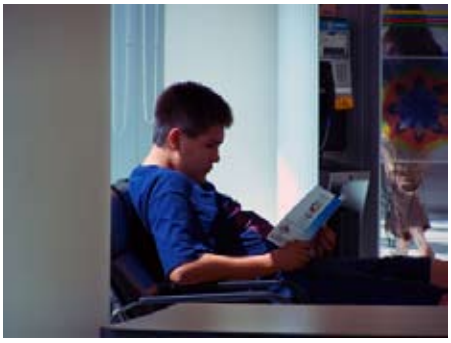
The community story highlighted the current state and future goals of the following segments of the community:

- Children
- Youth
- Men
- Elders

Children

- The single biggest need (and the next frontier in child-related initiatives in Sagamok) is to improve child health and safety at home, and particularly to address the challenges of children living in poverty, children living with alcohol and drugs and other forms of abuse, children who are poorly supervised, and children living in homes where health conditions and practices are not conducive to good child health.
- Many children in Sagamok are being diagnosed with diabetes, asthma, obesity, ADHD, FAS/FAE and other learning disabilities. It will be important to ensure that effective diagnostic processes are being used so that children with suspected difficulties can get the help they actually need.
- Some children's physical and mental health is being compromised because of the conditions they are living in at home, and the lack of adequate health knowledge and health practices within their families. Health practitioners at the health centre can compensate to a limited degree for these problems, but there is clearly a need for family-based health interventions that help families improve health choices and conditions for their children.

Youth

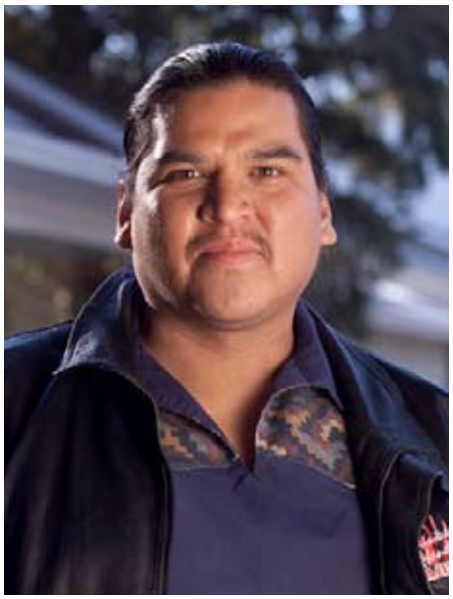


- Youth make up more than 50% of the population in Sagamok.
- Substance abuse, peer pressure, violence, and family breakdown remain key issues for youth.
- Substance abuse is a major issue. Community members estimate that over 80% of youth use alcohol, 70-75% use marijuana, and 10-15% use hard drugs. Smoking tobacco is starting as early as nine years of age. Not only are these substances easily available, there is considerable peer pressure to use them.[1]
- Teenagers are often eating poorly and not getting enough rest and exercise. Many youth are out very late at night unsupervised. As a result, health problems like juvenile diabetes are affecting more young people. [1] Although these estimates are informal, they were put forward by the participants of the community story sessions, as well as of a community workshop on FASD held in 2006. It will be important for the Health and Social Services Department to verify these figures.

Women

- Women continue to struggle with their own wellness issues (such as addictions, obesity, depression, low self-esteem, and chronic disease [e.g. diabetes]), with peer pressure, dysfunctional family dynamics, and with poverty.
- Women continue to experience high rates of physical, mental and sexual abuse, as well as on-going rates of alcohol use among women, which was estimated to be between 60 and 75% by the participants from Sagamok of a March 2006 workshop related to FASD.
- STDs continue to be a serious health problem and teenage pregnancy is still far too common.
- Some excellent community programming exists for women, especially through the Health Department, but its overall impact is still piecemeal.

Men



- Principal challenges many Sagamok men are facing can be understood in terms of these primary areas of life: a) personal wellness and health, b) social roles both in the family and in the community, and c) economic needs.
- Families and the community suffer because of the high rates of substance abuse and family violence on the part of men. Drugs are more accessible and men put pressure on each other (peer pressure) to engage in harmful behaviour and activities. Best community estimates say that approximately 75% of Sagamok men abuse alcohol and drugs. Indeed, many men of all ages are struggling with depression, addictions, feelings of low self-esteem, and no sense of purpose or direction in their lives.
- Alcohol and drug abuse was identified as one of the most significant issues facing Sagamok men and their families.
- Men suffer from high rates of stress-related and lifestyle-related health problems, such as depression, suicide, substance abuse, obesity, diabetes, heart problems, and cancer. There have been no effective programs in the community to prevent these very severe health problems, or to help families to cope effectively with them.
- Focused health promotion programs are needed that combine health education with personal engagement to address chronic diseases such as diabetes, heart disease and cancer and create healthier habits and lifestyles.

Elders

- Many of Sagamok`s elders are in poor health. Elders are not exercising or eating well - partly due to lack of information, partly due to lack of opportunity and poverty. Diabetes, strokes and other diseases are taking away our elder population.
- Some elders have a past history of alcohol abuse and other dysfunctions that has never been addressed. For some, alcohol and prescription drug abuse are ongoing problems.
- The new elders lodge is good but does not offer nursing care. Elders requiring nursing care must still leave the community and their families.
- Medical treatment is now close at hand. There are home care nurses, physiotherapy and a clinic in the community but it can take two to three weeks to get in. These services can address some of the symptoms experienced by elders but they do not address the hurts, ignorance and poor lifestyle choices that cause these symptoms.

- The availability of modern medical treatment has certainly brought improvements (such as care for diabetics), but some modern medicines diminish the quality of life by causing confusion. Some drugs are being over-prescribed and traditional medicines are not being used.
- An elder health program is needed to give elders the skills and knowledge necessary to improve their health and the health of their families. Such a program would involve nutrition and exercise classes, healing circles and counseling, storytelling workshops and maybe even first aid training. (Elder health programs have been developed in other communities and have proved to be very effective.)

The report also covered the general Health and Wellness of the community:

Increased levels of diabetes, asthma, obesity, cancer and tuberculosis, are occurring not only in the general (Sagamok) population, but also (increasingly) among children and youth. FAS/FAE and ADHD in children is also an important concern.

