Our Children and Youth HEALTH REPORT

Niiniicaniisiinanak Miina Ooskatiisak MIINOOAYAWIIN TIIPACIIMOOWIIN

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Sioux Lookout First Nations Health Authority

September 2018

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September 2018



Sioux Lookout First Nations Health Authority

www.slfnha.com

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- May 2018 Health Directors Meeting Attendees
- Chiefs Committee on Health
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Data Sources

This publication is based in part on data provided by Better Outcomes Registry and Network ("BORN"), part of the Children's Hospital of Eastern Ontario. The interpretation and conclusions contained herein do not necessarily represent those of BORN Ontario.

Data presented in this report are derived from the Service Administration Log (SAL) submitted form the 19 First Nations and Inuit Health Branch (FNIHB) managed Nursing Stations.

Parts of this material are based on data and information compiled and provided by CIHI. However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of CIHI. © 2014 Canadian Institute for Health Information

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The data in this report is owned collectively by the First Nations in Sioux Lookout area with SLFNHA.

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For further inquiry

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GLOSSARY

Approaches to Community Wellbeing

First Nations governed public health system for 31 rural and remote First Nations supported by SLFNHA

Communicable diseases

Classification of health conditions that includes chickenpox, mumps, hepatitis C, flu-like symptoms, rabies, and tuberculosis

Digestive system

Classification of health conditions that includes the mouth, the stomach, the gallbladder, the appendix, and the intestines

Early childhood caries

The presence of one or more decayed, missing, or filled tooth surfaces in a preschool age child's baby teeth

Emergency department visit

When a community member registers with an emergency department in a hospital

Hospitalizations

When a community member is assigned a bed within a hospital, outside of the emergency department

Medevac

When a community member is transported out of a community for medical reasons using emergency transportation (eg. Ornge)

Musculoskeletal system

Classification of health conditions that includes chronic pain, strains/sprains, arthritis and dislocations

Nodin Child and Family Intervention Services (Nodin)

Mental health counselling and support services provided by SLFNHA

Respiratory system

Classification of health conditions that includes the flu, pneumonia, asthma, and chest infections

Schedevac

When a community member is transported out of a community for medical reasons using pre-scheduled flights

Message From

JANET GORDON CHIEF OPERATING OFFICER

Every First Nations child that is born is a blessing and welcomed with love and joy by parent(s) and extended family. The Anishinabe people have seen and experienced many changes in the last decade and this has resulted in many challenges for families and communities.

We know that the health and wellbeing of our infants, children, and youth is a reflection of our own health and the communities. This report marks an important first step in accessing and using data for our communities. Being able to describe the health of our communities young population using numbers is key to advocating for the important health programs and services that our communities need. Community leaders and planners can use the information in this report to work towards a future where all community members are well.

Janet Bancom

Message From

DR. NATALIE BOCKING PUBLIC HEALTH PHYSICIAN

This report arises from three years of advocating for access to databases that hold information on health outcomes for First Nations in Sioux Lookout area. Due to jurisdictional ambiguity, the responsibility for health status reporting for First Nations communities in northwestern Ontario has never been clear. As a result, there have been no health status reports since the early 1990's. Recognizing the important role that health data plays in planning and advocating for improved health, the Sioux Lookout area Chiefs in Assembly have passed two resolutions mandating Sioux Lookout First Nations Health Authority to undertake health status reporting (#12-07: Health monitoring surveillance, #15-25: Health data management). This is SLFNHA's first effort in fulfilling this mandate and we are pleased to share the results.

The work of Sioux Lookout First Nations Health Authority is guided by OCAP® and recognizes each individual First Nation's sovereignty over their own health data. We also recognize that numbers only tell part of the story. Throughout the report we have tried to include the thoughts and reflections of elders and youth. Thank you to the elders, youth, and other partners who helped to review this report and provide the important context that helps tell the story of infants, children, and youth in Sioux Lookout area First Nations. We hope that communities can use the information in this report to support their efforts in improving services and programs for child health and achieving health equity.

N. Bolip



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HOW TO READ THIS REPORT

This report was created for Sioux Lookout area First Nations. It is intended to inform community leadership and health planners of the current health status of infants, children, and youth. SLFNHA has tried to make the language in this report accessible and welcomes feedback on how to make future reports even easier to understand. The data contained in this report can be used for planning purposes, funding applications, and advocacy.

How we defined the age groups

In this report, we have included information on the following:



Limitations with the data sources

Appendix A summarizes data sources and limitations. The main limitations include:

- Data has been collected based on geographical identifiers this means that if a community member has listed their home address as off-reserve, they might not be included in the dataset.
- Some data sources did not include data for all of the communities. For example, nursing station data includes only the 19 communities that are currently managed by Indigenous Services Canada First Nations and Inuit Health Branch.
- Most of the data sources only include health care visits in Ontario despite many people receiving hospital care in Manitoba. While data on emergency department visits only includes Ontario, data on hospital admissions includes both Ontario and Manitoba.
- BORN information system, SAL nursing station data and Nodin data, were provided in fiscal year intervals, while all other data sources were collected using calendar year. Fiscal year intervals in this report are from April 1st to March 31st, and labeled with the last years date. For example, April 1 2016 – March 31, 2017 is labeled fiscal year 2017.

