Emergency Response Systems and Services in Remote First Nations Communities in Northern Ontario: An Environmental Scan

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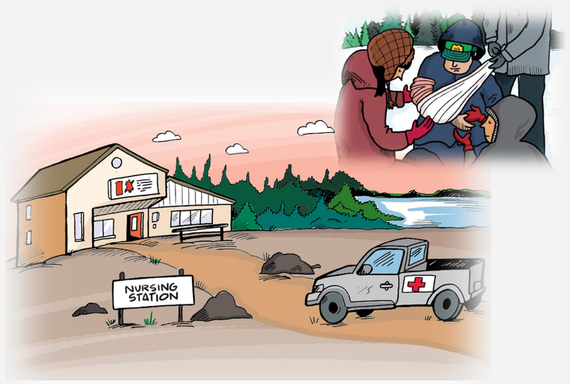
Introduction

- Nishnawbi Aski Nation (NAN) is the political organization representing 7 Tribal Councils and 49 First Nations communities in northern Ontario.
- Over 25,000 Ontarians live in 27 remote NAN communities.[1]
- Sioux Lookout First Nations Health Authority (SLFNHA) coordinates health services provided through local nursing stations.
- BUT, limited information on status of pre-nursing station emergency care in these remote communities.[2]



Purpose

- To better understand the current status of emergency response systems, services, and training in remote FN communities in Northern Ontario.
- Apply an environmental scan (ES) approach that adheres to principles of community-based participatory research (CBPR) and OCAP principles.

Phase I: Primary Sources

Methods

I. Health Director Interviews

- ✧ 10 structured telephone interviews conducted primarily with Health Directors from the Nishnawbe Aski Nation Health Advisor Working Group.
- ✧ All interviews transcribed and member-checked.
- ✧ Inductive analyses using NVivo 9.0 and Microsoft Excel.

II. Multi-Jurisdictional Roundtable

Interpretation of interview results by inter-disciplinary group of stakeholders.

Results

I. Health-Director Interviews

✧ 29 remote communities with no 911 service.
- ✧ Community members provide first response care and transportation.

✧ Existing services include the First Nations Emergency Response Program, James Bay Ambulance Service, and the Sachigo Lake Wilderness Emergency Response Education Initiative.
- ✧ These programs are fragmented and heterogeneous.

✧ Fives Themes identified:
1. Many communities have limited, if any, emergency response capacity and services.
2. Lack of consistent, reliable and standardized telecommunication.
3. Turnover and burnout in volunteer emergency response teams.
4. Inability of nurses to leave nursing stations to respond to emergencies.
5. Challenges related to First Aid training.

II. Multi-Jurisdictional Roundtable[3]

✧ Shared Vision:
- ✧ People in remote and isolated communities should have access to excellent community-based first response emergency care.

✧ Recommended Actions:
- ✧ Develop working group with key partners.
- ✧ Abide by the following principles: community-based, sustainable, capacity-building, collaboration, integration, and excellence.
- ✧ Plan and test model for community-based emergency care.

Phase II: Secondary Sources

Supplemental Literature Review

Methods

Consisted of two parts:
1. Academic and grey literature review:
   - Searched ProQuest, Web of Science, Medline, Scopus, and Google.
2. Targeted web searches of existing programs (in progress):
   - Programs include James Bay Ambulance Service, Red Cross, First Nations Emergency Response Team Program, and Canadian Ranger Program.

Results

✧ 42 articles identified:
- ✧ 10 news articles stating need for improved emergency services. Quotations include:
  - ✧ "Northern Ontario plane crash highlights lack of emergency services on reserves"[4]
  - ✧ "There are no 911 services in remote First Nations. The barriers faced in the delivery of healthcare causes undue suffering and countless losses due to a lack of…local emergency response, [among others]..."[5]
- ✧ Remaining articles offered no novel information.

"Our community doesn't have a program to address emergency response…[nor an] ambulance response service, and that is required. We make use with what we have. We've been lucky so far."

- First Nations health leader

Discussion

- ✧ ES was a flexible and effective method.
- ✧ Existing systems, efforts and programs are grossly inadequate and unsuccessful.
- ✧ Expansion of conventional ambulance or first responder programs would not be an appropriate nor realistic solution.
- ✧ Novel, sustainable, and community-based innovations in emergency health services delivery are urgently needed.

Further Information

Please email
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or visit www.nosm.ca/cbec

References

1. Glazier RH, Gozdyra P, Yeritsyan N. 2011. *Geographic Access to Primary Care and Hospital Services for Rural and Northern Communities: Report to the Ontario Ministry of Health and Long-Term Care*. Toronto: Institute for Clinical Evaluative Sciences.
2. Born K, Orkin A, VanderBurgh D, Beardy 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.
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. Canada NewsWire. 2011, Jul 20. AFN supports calls for action and effective emergency response to fires in Northwestern Ontario. Retrieved from http://www.afn.ca/en/news-media/latest-news/afn-supports-calls-for-action-and-effective-emergency-response-to-fire
5. Nishnawbe Aski Nation. 2015, Apr 28. News Release: Auditor General report shows Ottawa out of touch with health care reality in First Nations. Retrieved from http://www.nan.on.ca/upload/documents/comms-2015-04-28-ag-report.pdf

AO and DV declare a non-financial conflict of interest through their affiliation with the Remote Health Initiative. The remaining authors declare no conflict of interest.

Supported by the Northern Ontario Academic Medicine Association (NOAMA) AHSC AFP Innovation Fund award and the Indigenous Health Research Development Program (IHRDP).