Fairly high levels of persistent mental health issues, such as depression, chronic anger, addictions, violence and abuse, as well as many of the symptoms of post-traumatic stress are impacting an estimated 70% of the population, either directly (as in the case of addictions) or indirectly.

Health services are readily available, but many members are uncomfortable asking for help. Some services are significantly improved, such as those related to prenatal care and to diabetes. However, many of our recurring health problems are rooted in lifestyle choices, dysfunctional behaviours, low levels of knowledge about health and nutrition, and the sheer weight of poverty.

There is a need for basic health education and social support related to self-care; i.e., learning how to keep yourself and your children healthy, and how to handle minor accidents and illnesses within the home.

The lack of public transportation is a serious barrier to wellbeing for many families, and particularly for elders, single parents (e.g. transportation to medical services and daycare), as well as for children and youth (especially for out-of-school recreation and social life).

One critical need related to healing services is ensuring the privacy and confidentiality of those who may wish to seek help. For some, this may require bringing services to locations away from the center of the community. For others, it means ensuring that staff offering services are strictly held to a code of conduct that requires that confidentialities be kept.

Diabetes prevalence among First Nations populations:

In Canada:

- Health Canada reports that Aboriginal people are three to five times more likely to experience type 2 diabetes than non-Aboriginal Canadians. (1)
- In Canada, DM-related deaths were 2.2 times higher among First Nations men and 4.1 times higher among First Nations women when compared to the general Canadian population. (2)

In Ontario:

- The prevalence of diabetes mellitus (DM) in people of the First Nations (FN) is three-fold higher than in non-FN Ontarians, with over 13% of adults affected. Incidence rates are similarly elevated. Prevalence and incidence are particularly high among women and young people. (2)
- Mortality rates for people with diabetes are greatly in excess of those without diabetes. First Nations people have slightly higher mortality than non-First Nations people when controlling for the presence of diabetes. (2)
- Acute complications and most macrovascular and microvascular chronic complications of diabetes are more common in First Nations people with diabetes compared to non-First Nations people. (2)
- Although hospitalizations for cardiovascular and cerebrovascular diseases are more common for First Nations people, the use of specialized procedures to treat these problems is lower. (2)

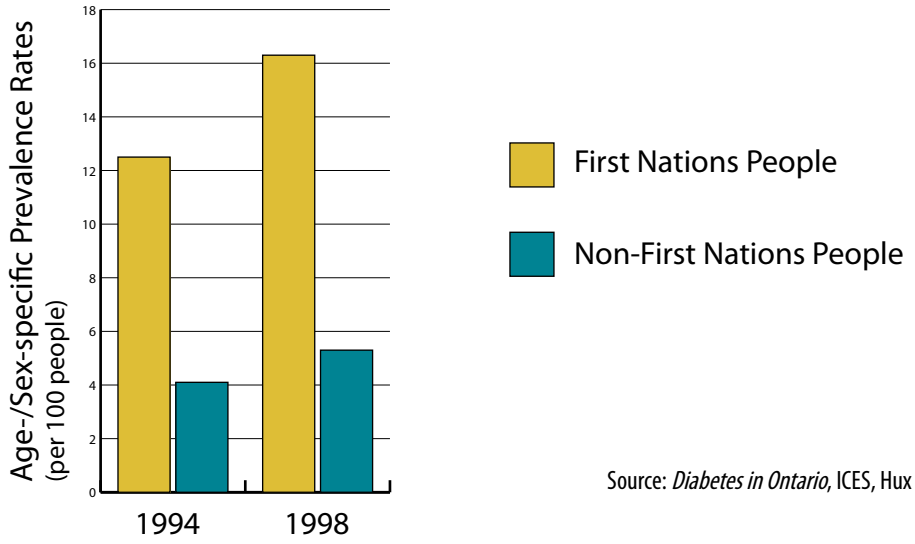
(1) Health Canada, *Diabetes Among Aboriginal People in Canada: The Evidence*, March 2000
(2) *Diabetes in Ontario*, ICES, Hux J, Booth G, Slaughter P, Laupacis A. June 2003

Ontario Prevalence of DM in First Nations and Non-First Nations People, 1994 and 1998

Prevalence of diabetes mellitus among First Nations people was three times higher than among non-First Nations people, and was particularly higher among women and young people.

	First Nations People		Non-First Nations People	
Age-/Sex-specific Prevalence Rates (per 100 people)	1994	1998	1994	1998
Women				
20-34	3.5	5.7	0.7	1.0
35-49	12.5	14.9	1.8	2.5
50-64	24.8	31.6	5.9	7.3
65-74	29.3	37.2	10.3	13.5
75+	27.0	32.6	10.9	14.1
Men				
20-34	1.4	1.8	0.6	0.8
35-49	8.1	11.2	2.2	2.9
50-64	18.2	25.4	7.8	9.9
65-74	23.7	29.0	13.0	17.1
75+	15.3	25.9	13.6	17.5
Overall Prevalence Rates (per 100 people)				
Unadjusted	9.9	13.2	4.0	5.3
Age-/Sex-adjusted	12.5	16.3	4.1	5.3

Sources: Ontario Diabetes Database (ODD), Registered Persons Database (RPDB)



Source: *Diabetes in Ontario*, ICES, Hux J, Booth G, Slaughter P, Laupacis A. June 2003

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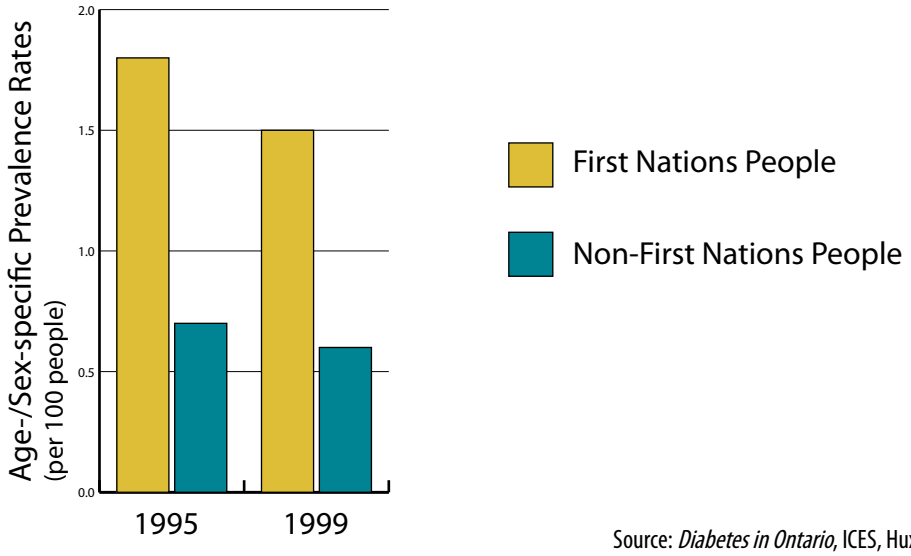
Prevalence of diabetes mellitus among First Nations people was three times higher than among non-First Nations people, and was particularly higher among women and young people.