How we analyzed the data

- Percentages or rates are used to describe most of the data. Wherever possible, data is compared to the province of Ontario.
- Rates calculated # per 1,000 means that if a community has 1,000 people then # would have the condition.
- The total population included in this report is less than 30,000 people, a relatively small number when calculating population rates. This means that a small change in the absolute number of people with a health problem may result in a big change in the rate from year to year. This can sometimes be misleading when looking at changes over time.
- To ensure confidentiality, if there were less than five cases of something, it is combined with other variables or not included in this report.
- Significance was determined using 95 per cent confidence intervals. If the confidence interval of one rate does not overlap with another rate, the difference between the rates is considered statistically significant. If the intervals do overlap they could be statistically significant but further analysis is needed.



SLFNHA has taken all reasonable steps to ensure that the information presented here is a true reflection of the data held in the databases accessed. SLFNHA does not control how complete or accurate the original data is. Comparisons of information contained in this report with information obtained from other databases or at other times may identify differences.

Example

If the rate of diabetes in a community is found to be four per 1,000 people, then in a community of 1,000 people four people would have diabetes, or in a community of 2,000 people, eight people would have diabetes. Similarly, in a community of 500 people, two people would have diabetes.

BACKGROUND

The Anishinaabe Health Plan (2006) is a comprehensive plan for an integrated regional health system under First Nations governance. The plan includes a spectrum of services including supportive, preventive, promotive, curative, and rehabilitative. Approaches to Community Wellbeing (ACW) was developed to implement the preventive and promotive aspects of the Anishinaabe Health Plan, also known as public health. A key function of public health is population health assessment and health surveillance. This report presents summary data for 31 communities. Each community included is unique and distinct. While many communities have a shared history in terms of the impact of colonization, assimilation policies, and systemic racism, communities have different languages/ dialects, traditions, and strengths. Communities range in size from 150 to over 3000 people, with a total population of approximately 26,000, and are geographically spread across a land mass the size of France.





VISION

The Anishinabe people of this land are on a journey to good health by living healthy lifestyles rooted in our cultural knowledge.



SETTING THE CONTEXT

Many factors affect the health and wellness of Sioux Lookout area First Nations. They include geography, food security, housing, education, multi-generational trauma, language, climate change, and other determinants of health.

Sioux Lookout area First Nations have strong connections to family, community, and the land. Ojibway, Oji-Cree, or Cree are spoken and promoted in all of the communities and are often taught in primary schools. Traditional activities like trapping and fishing are prominent in many communities, and Elders share their stories and histories with their families.

Despite decades of government lobbying, most Sioux Lookout area First Nations face barriers to clean drinking water, adequate housing, and healthy and affordable food. Between 2007 and 2016, Sioux Lookout area First Nations had 188 boil water advisories. Some of these advisories have been in place from 1995 to the time of data extraction (1). Some communities have been on and off these advisories from 1 to 32 times during this period. Housing shortages exist in all Sioux Lookout area First Nations. Of the 1600 building inspections done between 2010 and 2012, many were found to be in need of major repair (2).

Health care services are provided by multiple levels of government. This complicates access to health services and continuity of care for Sioux Lookout area First Nations. The main source of primary care and first point of health care services for 28 communities is their federally funded nursing station. Emergency services are accessible only by plane for 25 communities, or by driving 45 minutes to three hours for the remaining six communities.

On February 24, 2016 Nishnawbe Aski Nation (NAN) Grand Chief Alvin Fiddler and representatives of the Sioux Lookout Area Chiefs Committee on Health declared a Health and Public Health Emergency for First Nations in the Sioux Lookout region and across NAN territory. The Health and Public Health Emergency was declared to address urgent and long-standing health issues caused by the inequality of health and health care services.

Population

First Nations in the Sioux Lookout area have a young population (Figure 1.1). In 2016, 39% of the population was under the age of 19, compared to 22% for Ontario. Since 1991, the population of Sioux Lookout area First Nations has grown by 74%. Community populations for 2016 can be found in Appendix B.

Source: First Nations and Inuit Health Information System; Statistics Canada. Table 17-10-0005-01 Population estimates on July 1st by age and sex.

Figure 1.1 Sioux Lookout area First Nations and Ontario population by age, 2016



Birth Rate

Birth rate means the number of live births in a community or region over a certain time.

In 2016 there were 509 live births from Sioux Lookout area First Nations resulting in a birth rate of 19.5 per 1,000 population. Since 2007, the birth rate has decreased by 22%. However, compared to the provincial rate of 10.4 per 1,000 in 2016, Sioux Lookout area First Nations is almost two times higher (Figure 1.2).





For every baby born in a typical Ontario community there are two babies born in a typical Sioux Lookout area community of the same size

Mortality Rate

Mortality rate means the number of deaths in a community or region per year. In this report the mortality rate was calculated for all causes and for all ages 0-19 combined. It was not possible to calculate the infant mortality rate due to small numbers.

