PRESENTATION TO:

NATIONAL ROUND TABLE ON HEALTH AND SOCIAL ISSUES

PREPARED AND PRESENTED BY THE LABRADOR INUIT HEALTH COMMISSION

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NATIONAL ROUND TABLE ON HEALTH AND SOCIAL ISSUES

Introduction

The Labrador Inuit Health Commission (LIHC) is very pleased to have this opportunity to participate in this process of discussion and problem solving. We have a great deal of information to share with you as LIHC has developed a series of documents/reports on health issues pertinent to the Labrador Inuit. Since time is limited we will highlight certain key areas in this oral presentation and will provide you with a set of these written reports. We will commence by telling you a little about our problems, then move on to what we currently do and where we are going from there. We will then outline some of the barriers that we believe are preventing us from moving in a positive direction. We will conclude by making some recommendations that we believe will help us solve some of our most serious problems with health care in Labrador Inuit communities.

Labrador Inuit: Health Status

Briefly, the health status of the Labrador Inuit is considerably worse than that of average Canadians. Our problems include low income, unemployment or underemployment, inadequate education, inadequate housing, alcohol abuse, tobacco

use, inadequate water and sewer infrastructure, family violence, etc. These are the same problems surfacing in aboriginal communities all across Canada and we feel certain already well documented. The reports to be tabled will describe the incidence of disease, mortality rates, etc.

The health issue that is presently taking precedence is that of mental health. We are deeply concerned about the violence in our families and between our people. We feel helpless even though we know that some communities are beginning to pull together and develop strategies and plans. Child abuse, vandalism, gas sniffing, etc. all fall under mental health and are a major concern.

One of our communities, Nain, is presently holding ongoing public meetings where these problems are being discussed with a view to the community making some real changes and accepting responsibility for the changes. The other community is Rigolet which has just gone through a homicide/suicide and is now looking at ways to deal with such a crisis at the community level.

The Labrador Inuit Health Commission

The Labrador Inuit Health Commission (LIHC) is the affiliate created by the Labrador Inuit Association (LIA) to deal with health issues. It was formed in 1985

and reports to the LIA Board of Directors. Funding comes from Medical Services Branch of Health and Welfare Canada.

The philosophy, goals and objectives of LIHC are well documented in our Policy and Procedure Manual - which you will receive a copy of. Briefly, LIHC is very concerned with the issues of housing, meaningful employment, etc. and how they impact on the health of the Labrador Inuit. The workings of the health care delivery system are also of concern, but are only a small part of health.

We have been fortunate to have an ongoing core of programs. The Community Health Representative (CHR) Program has been operating since 1985. CHR's in Labrador do not provide primary health care as they do in other parts of northern Canada. We are fortunate that our CHR's can devote their time to health education and promotion in their communities, with much emphasis on school involvement. We currently have a CHR in Nain, Hopedale, Makkovik, Postville and Rigolet. Despite considerable numbers of Labrador Inuit in Northwest River and Happy Valley/Goose Bay, we have been unsuccessful in convincing Medical Services Branch (MSB) that the program should extend to these communities.

Another core program is the Health Liaison Program. This involves helping Labrador Inuit through the health care system wherever they might be. The program is anchored by the Referral Clerk and the Interpreter/Translator who both work out of

the Melville Hospital in Happy Valley/Goose Bay. Other Interpreters are hired on on an as needed basis to accompany a patient to hospital in St. Anthony. We depend on the Friendship Centre in St. John's to assist when patients are sent there.

The Non-Insured Health Benefits (NIHB's) operates from our head office in Northwest River with the help of the CHR's and the Health Liaison Team. LIHC is extremely proud of this program as we are one of only two aboriginal groups in the country to administer a comprehensive program ourselves rather than having MSB do it. MSB has recently commissioned a report on our program and that of Conne River with positive results.

One of our more recent programs is that of Dental Therapy. LIHC has recently hired a Dental Therapist for the community of Nain. In the past seven (7) months, this program has already shown excellent results - especially toward the Dental Hygiene of our school-age children. LIHC hopes to extend dental therapy to other communities as we gain more experience from Nain.