	First Nations People		Non-First Nations People	
Age-/Sex-specific Prevalence Rates (per 100 people)	1995	1999	1995	1999
Women				
20-34	1.1	1.0	0.1	0.2
35-49	1.7	1.7	0.4	0.4
50-64	2.9	2.4	1.0	0.9
65-74	3.0	2.5	1.4	1.3
75+	3.3	1.7	1.4	1.2
Men				
20-34	0.4	0.3	0.1	0.1
35-49	1.7	1.4	0.5	0.5
50-64	2.2	2.0	1.3	1.2
65-74	2.0	2.3	1.8	1.7
75+	3.2	2.7	1.7	1.5
Overall Prevalence Rates (per 100 people)				
Unadjusted	1.5	1.3	0.6	0.6
Age-/Sex-adjusted	1.8	1.5	0.7	0.6

Sources: Ontario Diabetes Database (ODD), Registered Persons Database (RPDB)



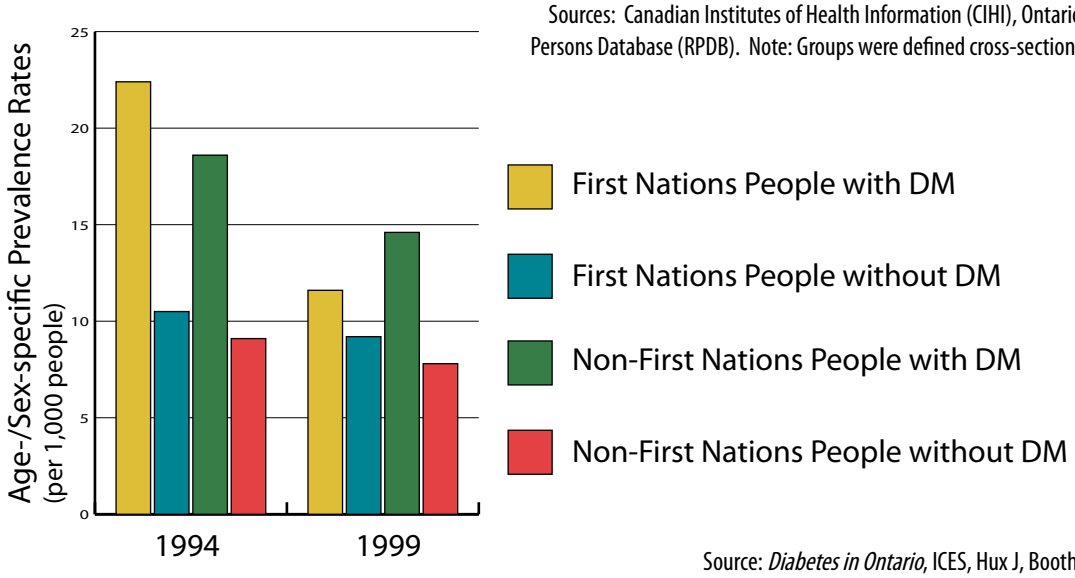
Source: *Diabetes in Ontario*, ICES, Hux J, Booth G, Slaughter P, Laupacis A. June 2003

Annual Mortality Rates in Ontario for First Nations and Non-First Nations People with/without DM, 1994 and 1999

Mortality rates were approximately double for people with DM compared to thhose without, with significant excess mortality seen among young people.

	First Nations People with DM		First Nations People without DM		Non-First Nations People with DM		Non-First Nations People without DM	
Age-/Sex-specific Annual Mortality Rates (per 1,000 people)	1994	1999	1994	1999	1994	1999	1994	1999
Women								
20-34	*	*	0.8	1.4	2.4	1.7	0.3	0.3
35-49	*	5.5	3.3	1.9	5.1	3.8	1.2	1.0
50-64	11.9	11.8	5.9	7.0	15.4	11.0	4.9	3.9
65-74	57.8	24.7	18.3	12.5	36.7	29.3	15.7	14.1
75+	117.3	68.4	61.6	54.3	103.2	87.3	66.7	61.4
Men								
20-34	*	*	2.9	3.7	4.3	3.4	0.9	0.6
35-49	*	*	3.4	3.5	8.1	5.7	2.0	1.5
50-64	30.5	18.3	12.6	7.4	21.3	15.3	8.2	5.9
65-74	34.5	37.4	24.1	26.5	51.7	41.1	28.2	23.8
75+	144.7	52.2	92.9	76.9	124.9	103.6	86.5	76.2
Overall Prevalence Rates (per 100 people)								
Unadjusted	26.9	15.4	6.5	5.5	40.4	32.7	8.0	6.8
Age-/Sex-adjusted	22.4	11.6	10.5	9.2	18.6	14.6	9.1	7.8