The mortality rate for Sioux Lookout area First Nations aged 0-19 decreased 29% from 2007 to 2012. In 2007 the rate was 2.4 per 1,000, compared to 1.7 per 1,000 in 2016 (Figure 1.3). Note that there are concerns about the quality of data on deaths in Ontario and as such these numbers are likely underestimates.

Injuries are the leading cause of death amongst children 19 and under in Sioux Lookout area First Nations, accounting for 75% of mortalities (Figure 1.4). This includes drownings, car/pedestrian accidents, and fires.





Ontario's mortality rate is 3 times higher than Sioux Lookout area First Nations

Figure 1.4 Top 3 causes of mortality among children 19 and under, Sioux Lookout area First Nations, 2007-2012



Among deaths caused by injuries, 42% were due to unintentional causes such as fires, drowning, and car/pedestrian accidents

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When I was young I would go with my aunt to deliver babies and I remember it was always so quiet and relaxed. The mother looked like she wasn't about to deliver a baby, and everyone else was just sitting around. When it was time, she would say 'Ow, Ow, Ow' and then the baby was there. Moss cushions would be made for the mother to deliver on. Elder, Emily Greig

Of Sioux Lookout area First Nations babies born in Ontario, almost ¾ are born in Sioux Lookout



MATERNAL AND NEWBORN HEALTH

Maternal and newborn health has always been an important part of First Nations culture. From the time a female enters womanhood to the birth of her child there are practices that shape the child's future. Traditionally Elders within communities would provide teachings to support growing families. Some of these practices have been lost since the 1950's and have affected parenting practices within communities today.

Women from Sioux Lookout area First Nations leave their homes and families and many of these women travel hundreds of kilometers to give birth at a hospital. Approximately 10% of babies are born in Manitoba, with the remaining babies born in Ontario. Of the babies born in Ontario, Sioux Lookout area First Nations mothers deliver more frequently in Sioux Lookout than other Ontario hospitals (Figure 2.1). This has been consistent over the last five years.



Figure 2.1 Birth location in Ontario, average 2013-2017

Maternal Age

Mother's age during pregnancy can impact the health of an unborn baby. Babies that are born to very young mothers are at higher risk for preterm birth and low birth weight (3). In addition, very young mothers (and their newborns) are more likely to experience poverty and housing issues (4, 5). In Sioux Lookout area First Nations, the majority of babies are born to women between the ages of 20 and 34 (Figure 2.2), which is similar to the province of Ontario.

In Ontario, the definition of teenage pregnancy is pregnancy in a woman under the age of 20 years old (6). Compared to the Ontario provincial average, Sioux Lookout area First Nations have a higher rate of teenage pregnancy, 2.2 per 1,000 compared to 17.6 per 1,000 between fiscal years 2015 and 2016. From 2013 to 2017 the rate of teenage pregnancy in Sioux Lookout area First Nations communities decreased by 32%.



Figure 2.2 Age of mother at time of birth, 2013-2017



Source: BORN Information System, extracted November 2, 2017

The teenage pregnancy rate among Sioux Lookout area First Nations was 8 times higher than the Ontario average in 2015 to 2016

Diabetes in Pregnancy

Type 2 diabetes affects many men and women in Sioux Lookout area First Nations, including women who are pregnant. A woman can have type 1 or type 2 diabetes before her pregnancy. However, women can also develop gestational diabetes, meaning she developed diabetes during her pregnancy. This puts her at a higher risk for developing type 2 diabetes after pregnancy. High blood sugar levels during pregnancy can contribute to bigger babies who might have difficulty coming through the birth canal or have health problems, such as low blood sugar, shortly after birth (7, 8, 9). Between fiscal years 2013 and 2017, there was a 76% increase in the proportion of pregnancies with gestational diabetes (from 7.1% of pregnancies to 12.4% of pregnancies) among women giving birth from Sioux Lookout area First Nations (Figure 2.3). The proportion of pregnancies with type 2 diabetes stayed approximately the same. In comparison the provincial proportion of pregnancies with gestational diabetes from 2012-2014 was 5.2%, and increased to 6.2% in 2014-2016 (6,10).

Between 2013 and 2017, the rate of gestational diabetes has almost doubled



BORN Information System, extracted November 2, 2017

Figure 2.3 Diabetes in pregnancy, 2013-2017

Substance Use in Pregnancy

When a woman uses substances while she is pregnant, the substance can affect the developing baby in the mother's womb. This includes smoking cigarettes, drinking alcohol as well as using other drugs like opioids, cocaine, and methamphetamines. Sometimes the effects are short term and the baby can recover, other times it might affect their health for years to come. Data on what substances are used during pregnancies is gathered by asking women directly. They can answer yes to multiple substances. Because this data is self-reported, it may be an underestimate. Between fiscal years 2013 and 2017 the percentage of mothers that smoked during pregnancy decreased from 54.7 % to 52.8% (Figure 2.4).

Between fical years 2013 and 2017, the percent

of women using alcohol during pregnancy increased from 12.8% to 16.2% (Figure 2.5).