LIHC is hoping to become more active in areas of family violence. A researcher was hired in 1992 to do a needs assessment on the extent of family violence in the Inuit communities of Labrador. This assessment encompassed the following: the level of need, services already available, problems or obstacles to the present services and

statistical data. This has been completed and a report was submitted. The next step in this process would be to plan, co-ordinate and lobby for family violence services and programs according to the needs identified by the Labrador Inuit communities.

LIHC has recently hired a Family Violence Co-ordinator; she has commenced her advocacy role for family violence projects for the Labrador Inuit. LIHC will determine the "missing links" in the present service base and will begin to "fill in the gaps". This will involve much co-ordination and communication at all levels - LIHC feels it can take a role in this area for the LIA Membership. Both of these projects - the assessment and the co-ordination - have been funded by recent federal initiatives.

LIHC is responding to the demands for further mental health intervention for the Labrador Inuit communities. Under the Brighter Futures Initiative, LIHC has recently hired a Mental Health Co-ordinator and a Suicide Intervention Fieldworker. These staff members will be addressing the ongoing and escalating problem with suicides and its many repercussions. Suicide intervention and counselling services are the immediate priority for the two Labrador Inuit communities presently in crisis - Nain and Rigolet.

Through the newly hired mental health staff, LIHC proposes to develop, in consultation with the Labrador Inuit Association, Labrador College, community leaders and other health care workers a comprehensive training package for

community health and services workers in all pertinent areas of mental health.

The mental health staff will also be directed to facilitate the development of a Crisis Response Team in each community. This process will be completed in consultation with leaders, elders, professionals and all interested parties. The mental health workers will be directed to be part of this team and include other local field personnel -ie. CHRs, LIADAP Fieldworkers, LIA Fieldworkers, etc. in the process. In this way, the supports for the clients remain in the community and are not removed when the "visiting professional" takes his leave.

LIHC also proposes to set up counselling programs in communities. These programs will include a crisis-line for Nain in the initial stages, but then to be extended to the entire Labrador Inuit Region. This crisis line will include support and debriefing services for clients as well as to local care givers.

LIHC is also looking to obtain the services of a Psychologist for an extended period of time. The professional would be working with the mental health team; to provide training so staff could begin to acquire counselling skills, to conduct workshops, to work one-to-one with clients, and to generally help staff gain expertise in all areas of community mental health supports and networks.

LIHC is able to use existing resources to get involved in many other aspects of health care. We work with LIA's Education Advisor to promote health careers through individual counselling, tours of health facilities and educational settings, and through advocacy.

LIHC and LIA have been instrumental in getting the Nursing Access Program at the Labrador College off the ground. We take great pride in the four (4) members of the Labrador Inuit Association presently enrolled in the Nursing Access Program in Goose Bay. There are also a number of members completing their degree of study in Nursing at Memorial University of Newfoundland. The graduation of these health care professionals will do much to begin to meet the need for aboriginal personnel.

To help promote awareness of the Inuit culture to health care professionals, LIHC and Torngasok (the Cultural Institute of LIA) undertook a workshop at the Melville Hospital in Goose Bay. This undertaking was very well received and has promoted requests for others at the GRHS Hospital in St. Anthony and at the Western Memorial Regional Hospital in Corner Brook. This request will help the Nursing Access Students when they move to Corner Brook to complete their Nursing Training.

LIHC is also active in many aspects of aboriginal health issues and research at the national level. We have conducted our own research in many areas and are involved in monitoring all health research in Labrador. LIA has established a Health

Committee within its Board of Directors; this committee has a mandate to monitor all health-related research conducted in conjuction with the Labrador Inuit.

Labrador Inuit Health Commission - Future Plans

LIA and LIHC have just completed a process of community consultation to plan for the next five years. It began with a health conference in the fall of 1991 at which community delegates stated the current problems and looked at various organizational structures that would best serve the needs of the Labrador Inuit. This process continued at the Annual General Meeting in the spring of 1992 where the membership directed LIA, LIHC and the Labrador Inuit Alcohol and Drug Abuse Program (LIADAP) to proceed with a gradual staged process which will result in the amalgamation of all health programs for the Labrador Inuit under a Community Health Department of LIA. This will include the activities of LIHC and LIADAP as well as Public Health Services now provided by the Province of Newfoundland through Grenfell Regional Health Services (GRHS). Community Health Committees will be set up as part of this new Community Health Department. The transition stages between program acquisition and take-over will involve constant and ongoing education for present staff and newly acquired staff. This education and knowledge in the realm of health care must then be translated to the membership of LIA - so

they can take on the roles and accountabilities that come with take-over and transfer. Employees and members alike must be well prepared for the expectations and duties that will come their way. It is the responsibility of LIHC to see that everyone begins to undertake these roles in a responsible fashion. Once this is operational, the next stage will be to take over the operation of the nursing stations in our communities.