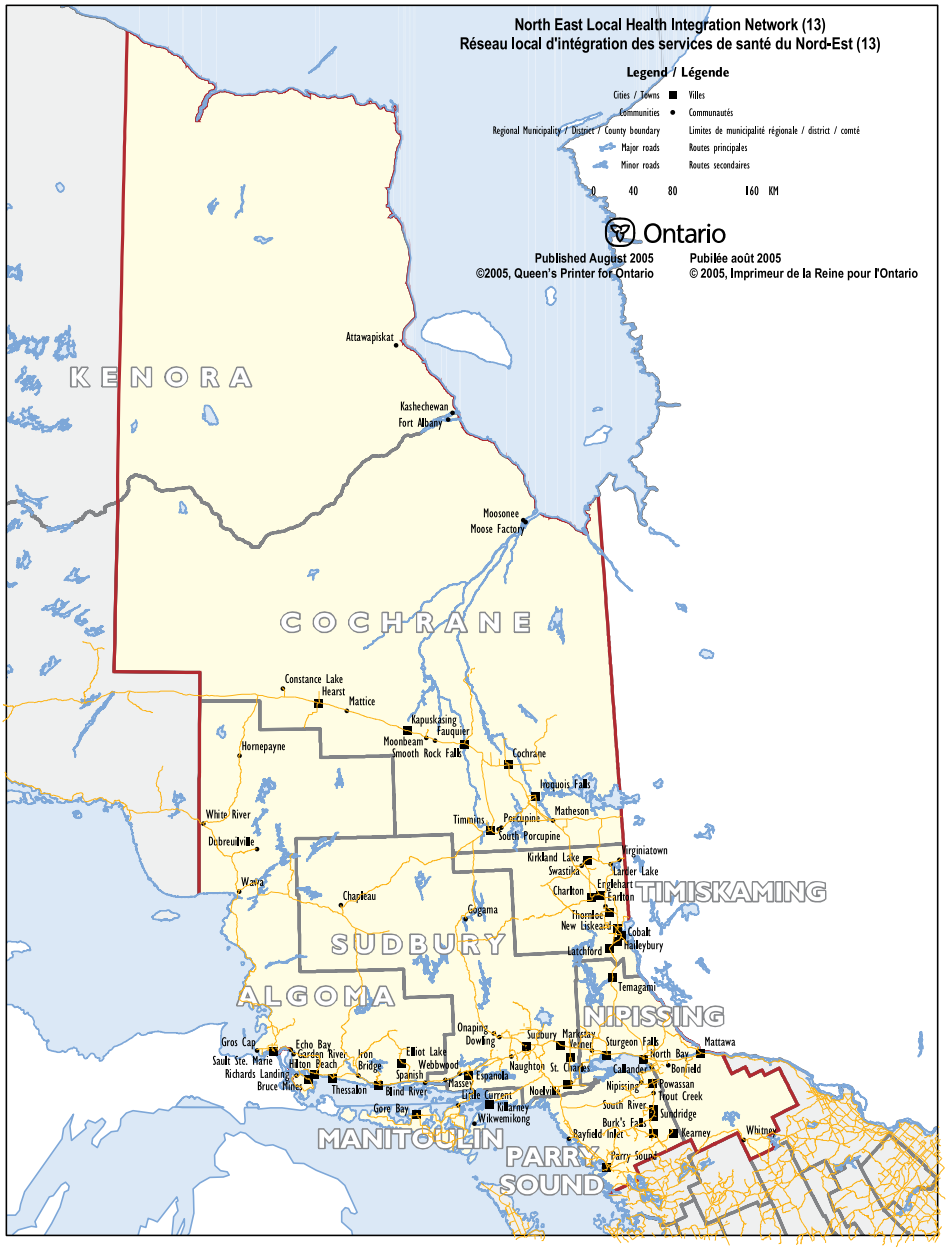
Sources: Canadian Institutes of Health Information (CIHI), Ontario Diabetes Database (ODD), Registered Persons Database (RPDB). Note: Groups were defined cross-sectionally on April 1, 1994 and April 1, 1999.
* Suppressed due to small cell size.



Source: *Diabetes in Ontario*, ICES, Hux J, Booth G, Slaughter P, Laupacis A. June 2003

Sagamok is part of the North East (NE) Local Health Integration Network (LHIN) (regional health authority)

The NE LHIN is responsible to plan, integrate, and fund health care based on local needs for just over 550, 000 people across an estimated 400, 000 square kilometers. Currently, the LHIN is accountable for more than 200 health service providers. These programs and services include community support services, mental health and addictions services, community health centres, the community care access centre, long term care homes, and acute care hospitals. Currently, primary care is not within the jurisdiction of the LHIN.



Source: *North East LHIN website:* http://www.nelhin.on.ca

The provider groups include:

- Community Support Services (i.e Community Support Services (CSS) Programs, Acquired Brain Injury Programs, Assisted Living Services, and Supportive Housing (ALSSH) Programs)
- Community Mental Health and Addictions Programs (Addictions Programs, Mental Health Programs)
- Community Health Centres
- Community Care Access Centre
- Long-Term Care Homes
- Hospitals (including multiple hospital sites)

Source: *North East LHIN website:* http://www.nelhin.on.ca

Health services in North East LHIN

Number	Health Organizations and/or Programs
26	General Hospitals
1	Specialty Mental Health Facility
1	Regional Cancer Centre
1	Community Care Access Centre
76	Community Support Service Programs
41	Long-Term Care Homes
40	Community Mental Health Programs
10	Problem Gambling Programs
26	Substance Abuse Programs
5	Community Health Centres
1	Group Health Centre in Sault Ste. Marie

Source: *2010-2013 Integrated Health Service Plan* (IHSP), North East LHIN

North East LHIN's Integrated Health Services Plan identified Aboriginal / First Nations / Métis Health Services as one of nine priorities for 2010 to 2013.

- Aboriginal/First Nations/Metis represent 10% of the North East LHIN population.
- The NE LHIN's Local Aboriginal Health Committee (LAHC) was established to advise the NE LHIN of priorities within Aboriginal (First Nation, Métis, urban, rural) communities, which includes the identification of priority health care needs and opportunities for the integration and coordination of health care services.

Planning Activities with Aboriginal / First Nations / Métis people include:

- Seniors' engagement activities to support the Aging at Home Strategy
- Meetings with First Nations' Health Directors, Aboriginal Health Access Centres, and the Ontario Federation of Indian Friendship Centres
- Aboriginal representation on each of the NE LHIN Planning Area Health System Round Tables
- Support for Our Health Counts project to include Aboriginal people in health records
- A literature review analyzing existing Aboriginal programs and population data sets
- An Aboriginal Health Summit to develop a formal Aboriginal health planning structure for the North East LHIN

Expected Outcomes

- Continue consultations and engagement with leaders, tribal councils, and health service Providers
- Continue relationship-building with provincial and federal health initiatives to maximize alignment of planning processes, programs and services
- Create a culturally appropriate evaluation framework for Aboriginal / First Nations / Métis health service developments
- Produce and update a health provider profile and environmental scan relative to Aboriginal health needs
- Develop a North East Aboriginal / First Nations / Métis mental health and addictions strategy
- Improve access to integrated diabetes care through support of the current Diabetes Strategy
- Improve access to primary care for Aboriginal / First Nations / Métis people
- Increase access to culturally appropriate care and traditional healing services

Source: *2010-2013 Integrated Health Service Plan* (IHSP), North East LHIN

MRI Wait Times in NE LHIN are shorter than the Provincial wait time. The Provincial target for MRI wait times is 28 days.