In 2009, Nishnawbe Aski Nation declared a state of emergency due to prescription drug abuse (11). Opioid drugs including Oxycontin[®], morphine, and hydromorphone were all being abused. Some communities reported more than 50% of adults were addicted to opioids (12). In response to this crisis, many communities developed community-based opioid substitution (Suboxone[®]) programs. There was an overall increase in the percent of babies exposed to opioids during pregnancy between fisal years 2013 and 2017 (28.7% to 35.6%). The percent of mothers on prescribed opioids (e.g. Suboxone®) increased and the percent of mothers using other opioids (e.g. from the street) decreased by 43% (Figure 2.6).



Figure 2.4 Five year average of mothers who indicated smoking during pregnancy, 2013-2017

Source: BORN Information System, extracted November 2, 2017

1 in 2 expecting mothers said that they smoked cigarettes while pregnant



Figure 2.5 Drug and substance exposure during pregnancy, 2013-2017

In 2017 two-thirds of expecting mothers did not use any substances. Of those mothers that did use substances, the most common substance was opioids.



Figure 2.6 Prescribed and non-prescribed opioid use during pregnancy, 2013-2017

Of the 1/3 of expecting mothers who reported using opioids, there was a 43% decrease in use of non-prescribed opioids (e.g. from the street)



Type of Delivery

Between fiscal years 2013 and 2017, 78% of women gave birth vaginally (Figure 2.7). This has not changed in the last five years.

Figure 2.7 Delivery type, average 2013-2017



Source: BORN Information System, extracted November 2, 2017 Of Sioux Lookout area First Nations babies born in Ontario, 22% are delivered by caesarean section

Term and Birth Weight

Most babies stay in the womb for around 40 weeks. Babies born between 37 and 41 weeks are called 'term babies' while those born before 37 weeks are called 'pre-term babies'. If a baby is born pre-term it is at higher risk for health problems related to poor weight gain, lung problems, infections and brain development (13). Among Sioux Lookout area First Nations, 94% of babies are born at term. Between fiscal years 2013 and 2017, only 6% of babies from the region were born pre-term. In comparison, 7.3% of babies in Ontario were born pre-term in 2012 (6).

Birth weight describes how much a baby weighs when it is born, and can impact its health at the time of birth. For example, babies weighing less than 2,500g (called low birth weight), often need to spend more time in the hospital for extra help with feeding (14, 15).

Babies born weighing more than 4,500g (called high birth weight) might have problems coming through the birth canal (16). Babies born weighing between 2,500g and less than 4,500g are in the healthy birth weight range. Compared to Ontario, Sioux Lookout area First Nations have fewer babies born at a low birth weight, and slightly more babies born at a high birth weight (Figure 2.8). Babies that are born early are at higher risk of having low birth weight. Given that many women who give birth pre-term receive care in Winnipeg, the data on the number of babies born early and born at low birth weight for Sioux Lookout area First Nations may be an underestimate. The percent of babies born with a high birth weight has not changed significantly between fiscal years 2013 and 2017.



Figure 2.8 Babies weight at time of birth, average 2013-2017

While most Sioux Lookout area First Nations babies are a healthy birth weight, there are over 2 times more high birth weight babies born than the Ontario average



Breastfeeding

Breastfeeding has many important health benefits for both the baby and the mother. The World Health Organization recommends exclusive breastfeeding (meaning only breast milk) for the first 6 months of a baby's life (17). The only data currently available on breastfeeding rates for Sioux Lookout area First Nations comes from hospital discharge data collected through BORN. Between fiscal years 2013 and 2017, breastfeeding at the time of discharge from hospital increased from 24% to 29% (Figure 2.9).



Figure 2.9 Babies feeding at time of discharge, 2013-2017

Almost one-third of mothers are exclusively breastfeeding when they leave hospital



INFANTS

Infancy, age less than 1 year, is a time of rapid growth and development. The physical environment, connection with family, nutrition, and access to health services all impact the wellbeing of infants in Sioux Lookout area First Nations.



Traditionally, the household would consist of grandparents, parents, and children. The whole family would be living together and the young children would see how all the different age groups interact.

Elder, Juliette Blackhawk

Nursing Station Visits

When an infant becomes sick at home, the first point of contact is usually the community nursing station. Understanding what health issues bring babies to the nursing station can help determine where to focus prevention efforts. For fiscal years 2016 and 2017, the number one health concern that brought infants to nursing stations was respiratory system (Figure 2.10). This includes breathing problems from colds, pneumonia and/or asthma. The numbers below represent encounter reasons and not visits, some visits may have multiple encounter reasons.



Figure 2.10 Top five reasons infants visit the nursing station, 2016-2017

The most common reason infants are brought to a nursing station is for the respiratory system



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From my experience as a community health nurse, when babies are sick in a community they are first seen in the nursing station, where they can be treated. Some babies may be sent to the hospital if they cannot be treated at the nursing station. Access to services in Sioux Lookout area First Nations is different than towns or cities that have immediate access to hospitals. With nursing stations, this system of care will identify different numbers for emergency care.