In keeping with this plan, LIHC is beginning to develop a Community Health Plan which would deal with the specifics of this undertaking. While this sounds like an ambitious agenda, it is the natural progression in a path that has seen us take on a new program once the last one is running smoothly. And while it essentially means the end of LIHC as it now exists, the larger more comprehensive Community Health Department is more in line with the holistic picture of health perceived by the membership.

LIA's Community Health Department - The Barriers

There are several barriers that must be overcome for the Labrador Inuit to move ahead in the area of health care. For a more detailed discussion we refer you to the Review of Labrador Inuit Health and Health Services.

1) Jurisdictional issues and eligibility still create everyday problems in our

dealings with various levels of government. Each time access is requested to a new program or a new government initiative, the question of whether or not we are eligible surfaces and delays movement for several months. Non-Insured Health Benefits is a good example. It took MSB three (3) years to deliberate on our eligibility. We only obtained this program in 1989. The Family Violence Initiative is another example. It was not automatically extended to us as it was to other aboriginal groups until we requested and lobbied for it and then we were given only parts of the program and not others.

2) The product of the jurisdictional confusion is that there are currently four (4) different groups that define health policy for the Labrador Inuit: (1) the Federal Government through Indian and Inuit Health Services, Medical Services Branch , Health and Welfare Canada; (2) the Provincial Government of Newfoundland through the Department of Health; (3) Regional Health Services - Grenfell Regional Health Services (which presently operates the nursing stations and the public health program); (4) the Labrador Inuit Association membership through the Labrador Inuit Health Commission. These groups do not work well together, despite efforts on everyone's part. All groups have different priorities and different understandings of the needs and how they should be met.

To give an example to illustrate this point and keeping in mind the Labrador Inuit

are our prime concern:

A mother whose child has a serious ear problem attempting to fit into the confused health care system can often find getting appropriate medical care difficult and frustrating. The referral policy of GRHS is such that the child must be sent to their secondary care facility in St. Anthony. The parent is not given the right to choose where the child could be seen - i.e. a specialist in St. John's. The Non-Insured Program is a program of last resort. Therefore, we must use services provided within the Grenfell region. The MSB Program does not allow for individual choices.

The whole process could then lead to a waiting list and possibly one trip to St. Anthony and to then be referred on to St. John's. This is a confusing health care delivery system to our membership.

3) The CHR Program has not reached its full potential. While we are fortunate in that our CHR's have received basic training and there is a very low turnover of CHR's in our communities, we have been unable to get ongoing refresher training programs for them. This is very important for a group of health workers who are operating alone in isolated communities. We have also had to be very creative in finding ways to provide adequate supervision and co-ordination so that each CHR does not always have to develop their own resource material from scratch.

Our CHR's have not been recognized as full, participating members of the health care team by health professionals. This situation is improving, but we have to continue to promote our CHR's as key community health workers who have local knowledge that many of the health professionals lack. An introduction to the CHR Program could also be geared into the training of health care professionals before they work in northern communities.

4) The Labrador Inuit are the only Inuit group in the Atlantic Region. The organizational structure of MSB is oriented north to south so that we have little opportunity to network with Inuit in Quebec. Since the North West Territories (NWT) have undergone Transfer we also have virtually no opportunity to meet with the Inuit in the NWT. We do not feel that Regional and National MSB personnel are sensitive to the differences between Inuit and Indians. We are constantly sent documents that refer only to status Indians, to Chief and Council, to Tribal Councils etc. At meetings we always have to remind people that we do not live on reserves, that our circumstances are different. There is also a lack of understanding about how isolated our communities are. We are not an urban aboriginal group - our communities are isolated and rugged where the climate is harsh, economic opportunities are limited and transportation to obtain services and basic necessities is difficult. One document written by MSB presented to us at a national meeting actually said that there were no isolated communities in the Atlantic Region.