Hospital Name	Wait time (days)
Provincial Wait Time (9 out of 10 patients complete their procedures in this time)	118
North East	93
Sault Area Hospital	29
Hôpital régional de Sudbury Regional Hospital	98
Timmins and District Hospital	103

18 hospitals in NE LHIN had no service information available and were not required to report wait times:

- Blind River District Health Centre
- Services de Santé de Chapleau Health Services
- Lady Minto Hospital
- Englehart and District Hospital
- Espanola General Hospital
- Northeast Mental Health Centre
- Hôpital Notre Dame Hospital
- Hornepayne Community Hospital
- Anson General Hospital
- Lady Dunn Health Centre
- Sensenbrenner Hospital
- Bingham Memorial Hospital
- Mattawa General Hospital
- Manitoulin Health Centre
- Smooth Rock Falls Hospital
- James Bay General Hospital
- West Nipissing General Hospital
- North Bay Psychiatric Hospital

6 hospitals in NE LHIN had no service information available:

- West Parry Sound Health Centre
- St. Joseph's General Hospital
- Kirkland and District Hospital
- Weeneebayko General Hospital
- Temiskaming Hospital
- North Bay General Hospital

Source: http://www.waittimes.net/waittimes

CT Scan wait times in NE LHIN are shorter than the Provincial wait time. The Provincial target for CT Scan wait times is 28 days.

Hospital Name	Wait time (days)
Provincial Wait Time (9 out of 10 patients complete their procedures in this time)	42
North East	40
Temiskaming Hospital	11
West Parry Sound Health Centre	14
North Bay General Hospital	20
Sault Area Hospital	25
Timmins and District Hospital	43
Hôpital régional de Sudbury Regional Hospital	57

19 hospitals in NE LHIN had no service information available and were not required to report wait times:

- Blind River District Health Centre
- Services de Santé de Chapleau Health Services
- Lady Minto Hospital
- Englehart and District Hospital
- Espanola General Hospital
- Northeast Mental Health Centre
- Hôpital Notre Dame Hospital
- Hornepayne Community Hospital
- Anson General Hospital
- Lady Dunn Health Centre
- Sensenbrenner Hospital
- Bingham Memorial Hospital
- Mattawa General Hospital
- Manitoulin Health Centre
- Smooth Rock Falls Hospital
- James Bay General Hospital
- West Nipissing General Hospital
- North Bay Psychiatric Hospital
- St. Joseph's General Hospital

2 hospitals in NE LHIN had no service information available:

- Kirkland and District Hospital
- Weeneebayko General Hospital

Source: http://www.waittimes.net/waittimes

Gaps in Data Collection

Requests have gone out to capture Sagamok information on the number of patients with diabetes. Unfortunately, this data was not provided and analysis to measure current patient levels versus non native national averages and native averages could not be conducted. The following points list possible reasons and possible solutions as to the root cause(s) of not having this data available.

Possible reason:

There is no system in place in Sagamok to track generic information on the number of patients who have diabetes.

Recommendation:

Patients diagnosed with diabetes should be automatically registered with the community's diabetes program and tracked under a case management program and screened and trended with spectral retinography. In addition, as the pharma trust dispensing unit is installed, prescription notification of a diabetic patient should be part of the tracking system. Also provide wireless glucose monitoring that may be tracked in the Electronic medical record to ensure the patient's insulin dosages and diet meets their requirements.

Possible reason:

The continuity of health care in the community is sporadic, with a physician on site twice a month. This does not allow for adequate family health care. Sagamok patients are going off reserve for physician services, and therefore generic information of health demographics is not easily captured.

Recommendation:

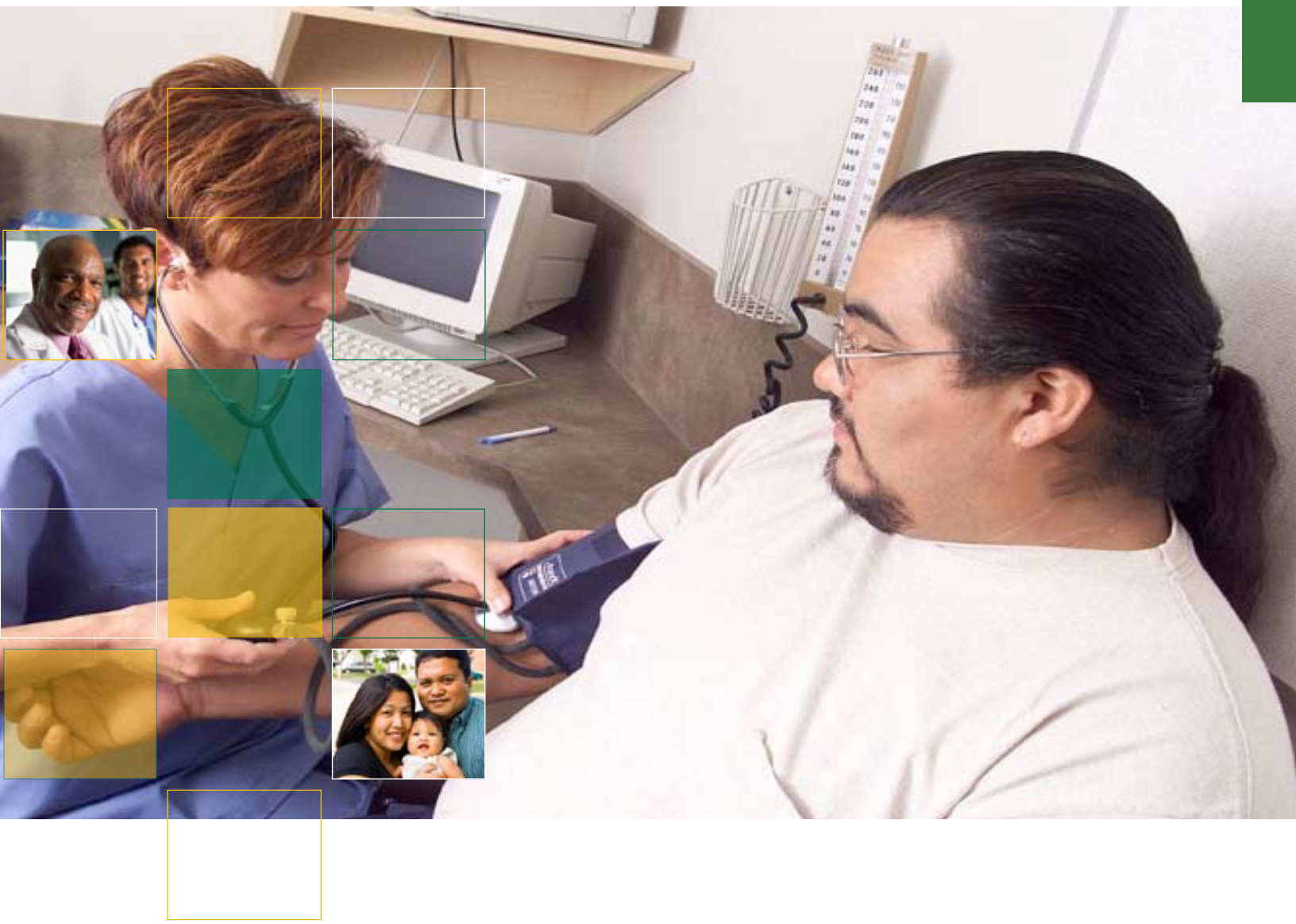
A full-time physician and development of a family health services program is recommended to maintain continuity of health care, with a centralized electronic health record.