Janet Gordon Chief Operating Officer, SLFNHA

Emergency Department Visits

If an infant needs to be seen in an emergency department and they are in community, they are typically transported out of the community by medevac or schedevac. Even though there are no emergency departments in their home communities, the rates for emergency department visits for infants from Sioux Lookout area First Nations are similar to the Ontario average (Figure 2.11). Since 2012 there has been an 11% increase in the rate of emergency department visits for infants from Sioux Lookout area First Nations. In 2016, 23% of infant emergency department visits from Sioux Lookout area First Nations occurred in Manitoba.

Respiratory system are the number one reason for emergency department visits among infants (Table 2.1), accounting for 37% of visits.



Figure 2.11 Rate of emergency department visits among infants, 2012-2016

Between 2012 and 2016 the rate of emergency department visits for infants increased

Source: National Ambulatory Care System, 2012-2016, Canadian Institute for Health Information

Top 3 reasons for emergency department visits among INFANTS

Table 2.1 Five year average 2012-2016



Hospitalizations

A hospitalization (hospital admission) is when a child is given a bed in a hospital outside of the emergency department. The rate of hospital admissions for infants from Sioux Lookout area First Nations is significantly higher than the Ontario average (Figure 2.12). Data on hospitalizations includes when infants are admitted to hospital in Winnipeg, which in 2016 accounted for 27% of all hospitalizations.

Infants from Sioux Lookout area First Nations are hospitalized most frequently due to conditions they experience at birth, contributing to over 50% of hospitalizations (Table 2.2). These conditions include jaundice, neonatal abstinence syndrome, and feeding problems, among others.



Figure 2.12 Rate of hospital admissions for infants, 2012-2016

Sioux Lookout area First Nations infants are hospitalized more often than the Ontario average

Source: Discharge Abstract Database, 2012-2016, Canadian Institute for Health Information

Top 3 reasons for hospitalization among INFANTS

Table 2.2 Five year average 2012-2016





PRESCHOOL

Below is a snapshot of the health of children 1-5 years old in Sioux Lookout area First Nations.

Growing up I worked alongside my parents, as I watched them and what they were doing because parents are a child's foundation for the future. Children learn the strength they need to go into the world and live a good life. They teach us what is good and bad. They told us the spirit will tell us if we are heading in the right direction, which I didn't always understand then but I do now.

Elder, Emily Greig

Nursing Station Visits

From fiscal years 2016 to 2017 the top five reasons why preschool aged children were brought to nursing stations did not change. In both years problems with ears, nose, throat, and mouth were the number one reason for seeking care at the nursing station (Figure 3.1).



Figure 3.1 Top five reasons preschool children visit the nursing station, 2016-2017

The most common reason preschool age children visit the nursing station is due to Ear, Nose, Throat, and Mouth conditions



Emergency Department Visits

Preschool children in Sioux Lookout area First Nation communities visit the emergency department significantly less often than the provincial average. This may be because when preschool children present to nursing stations with health problems, they are managed in the community and not transferred to an emergency department. From 2012 to 2016 emergency department visits from preschool children increased 73% among Sioux Lookout area First Nations (Figure 3.2). Out of all emergency department visits for preschool children in 2016, 14% occurred in Manitoba.



Figure 3.2 Rate of emergency department visits among preschool children, 2012-2016

Despite many preschool children being seen in the nursing station, the rate of visits to the emergency department have increased

Source: National Ambulatory Care System, 2012-2016, Canadian Institute for Health Information

Top 3 reasons for <u>emergency department visits</u> among **PRESCHOOL CHILDREN**

Table 3.1Five year average 2012-2016



Hospitalizations

Preschool children from Sioux Lookout area First Nations are admitted to hospital significantly more often than the Ontario average. Out of all hospitalizations for preschool children in 2016, 49% occurred in Manitoba. With the exception of 2015, hospitalizations for preschool children increased steadily between 2012 and 2016 (Figure 3.3). There was a 74% increase in the rate of hospital admissions for preschool children between 2012 and 2016. Hospital admissions due to respiratory system made up 34% of the admissions (Table 3.2).



Figure 3.3 Rate of hospitalizations among preschool children, 2012-2016

Sioux Lookout area First Nations preschool children are hospitalized more often than

children

Ontario preschool

Sioux Lookout area First Nations Ontario

Top 3 reasons for hospitalization among PRESCHOOL CHILDREN

 Table 3.2 Five year average 2012-2016



34% Respiratory system



13% Digestive system



Oral Health

Oral health is an important determinant of wellness for preschool children. Untreated early childhood caries can lead to problems with pain, infection, chewing, speech and selfesteem. Unfortunately, SLFNHA was unable to access data on the rate of early childhood caries among children from Sioux Lookout area First Nations. However, another indicator of oral health status among preschool children is the rate at which children undergo surgery to treat/ extract their baby teeth due to early chlidhood caries. Preschool children from Sioux Lookout area First Nations undergo day surgery for dental reasons at a higher rate than the Ontario average (Figure 3.4).



Figure 3.4 Rate of oral health day surgery visits among preschool children, 2012-2016

In 2016, Sioux Lookout area First Nations preschool children were seen in day surgery for oral health problems 14 times more than the Ontario average



CHILDREN

Below is a snapshot of the health of children 6-10 years old in Sioux Lookout area First Nations.