5) Services to the disabled are very limited in communities in northern Labrador. Labrador Inuit with disabilities were always the responsibility of the provincial department of Social Services. In the recent past, LIHC had only the services of the Community Health Representatives to offer these clients. CHRs visit the disabled on a regular basis, act on their individual and collective requests, and refer to appropriate service agencies when possible. These duties are carried out in conjunction with many other responsibilities.

Recent funding received from DIAND and MSB is being used to hire a researcher and carry out a Needs Assessment for the disabled in all Labrador Inuit communities.

Some of the problems disabled people face in their communities are:

a) very few buildings are wheelchair accessible

b) the only mode of transport in the winter is by ski-doo and komatik; a very uncomfortable mode of travel when one already has some affliction

c) in summer and fall the gravel roads are poorly maintained and once again a truck or all terrain-vehicle ride is very uncomfortable

d) employment opportunities and training programs are limited

e) homes are poorly designed hence movement in a wheelchair is restricted

f) home support programs - respite and homecare - are limited and often nonexistent

g) knowledge of services available through various agencies is often lacking; if

special services are required and only available outside the community, travel is by air and that brings its own problems.

Much is needed to begin to meet the needs of the Labrador Inuit with disabilities.

6) LIHC is hoping to begin to take on more responsibility with public health nurses and nursing stations. Negotiations for public health nurses are already underway. We realize it will be a long process, however, we believe with co-operation and a good honest working relationship with all parties, it do not have to be a long dragged out process.

With regard to northern nurses and nursing stations: it is of great concern to the Labrador Inuit that in some communities there is just one nurse in a nursing station. The nurse is put in a difficult and stressful situation. He/she must work five (5) days a week and be on call twenty-four (24) hours a day seven (7) days a week three hundred sixty-five (365) days a year. We hope to resolve this situation in our own community health plan and are addressing these concerns presently to the appropriate agencies.

In regards to speciality services such as cardiologist, gynecology etc. patients must travel outside their communities as far away as St. John's, Newfoundland or Halifax,

Nova Scotia. This means a long time away from home, and could be a traumatic experience in itself - feeling unwell, alone and far from home.

Possible Solutions or Recommendations

1) The Federal Government in consultation with the Provincial Government should make some sort of interim decision on eligibility of Labrador Inuit for health and social programs while awaiting the results of the land claim process which may take several more years.

2) MSB should commit funds to provide ongoing training programs to CHR's, NNADAP and all mental health workers.

3) All levels of government that deliver health care to the Labrador Inuit must work together. Only then will the membership receive the same health care standards enjoyed by the average Canadians.

4) Increased financial and professional assistance should be made available to Labrador Inuit communities as we work toward solutions to our problems, especially, in the area of mental health.

5) Inuit communities must be given the opportunity to have a say in health care

programs and to take control of our lives and the future of our children.

6) The Labrador Inuit must be given the authority to set up Labrador Inuit health boards and committees in order to plan, implement and control all health services for their communities. We must be given the opportunity to have the ownership and responsibility of our own health care.

7) More effort has to be placed on bringing services to the communities rather than having people go elsewhere for speciality services.

8) More emphasis has to be placed on promoting health careers in order to have more Inuit nurses, doctors and allied health professionals.

9) There needs to be working water and sewer systems, adequate housing and meaningful employment in all isolated communities.

10) Emergency resources must be made available to communities in crisis - these resources should be well developed and easily mobilised.

11) For the disabled;

- funds should be made available to build ramps etc. to all public buildings and

to private homes when necessary.

- all disabled should be given every opportunity to have meaningful employment and to take part in all community events or activities etc.

- more effort be placed on providing suitable transportation in northern communities such as modification to snowmobiles, wheelchairs etc.

- ongoing homecare and respite programs should be available in all communities.

- needs of the disabled must be taken into consideration when planning and designing new homes and modifying present homes for northern communities.

Labrador Inuit, through LIHC, should be given adequate funding and authority to be responsible for all health care services for the disabled.

12) There should be at least two (2) nurses in each northern community with adequate support at the community and regional level.

13) Health care delivery agencies should be directed to have specialists travel to

Labrador Inuit communities on a regular basis.

14) The Labrador Inuit Health Commission should be recognized for its ever increasing expertise in health care delivery.