

Three-Pronged Approach to Address Gaps in Northern Ontario First Nations Emergency Services & Health Related Data



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Background

- Over 25,000 Ontarians in 27 remote First Nation communities have no formal paramedicine or 911 services.¹
- Studies of emergency health conditions have not been conducted in this region for nearly twenty years.²
- Lack of reliable and accessible health data is a critical problem for community health, health equity, and health program development in the remote North.



Adapted from: Orkin A, VanderBurgh D, Ritchie S, et al. Community-Based Emergency Care: An Open Report for Nishnawbe Aski Nation. Thunder Bay: Northern Ontario School of Medicine, 2014. More information available at: www.nosm.ca/cbec.

Purpose

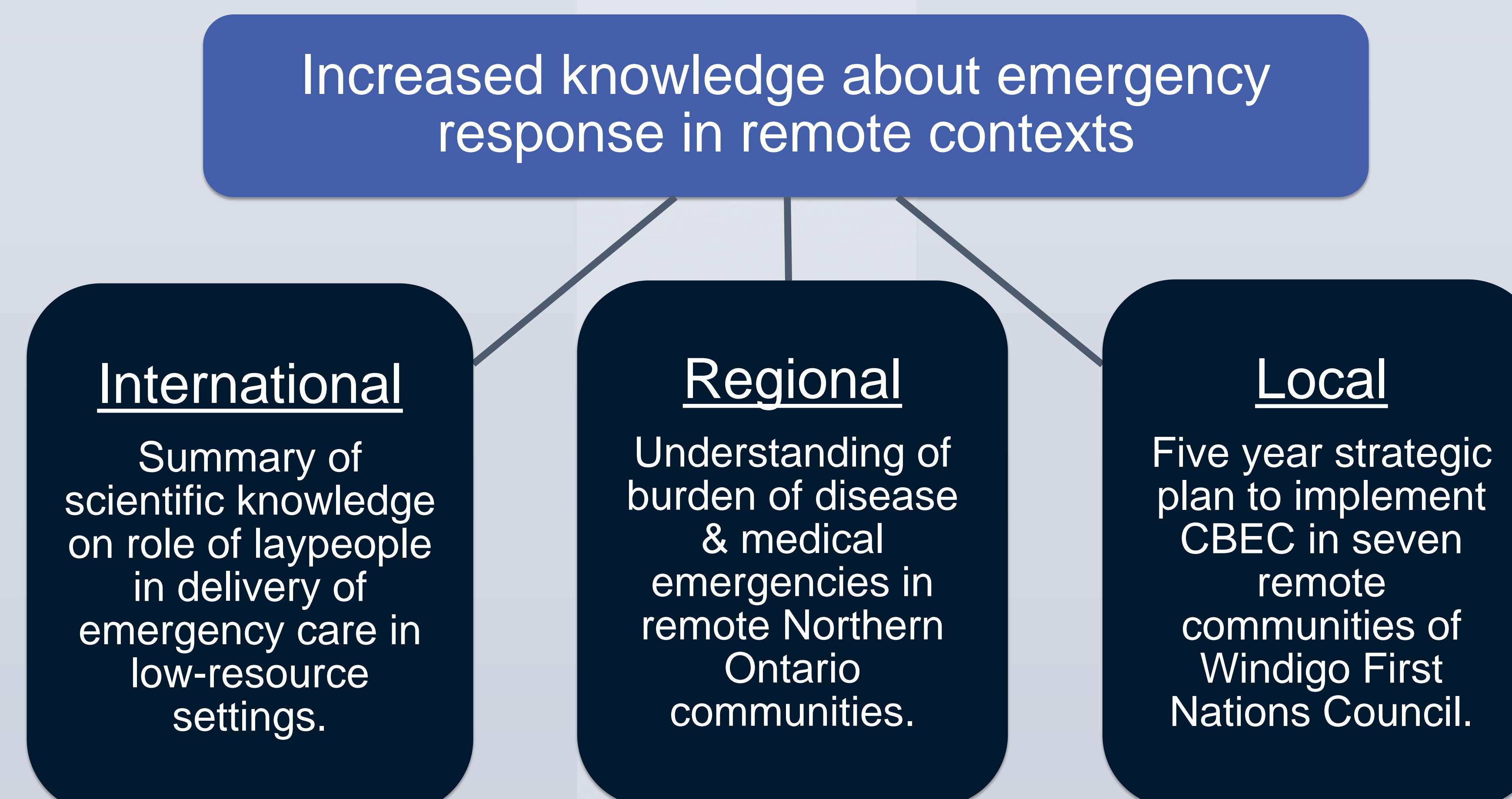
Develop an innovative approach to data acquisition and program development to deepen our understanding of emergency health issues and community-based care in remote First Nations communities.

Methods & Results

Advance a three-pronged approach that seeks data from local, regional and international sources to aid in the development of a Community-Based Emergency Care (CBEC) system for remote communities.

Data Source	Research Objective	Preliminary Results
International systematic review	Understand health effects of training laypeople to deliver emergency care in underserved populations.	<ul style="list-style-type: none"> • PROSPERO No. CRD42014009685. • Reviewers recruited. • ∅6,000 articles collected.
Regional medical transport (Ornge) & emergency services administrative data (James Bay Ambulance Service)	Understand the epidemiology of emergency health conditions in remote communities.	<ul style="list-style-type: none"> • Roughly 1 air evacuation for every 10 people per year in remote Northwestern Ontario. • Multilateral ethical and data sharing agreements in development.
Local knowledge from Windigo First Nations Council (WFNC) Communities	Collaborate with five WFNC communities to develop strategic plan to implement a locally relevant CBEC system.	<ul style="list-style-type: none"> • Collaborative meetings with local Health Directors. • Letters of support and resolutions received from First Nations governance organizations.

Anticipated Outcomes



Development of CBEC

Community-Based Emergency Care (CBEC) is a program to address the lack of pre-nursing station care and formal response services in remote communities.

- Most people must rely on friends and family members for essential care and transport to local nursing stations.^{1,3}
- With CBEC, local community members are engaged in developing and implementing first response emergency care.³
- Pilot project in Sachigo Lake First Nation provided locally appropriate first response training and enhanced the comprehensive management of medical emergencies and community resilience.⁴

Conclusion

- Community-based approaches can be used to overcome an information vacuum, gather new data, and develop new health programs.
- This international, regional and local approach will:
 1. Deepen our understanding of emergency care issues in remote First Nations communities.
 2. Inform emergency care practice and systems in Ontario and beyond.

References

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2. Whitehead, S, Henning, B, Johnston, J, and Devlin, A. 1996. *Developing an Injury Morbidity and Mortality Profile in the Sioux Lookout Zone: 1992-1995*. Project supported by the Canadian Hospitals Injury Reporting and Prevention Program.
3. Orkin A, VanderBurgh D, Ritchie SD, et al. 2014. *Community-Based Emergency Care: An Open Report for Nishnawbe Aski Nation*. Thunder Bay: Northern Ontario School of Medicine. Available at: www.nosm.ca/cbec.
4. Born K, Orkin A, VanderBurgh D, Beady J. 2012. *Teaching wilderness first aid in a remote First Nations community: the story of the Sachigo Lake Wilderness First Response Education Initiative*. International Journal of Circumpolar Health 71: 19002.