To me raising children is very important, the parenting. The creator put us here to enjoy life and enjoy the different age groups. *Elder, Juliette Blackhawk*

Nursing Station Visits

From fiscal years 2016 to 2017 the top six reasons for nursing station encounters in children did not change. The number one medical reason that children were brought to the nursing station was for skin, including rashes, skin infections, and infestations (e.g. scabies) (Figure 3.5).



Figure 3.5 Top six reasons children visit the nursing station*, 2016-2017

Source: Service Administration Log

*5-14 year olds

The most common reason children are brought to a nursing station is skin conditions

Emergency Department Visits

The rate at which children from Sioux Lookout area First Nations attend emergency departments in Ontario is significantly less than the provincial average. This may be because when children present to nursing stations with health problems, they are managed in the community and not transferred to an emergency department (Figure 3.6). While the rate for Ontario has increased each year from 2012 to 2016, the same is not seen with Sioux Lookout area First Nations. Out of all emergency department visits for children in 2016, 15% occurred in Manitoba.

350 Number of visits per 1,000 population 300 250 200 150 100 50 0 2012 2015 2013 2014 2016 Sioux Lookout area First Nations Ontario

Figure 3.6 Rate of emergency department visits among children, 2012-2016

Despite many children being seen in the nursing station, the rate of visits to the emergency department have increased

Source: National Ambulatory Care System, 2012-2016, Canadian Institute for

Health Information

Top 3 reasons for emergency department visits among CHILDREN

 Table 3.3 Five year average 2012-2016



Hospitalizations

Children from Sioux Lookout area First Nations are admitted to hospital significantly more often than the Ontario average (Figure 3.7). Out of all hospitalizations of children in 2016, 62% occurred in Manitoba. The most common reason for hospitalization for children is respiratory system (Table 3.4).



Figure 3.7 Rate of hospitalizations among children, 2012-2016

Children from Sioux Lookout area First Nations are hospitalized more often than the Ontario average

Top 3 reasons for hospitalization among CHILDREN

Table 3.4 Five year average 2012-2016



Oral Health

As in preschool children, older children from Sioux Lookout area First Nations are seen in day surgery for oral health issues significantly more than the Ontario average (Figure 3.8).







In 2016, Sioux Lookout area First Nations children were seen in day surgery for oral health problems 7 times more than the Ontario average

YOUTH HEALTH

Youth, aged 11 to 19, make up 17% of the current population in Sioux Lookout area First Nations. One Health Director indicated, "It is important we don't forget about our youth, and we do more to support them."

Elder, Hammond Lac Seul

Nursing Station Visits

From fiscal years 2016 to 2017 the top six encounter reasons for nursing station visits for youth did not change. The number one reason youth attended nursing stations was for mental health, which increased 8% from 2016 to 2017 (Figure 4.1). Mental health includes anxiety disorders, self-injury, mood disorders, and substance abuse.

Figure 4.1 Top six reasons youth visit the nursing station*, 2016-2017

The most common reason youth visit the nursing station is for mental health

Emergency Department Visits

Sioux Lookout area First Nation youth visit the emergency department significantly more than Ontario youth (Figure 4.2). Since most youth must leave their home community to attend high school in Sioux Lookout or Thunder Bay, their first encounter with the health care system is no longer a nursing station and, in many cases, may be the emergency department. Since 2012 there has been an 81% increase in the rate of visits to emergency departments by Sioux Lookout area First Nation youth. A similar increase is not seen for Ontario youth. Out of all emergency department visits among youth in 2016, 4% occurred in Manitoba. The number one reason for presentation at the emergency department is injuries (Table 4.1). Visits for mental health make up 16% of the emergency department visits.

Figure 4.2 Rate of emergency department visits among youth, 2012-2016

From 2012 to 2016 there was a 81% increase in emergency department visits for Sioux Lookout area First Nations youth

Source: National Ambulatory Care System, 2012-2016, Canadian Institute for Health Information

Top 3 reasons for emergency department visits among YOUTH

 Table 4.1 Five year average 2012-2016

Hospitalizations

Youth from Sioux Lookout area First Nations are admitted to hospital significantly more often than the Ontario average (Figure 4.3). From 2012 to 2016 the rate of hospitalization for youth increased by 67%. The Ontario

Figure 4.3 Rate of hospitalizations among youth, 2012-2016

average has been stable from 2012-2016. Out of all hospitalizations among youth in 2016, 19% occurred in Manitoba. The most common reason for hospitalization among youth is pregnancy (Table 4.2).

In 2016, Sioux Lookout area First Nations youth were hospitalized 4.5 times more than the Ontario average

Top 3 reasons for hospitalization among YOUTH

Table 4.2 Five year average 2012-2016

20% Mental Health 15% Injuries

Mental Health

Wellness is a balance between physical, mental, emotional, and spiritual wellbeing. Many youth in Sioux Lookout area First Nations have been impacted by multi-generational trauma rooted in colonization and systemic racism. We see this in their daily struggles with mental health. We also see the strengths of our youth's resilience – through their achievements in leadership, academics, the arts, athletics, family and continuing the traditions of their ancestors.