Possible reason:

Hospitals did not report waiting times for x-rays or ultrasound.

Recommendation:

Ultrasound should be reviewed as a potential diagnostic tool. Ultrasound is low-cost, highly effective, and can be operated in a non-controlled environment.



Consultation Objectives

The consultation process was used to acquire qualitative, experiential information and observations from key stakeholders in the Sagamok community. The objectives of the consultation process include:

1. understanding the primary care programs and services that are currently available on the Sagamok reserve,
2. understanding the current demand for primary care services,
3. understanding the challenges and needs of providers and the Sagamok community,
4. identifying gaps in primary care, and
5. identifying opportunities to improve primary care services for the Sagamok community.

Many stakeholders provided input in the consultation process.

Each stakeholder had different areas of expertise and represented different organization types, as reflected in the tables below. The stakeholders were able to provide insights into challenges they faced professionally, through different types of clinical and administrative roles and additionally, were able to provide shared observations they had of challenges faced by community members.

Stakeholder Area of Expertise
Nurse Practitioner
Nursing
Physiotherapist
Occupational Therapist
Health Administrator
Dietician
Community Leaders

Organization Types Represented
Community Care
Long Term Care / Home Care
Community Health Centre
Hospital

Consultation findings have been synthesized and placed in these three categories:

- Planning & Administrative, Provider & Community Member Challenges
- Health Characteristics of the Community and Areas of Challenge
- Current Primary Care Service Gaps
- Opportunities For Improvement

Stakeholders identified the following health concerns for the Sagamok community:

Administrative & Planning Challenges

- Sagamok is a relatively small community; it is difficult to find (financial and human) resources to support the community on a 24/7 basis.
- The current model of resources that is shared among many communities creates the appropriate economies of scale; however, resources (e.g. medical transportation) are required to support community members who require services during days that clinicians are not available in their community.
- North Shore Tribal Council is working towards creating an electronic medial record that can be accessible to all providers; this will require space and technology available at all sites to support access to information.
- There exists a large youth population with diabetes, obesity and other health related challenges; limited dedicated programming is available for this population.

Health Characteristics and Areas of Challenges

- The Sagamok population is aging.
- There is a high prevalence of chronic diseases, in particular diabetes.
    - Diabetes prevalence is increasing in the younger population and continues to increase for adults (males and females).
    - The community needs timely lab services.
- High Blood Pressure
- High Cholesterol
- Overweight / obesity
- Mental Health, in particular for males in their adult years
- Large number of children on Ritalin
- High teen pregnancy rate
- Substance abuse (both street drugs and prescription medications) are a bigger challenge for the community than alcohol abuse.

Provider Challenges

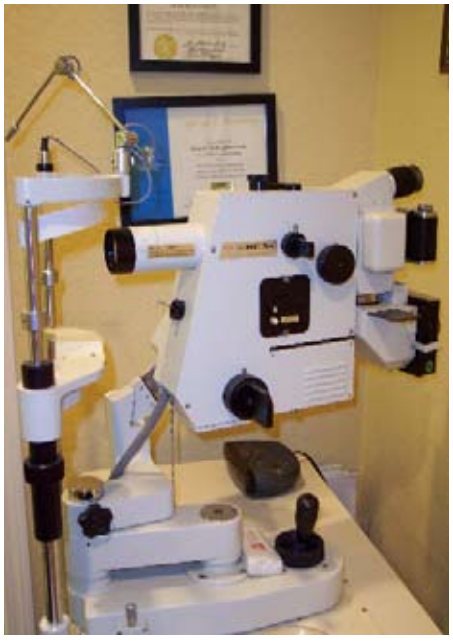
- There is limited space available; this creates issues with patient privacy and providing the appropriate level of care (e.g. for physiotherapy and occupational therapy).
- There is roughly a one week backlog for physiotherapy and occupational therapy.
- Providers need to travel out to Sagamok (various days of the week).
- A physiotherapy / occupational therapy assistant is available 5 days a week; the scope of practice is limited to patient follow-ups.
- There is limited access to newer medications.
- Nurse Practitioners are drawing specimens that require lab work; specimens are sent to Lifelab in Sudbury; there is a need for consistent and timely lab results for blood sugars and cholesterol.
- There is a high rate of no shows for scheduled appointments.
- There is a lack of space and examination rooms.
- There is limited administrative support staff available; clinicians have to spend time calling patients and prepping patients.
- There are no clinical assistants available.
- The nurse practitioner is seeing patients who have a family doctor.