When is there ever just a straight road? There will be bumps in the road. But it's up to you, whether you want to stay down in the dumps or rise above and keep going. Sometimes it's better to feel down, it helps you build yourself into a better and stronger you. It prepares you for the worst but pain is your friend, it will always be there. Use it as motivation to do something good. For me I use it to do my work, or to stay active and most times I think about it as another lesson and learn from it.

Karvina Beardy, 18

In Sioux Lookout region, Nodin provides mental health counselling for youth in their home community as well as in the town of Sioux Lookout. The service supports 33 communities and can connect youth with psychologists, psychiatrists, and other specialists as needed. Other counselling services are available through Meno Ya Win Health Centre, Tribal Councils, or through private organizations contracted directly by First Nations – data on visits to these organizations is not included in this report. Since fiscal year 2008 there has been an increase in referrals to Nodin and an even larger increase in visits (Figure 4.4). Referrals are counted each time a youth is referred for counselling services. A visit means each time a client is seen after their referral. This includes receiving service in Sioux Lookout and in their community. The increase in the number of visits likely indicates that youth are being seen for more visits following a referral.

Figure 4.4 Nodin referrals and visits among youth, 2008-2017

Referrals to Nodin increased 18 times between 2008 and 2017

Sioux Lookout area First Nations youth attend the emergency department for mental health reasons at a rate 5 times greater than the Ontario average. Between 2012 and 2016, the rate of emergency department visits for mental health increased by 123% (Figure 4.5). Mental health includes visits related to depression, anxiety, self-harm, and other psychiatric disorders.

Figure 4.5 Rate of emergency department visits for mental health reasons among youth, 2012-2016

Between 2012 and 2016 emergency department visits for Sioux Lookout area First Nations youth increased 123%

Figure 4.6 Rate of hospitalizations for mental health reasons among youth, 2012-2016

Between 2012 and 2016, hospital admissions among youth for mental health reasons increased by 191%

In 2016, youth from Sioux Lookout area First Nations were hospitalized for mental health reasons almost 5 times more than Ontario youth (Figure 4.6). Among Sioux Lookout area First Nations youth there was a 191% increase in the hospitalization rate for mental health reasons between 2012 and 2016.

Over the last decade, several First Nations in Sioux Lookout area have declared states of emergency due to suicide. In some communities, these epidemics have involved youth and in all communities youth mental health has been impacted.

Between 2007 and 2012, the rate of completed suicides among youth from Sioux Lookout area First Nations remained between 1.5 and 2.0 per 1,000 population (Figure 4.7) In 2012, the rate of suicide among youth from Sioux Lookout area First Nations was 40 times higher than the Ontario average. Data from 2009 was not included due to small numbers. Data from 2016 and 2017 only represents those that are reported to Nodin, and as such they are likely an underrepresentation (Table 4.3).

In my opinion, I believe good health is feeling content in your own body and mind. Meaning that you are able to do what you can and when you can without stressing yourself out. It's about knowing when you're not mentally, physically, emotionally, and spiritually available and knowing when to get help. *Miranda Quill, 21*

Figure 4.7 Rate of suicide among youth, 2007-2012

* The data from 2009 was not included because of small numbers, it does not mean there were no suicides

From 2007 to 2012, the rate of youth suicide for Sioux Lookout area First Nations increased by 26%

Table 4.3	Rate (p	ber 1,000)
reported to Nodin, 2016-2017	2016	2017
	1.8	2.7

FINAL THOUGHTS

The information presented in this report helps to tell the story of health and wellness for infants, children, and youth in Sioux Lookout area First Nations. While limitations to the data exist, the findings highlight several areas where the health of our children fares significantly worse than their counterparts in the province of Ontario. Nowhere does this seem more apparent than the limited data on preschool oral health and youth mental health.

We hope that this report can serve as a tool in the continued struggle for Sioux Lookout area First Nations in achieving equity in access to quality health services and other underlying determinants of health. Follow-up measurement of these same indicators in the future will help us to understand if we are moving in the right direction.

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APPENDIX A: DATA SOURCES

Below outlines the different data sources used within this report. Brief limitations of the data sources are described. A more detailed summary of the analyses undertaken for this report is available on request.

Measure	Data Source	Access	Notes
Emergency Department Visits	National Ambulatory Care System	Canadian Institute for Health Information	 31 communities in dataset Data extracted using Ontario residence codes Includes Ontario only ICD-10 Chapter 21 was excluded from analysis
Hospitalizations	Discharge Abstract Database	Canadian Institute for Health Information	 31 communities in dataset Includes Ontario and Manitoba Data extracted for Ontario using residence code Data extracted for Manitoba using Census Subdivision ICD-10 Chapter 21 was excluded from analysis
Nursing Station Visits	Service Administration Log	First Nations and Inuit Health Branch - Ontario Region	 19 communities in dataset Well visit category and Other category were excluded from analysis
Nodin Visits & Referrals	CIMS	Nodin Child and Family Intervention Services, SLFNHA	• 28 communities in dataset
Newborn and Maternal Health	BORN Information System	Better Outcomes Regis- try Network	 31 communities in dataset Includes Ontario data only Data extracted by postal code
Population and Births	First Nations and Inuit Health Information System	SLFNHA	• 31 communities in dataset
Mortality	Vital Statistics	IntelliHEALTH Ontario	 31 communities in dataset Includes Ontario data only Data extracted by residence code

APPENDIX B: COMMUNITY POPULATIONS, 2016

Below is a breakdown of community populations. The INAC numbers represent both on and off reserve and were obtained through First Nations and Inuit Health Branch. FNIHIS numbers may include both on and off reserve and are obtained from the database at SLFNHA.

Community	INAC On Reserve	INAC Off Reserve	FNIHIS
Bearskin Lake First Nation	480	441	618
Cat Lake First Nation	632	131	777
Deer Lake First Nation	1098	220	1367
Eabametoong First Nation (Fort Hope)	1564	1038	1813
Eagle Lake First Nation	370	243	565
Fort Severn First Nation	554	152	651
Kasabonika Lake First Nation	1104	52	1199
Kee-Way-Win First Nation	580	212	639
Kingfisher Lake First Nation	545	45	594
Kitchenuhmaykoosib Inninuwug First Nation	1161	515	1429
Lac Seul First Nation	943	2493	1336
McDowell Lake First Nation	23	36	33
Mishkeegogamang First Nation	1188	692	1439
Muskrat Dam Lake First Nation	234	198	381
Neskantaga First Nation	357	106	427
Nibinamik First Nation	391	133	487
North Caribou Lake First Nation (Weagamow Lake/Round Lake)	887	256	1205
North Spirit Lake First Nation	445	64	476
Ojibway Nation of Saugeen	105	128	117
Pikangikum First Nation	2782	104	3071
Poplar Hill First Nation	618	16	676
Sachigo Lake First Nation	553	373	749
Sandy Lake First Nation	2656	405	3065
Slate Falls Nation	209	74	267
Wabauskang First Nation	140	192	218
Wabigoon Lake Ojibway Nation	200	525	470
Wapekeka First Nation	452	10	486
Wawakapewin First Nation	48	25	25
Webequie First Nation	799	115	884
Wunnumin First Nation	592	100	657

APPENDIX C: DATA CATEGORIES

The table below compares the different classification systems used by hospital administrative data (International Classification of Diseases [ICD]-10), and nursing station data (Service Administration Log [SAL]). Hospital administrative data includes both emergency department visits and hospital admissions. The table only includes the categories used in this report.

How it is named in this report	ICD-10 Chapter Name (Block) <i>Examples</i>	SAL Chapter Name <i>Examples</i>
Mental health	Mental and behavioural disorders (F00-F99) <i>Mood disorders (anxiety, depression),</i> <i>mental and behavioural disorders due to</i> <i>substance use, schizophrenia</i> * Excludes self-injury	Mental health conditions <i>Mood disorders (anxiety, depression), self-injury,</i> <i>substance use, violence or aggressive behaviour</i>
Respiratory system	Diseases of the respiratory system (J00-J99) Upper respiratory tract infections, pneu- monia, influenza, asthma, bronchitis	Respiratory System Asthma, bronchitis, pneumonia, upper respiratory tract infection * Excludes influenza
Digestive system	Diseases of the digestive system (K00-K93) Diseases of the mouth, stomach, intestines, appendix, liver, gallbladder	Gastrointestinal System Bowel obstruction, dehydration, diarrhea, constipation, peptic ulcer disease
Skin conditions	Diseases of the skin and subcutaneous tissue (LOO-L99) Skin infections, dermatitis, eczema, nail disorders	Skin Conditions Acne, cellulitis, diaper rash, scabies, skin wounds, warts
Pregnancy & delivery	Pregnancy, childbirth and puerperium (O00-O99) Maternal disorders related to pregnancy, complications related to pregnancy and delivery	Obstetrics <i>Gestational diabetes, miscarriage, preterm labour</i> * Excludes delivery
Conditions at birth	Certain conditions originating in the perinatal period (P00-P96) Fetus and newborn affected by maternal factors and complications of delivery, birth trauma, disorders related to fetal growth	N/A

How it is named in this report	ICD-10 Chapter Name (Block) <i>Examples</i>	SAL Chapter Name <i>Examples</i>
Congenital conditions	Congenital malformations, deforma- tions and chromosomal abnormalities (Q00-Q99) <i>Cleft lip and cleft palate, congenital heart disease</i>	N/A
No clear diagnosis made	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	N/A
Injuries	Injury, poisoning and certain other con- sequences of external causes (S00-T98) <i>Injury to body, poisoning, burns, frost- bite</i>	N/A
Communicable Diseases	N/A	Communicable Diseases Chicken pox, hepatitis C, immunization, sexually transmitted infections, tuberculosis * infectious diseases generally reported to public health
Ear, Nose, Throat, and Mouth	N/A	Ear, Nose, Throat and Mouth Toothache, foreign body in the nose, ear infec- tions, gingivitis
Musculoskeletal System	N/A	Musculoskeletal System Chronic pain, dislocations, sprain/strain, arthritis, low back pain
Women's Health and Gynecology	N/A	Women's Health and Gynecology Contraception, abnormal uterine bleeding, breast lumps

Our Children and Youth HEALTH REPORT

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