Community Member/Patient Challenges

- There is no local walk in clinic.
- Emergency department services are a minimum of 25 minutes away (Espanola) or 45 min away (Elloit Lake).
- There is a large number of orphan patients; many try to see a nurse practitioner.
- No local, basic eye care is available – an Optician is available in Espanola and an Optometrist in Sudbury and Sault Ste. Marie; it is difficult for community members to travel to those appointments.
- There is a lack of insurance coverage for prescriptions and other types of health care providers (i.e. massage therapy, chiropractor, etc.).

The following were identified as program / service gaps in primary health care on the Sagamok reserve

- Availability of family physicians / general practitioners, case managers and other primary care providers including physiotherapists, occupational therapists, speech pathologists, dentists, etc.
- Oral Surgery
- Vision Care; access to spectral retinography
- After-hours clinic (similar to walk-in clinic and urgent care)
- Pharmacy, with extended hours and access to appropriate medications
- Foot care
- Comprehensive strategy to deal with the management of diabetes
- Treatment centre for alcohol abuse
- Community / public health
- Access to traditional healers
- Access to other health care providers like massage therapists and chiropractors
- More readily available and faster clinical support services (i.e. satellite lab)
- Smoking Cessation Program



A retinal camera is used to photograph the back of the eye, including the retina. It is used to document eye diseases.

The following were identified as opportunities for improving primary care and health care services for the Sagamok community

- Inform and educate the Aboriginal representative that sits on two hospital boards (Elliot Lake Hospital) about the needs and health care challenges of the Sagamok community
- Additional, available space to appropriately house primary care programs and services
- Training facilities for health care practitioners
- Linking programs and services to improve continuity of care
- Access to traditional healers
- Access to other health care providers like massage therapists and chiropractors
- More readily available and faster clinical support services (i.e. satellite lab)
- Smoking Cessation Program
- Additional administrative support to relieve administrative burden that is placed on health professionals

Building Audit

An audit of available services in terms of space planning and functional programming was conducted as part of this study. Anecdotal testimony was also gathered from health care providers to aid in understanding the shortcomings of the existing facilities.

The following pages reveal the findings of auditing existing facilities:

- Sagamok Medical and Social Services Centre
- Chi-nishinawbe M'gizi Wigwam Elders Eagle Lodge

Sagamok Medical and Social Services Centre

The existing clinical building houses a range of services in a centrally located facility. The building is approximately 7,200 square feet and in reasonable physical condition.

Current Program

- 2 exam rooms
- mental health
- administration offices

Dedicated space for IT is needed.

Gaps / Planning Problems

- no observation room
- 2 more exam rooms need
- additional storage space needed
- visiting physician`s room
- traditional medicine room
- dedicated IT room
- separate wing for administration

Storage space is at capacity.

Chi-nishinawbe M'gizi Wigwam Elders Eagle Lodge

The Elders Eagle Lodge is a long-term care facility for seniors in the Sagamok community. Sagamok is looking to expand the facility in order to meet demand in the community (there is a wait time of more than one year for space). The facility is approximately 15 years old and in reasonable physical condition.

Current Program

- 10 beds and 4 apartments

Gaps / Planning Problems

- more beds needed

Health Services Findings & General Observations

There are various vulnerable segments of the Sagamok population that require continuous care and focused programming to support their health care needs.

The following populations should be an area of focus for the Sagamok Health Department:

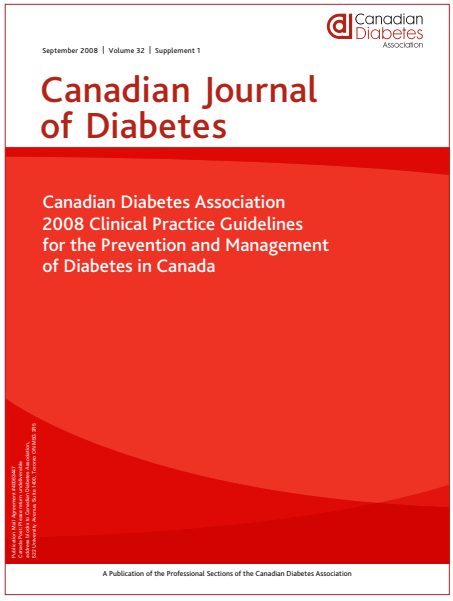
- People living with diabetes and mental health illness;
- Women's Health, in particular those who are in their prime reproductive years and prone to having chronic diseases; and
- Children and adolescent health

For each population, the Sagamok Health Department can track various indicators to support program planning for the community and care planning for the individual. The Health Department can use evidence-based guidelines to guide the development of indicators, such as the 2008 Canadian Diabetes Association Guidelines for the Prevention and Management of Diabetes.

Examples of indicators include:

- Tracking the people living with diabetes in the community; for each person, determine if the following has been completed:
  - A1C exam every 6 months
  - Annual, LDL, foot and retinal exams
  - Diabetes education program

Once basic indicators are tracked, the Health Department can determine the specialized programming that may be required for segments of the patient populations, such as clinics for people living with multiple chronic diseases or specialized clinics focused on women's health care.



Canadian Diabetes Association Guidelines for the Prevention and Management of Diabetes

- Current funding mechanisms (federal, provincial and regional funding streams) can be inconsistent making it difficult to adequately plan and deliver services for the community.
- Less dependency on external funding sources would allow the Health and Social Services Department to have the flexibility to plan for the long term and implement services to meet the current needs of the community.
- Rates of chronic diseases (e.g. diabetes, cardiovascular disease, mental illness) and cancer rates for First Nations communities continue to be on the rise. A new study found that the incidence of diabetes is more than four times higher in First Nations women compared to non-First Nations women.*
- Basic clinical support services (i.e. diagnostic imaging services like x-rays and ultrasounds, extended hours for pharmacy and lab services) are not available on the Sagamok reserve.
- Fragmentation and high turnover of health service providers results in a lack of trust and relationship building between the community and providers and increases the burden on the remaining providers.
- Recruitment of health care professionals with an aboriginal background could have a stronger positive impact on the Sagamok community.
- There is a lack of appropriate and available space to house health care services or training for providers.
- Transportation, to access services on and off the reserve, continues to be a barrier for many community members. This includes a lack of public transportation, limitations on the use of medical (volunteer) transportation and personal transportation (i.e. family owned vehicles, etc.).
- Studies are available that examine the determinants of health, health characteristics and utilization of health services; there are generally the same challenges and limitations with the reviews.
- Anecdotal evidence and data suggests that the current demand for primary health care services, home and community care exceeds the current supply.



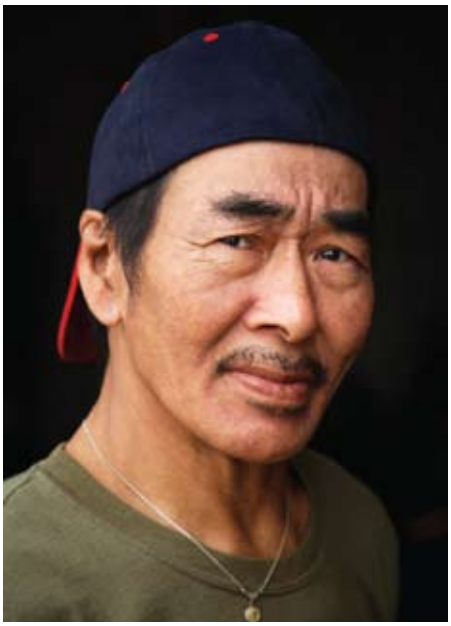
Sagamok requires additional space and health care services to meet the needs of the community.

A new primary care, community-based health care facility, housed centrally on the Sagamok reserve, is required for the Sagamok community. This facility should be a multi-purpose primary care facility that could house clinic space, clinical support services and potentially grow to include social services, specialty services and clinics. The programs and services should be planned and administered by the Health and Social Services Department.

The new primary care centre should be approximately 4,000 square feet that is designed and engineered for future expansion.

The immediate focus of the new space and potential program and services should be on primary health care and health promotion. This should include:

- Additional primary care (general practitioner / family) physicians who practice in a multi-disciplinary setting
- The other primary care providers who are required to function in the multi-disciplinary setting are:
  - Nurse Practitioners
  - Nurses
  - Physiotherapists
  - Occupational Therapists
  - Speech Pathologists
  - Traditional Healers
  - Mental Health specialists (i.e. counselors, specialized nurses, etc.)
  - Addictions specialists (i.e. counselors, specialized nurses, etc.)
- Training facilities
- Administrative and information technology space
- Rehabilitation space
- The new facility should have the infrastructure and technology to access the Ontario Telemedicine Program. This technology would help improve the community members access to specialty and specialists services off the reserve, while keeping their primary care providers informed of the care coordination and outcomes.



The following should be considered as immediate or future opportunities to expand the programs and services available in the facility:

- After-hours urgent care clinic or at the minimum, an after-hours walk-in clinic
- Extended hours pharmacy or access to live pharmacist via a dispensing prescription kiosk
- Extended hour basic lab services (i.e. hematology, immunology, chemistry, microbiology)
- Specialty clinics to provide comprehensive care for those living with diabetes (i.e. foot clinic, eye clinic, education on managing / living with diabetes)
- In order to engage those members of the community who have not been receiving regular primary care, the Health and Social Services Department will need to develop awareness and engagement strategies.
    - One option for engaging marginalized members of the community is to include a Peer Outreach Worker, as a member of the multi-disciplinary team.
    - This role would need to be filled by a Sagamok Community member, potentially someone who has faced similar challenges faced by other community members.
    - This responsibilities for this role include:
        - outreach services to high-risk community members,
        - peer support and translation for identified populations / community member groups,
        - liaise and support patients / clients,
        - linking with essential community resources, and
        - developing material and program supports that are culturally friendly.
- Focused primary care programs are required for:
    - children and adolescents; and
    - people living with chronic diseases (one or many).
- Adult dental services
- Optometrists including the use of spectral retinography for early management of chonic diseases (i.e. diabetes)
- Specialists (physician) offices/clinics (i.e. cardiologists, nephrologists, endocrinologists, etc.)
- Psychologists and Psychiatrists
- Pain Management
- Palliative Care

Functional Program

Sagamok requires a new building to house current and future health and wellness services. The following dimensions are immediate needs for the new community health centre.

Dimension	Operational Concept Description
Primary Care Clinic	• Expand operating hours/day, six days per week for prescheduled and urgent patients • On-call telephone triage • Multidisciplinary team • 4 exam rooms; intake/assessment room; interview/consult room; clinician (GP, NP, RN) offices and/or workstations; physician dictation room
Chronic Disease Clinics	• Chronic disease prevention and management program with coordinated education, counseling and treatment services for chronic diseases, with an interdisciplinary team approach and increased community based coordination • Library available for staff and public use • Large divisible conference room for group counseling with attached teaching kitchen and storage room • 2 interview/consult rooms • Foot care nurses
Visiting Specialists Clinics	• Develop partnerships with a major referral centre to enable regularly scheduled specialists clinics
Telehealth Room	• 1-2 interview/consult rooms equipped with appropriate technology to support video conferencing and tele-communications required for telehealth • Telehealth coordinator required • Office for telehealth coordinator

Dimension	Operational Concept Description
Laboratory Medicine (potential)	• Phlebotomy station • Satellite laboratory

Rehabilitation Services	• Rehab services provided for
	  • Clinical nutrition
	  • Occupational therapy
	  • Physical therapy
	  • Recreation/activity therapy
	  • Respiratory therapy
	• Facilities required: physical therapy gym, OT assessment/treatment room, testing/teaching room for speech, nutritionist, etc., staff offices and workstations, storage facilities

Eye room	• Examination room • Regularly scheduled Optometrist visits • Phoropter, eye chart • Retinal camera (spectral retinography)
Traditional Healing	• Ceremonial room to up to 20; attached supply and equipment storage room • Offices and workstations for staff and healers
Peer Outreach Workers	• Counseling room • Office or workstation for Peer Outreach Worker
Administrative Services	Facilities required: • Offices and workstations for Health and Social Services administrators • On site information technology support • Volunteer services program • Lounge and lockers for all staff • Admin conference room • IT server room and storage • Volunteer services workroom and lounge • Staff lounge

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