



**Health Council of Canada
Council Meeting
Happy Valley-Goose Bay, Labrador
November 24-26, 2009**



November 24 (a.m.)



Leo Abbass, Mayor of Happy Valley-Goose Bay, welcomed the Health Council of Canada to Labrador for its November Council meeting at the Labrador Grenfell Regional Health Authority. Abbass shared his experience with medical students coming to Happy Valley-Goose Bay from Memorial University of Newfoundland (MUN). Last year, while spending a day with two students new to the area from St. John's, Abbass was pleased to hear how they had come to be in the community: "We were lucky, we got to choose first,"

indicated one of the students, who said their names had been chosen early by lottery. "Medical students find the opportunities here are second-to-none," said the mayor, adding that one of last year's students had hoped to get to Nain. "There doesn't seem to be a problem with recruitment [of doctors] here," he concluded. "We do not charge them property tax, and we plough their driveway."

November 24 (p.m.)

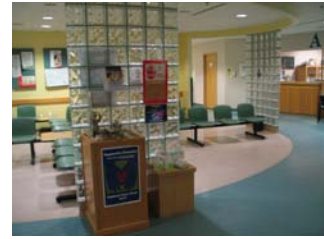
Mr. Boyd Rowe, CEO of the Labrador-Grenfell Regional Health Authority, described the challenges encountered and the successes achieved by the Authority's 1,475 employees who serve just under 40,000 people, spread over an area equivalent to that of all of the remaining Atlantic provinces combined.



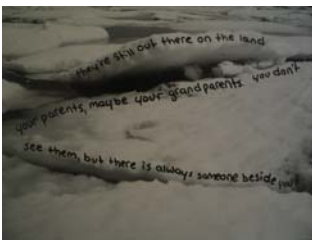
With geography being an important influence on accessibility to health care services, Rowe announced a new road being completed this week that will, for the first time, enable road travel from Forteau, near the Quebec/Labrador border, through Cartwright, to Happy Valley-Goose Bay. Up until now, most coastal communities in Labrador have been served by scheduled medical flights to and from Happy Valley-Goose Bay. For tertiary care needs, area residents are flown by provincial air ambulance (MEDEVAC) to St. John's or other tertiary centres, using King Air aircraft, one based in St. John's, the other in St. Anthony.



Rowe said the Labrador-Grenfell Regional Health Authority partners with Inuit, Innu and Métis organizations in health service delivery. He described the issues of greatest priority as: strengthened child, youth and family services; integrated health information management; an enhanced culture of safety for both patients and staff; and an updated regional health service delivery plan. In attaining these goals, Rowe said they faced some unique challenges, among them the fact that the percentage of children in care [in the region] was larger than in aboriginal populations anywhere else in Canada.



In Rowe's opinion, certain decisions made early on have worked well for health care providers and patients alike. One of these has been around physician compensation: "Most of our physicians are salaried and are located in our facilities, with the exception of Labrador West, where fee-for-service exists, but where physicians still look after inpatients in hospital." Rowe added that, for specialists, there was an incentive that provided them with up to half of another salary for services provided. Rowe identified the facilities that employ physicians in the region as: the Charles S. Curtis Memorial Hospital in St. Anthony, the Labrador Health Centre in Happy Valley-Goose Bay, and the Captain William Jackman Memorial Hospital in Labrador City, the latter to be replaced with a new centre.



In addition to the larger facilities, Rowe described three community health centres serving Labradorians in Forteau, Flower's Cove and Roddickton, plus four long-term care facilities, and 14 community clinics visited by physicians for four days each month. To help staff locate in some areas, he said the Authority was putting homes in some communities for its staff to live in, and that staff housing was subsidized.

Rowe spoke highly of the region's many partners in care, including the Grenfell Foundation. He also praised university involvement, saying: "We have benefitted [hugely]. We operate part of a family practice residency program for six to seven months per year, and we've had a lot of success in placements here as a direct benefit of that program." Fortunately, this inflow outweighs out-migration, which Rowe said pulls local medical graduates in the opposite direction: "We have only four to five Labradorians who have graduated medical school and none of them are practicing in the region."





Rowe described the Authority's ability to provide diagnostics as varied but potentially improving in locations such as Nain, where they have entered into an agreement with the First Nations and Inuit Health Branch, Health Canada, and Dalhousie University to look into robotic technology: "We will [undertake] a project in Nain with a robotic arm, [which may lead to some new approaches to care]."

Rowe described other ways in which the Authority was working to ensure medical care for all:

"[As concerns pregnancies], we generally bring [expectant mothers] here two weeks before delivery. For dialysis patients, we offer a four-station unit in Happy Valley-Goose Bay, and there is a six-station unit in St. Anthony. We're looking into something in Labrador City, although there isn't the same kind of demand that we have in other regions. Dental services are an issue. We still offer dental services in some parts of our region; in the early 1990s we had an interest in having dentists set up practice, so now it is only in the southern region where salaried dentists provide services."

When asked if there was a link between the types of health and community services, and health protection and promotion, Rowe replied there was: "That is very much a function of our health care team; we work collaboratively with the aboriginal communities, [and with] nursing and health promotion services." He said that in 1999 this [responsibility] was given to the aboriginal organizations, but that legislation still holds the province responsible for delivery.



Photo: Mr. Boyd Rowe (left); Dr. Jeanne Besner, Chair, Health Council of Canada (centre); Mr. John G. Abbott, CEO, Health Council of Canada (right).

Rowe concluded that geography, travel, recruitment and retention would continue to challenge the Labrador-Grenfell Regional Health Authority. However, he was pleased by accomplishments such as a mobile mental health team (the Labrador integration project), and the purchase of new CT equipment for the region.

A region of demographic contrasts, as described by Mr. Rowe:
The birthrate in aboriginal communities is still on the upswing, so the north coast does not follow the same trend as the rest of the province or country. We're seeing an older population in Labrador City. Also in southern Labrador and St. Anthony, it's dramatic [how many] fewer youngsters [there are].



Gail Turner, Director of Health Services, Nunatsiavut Government, Labrador, spoke about the complexities of delivering health care in a region serving 7,000 beneficiaries of the Labrador Inuit Land Claims Agreement.

“Primary care in the five communities within our land claim are provided by nurses, with community physicians who visit monthly to provide consults. The main referral centre is at the Labrador Health Centre in Happy Valley-Goose Bay. Tertiary referral is to St.

John’s, St. Anthony and out-of-province,” explained Turner. To this she added that hers is also the only Inuit group in Canada who manages their own non-insured health care benefits. Other influences on health care delivery are geography-bound, for example, the fact that Nain (the largest community) is the only community that MEDEVAC services cannot fly by dark. Turner also raised the issue of balancing resources: “To the residents here in upper Lake Melville, we do not provide community health services and we only do low level home care support; even though we are here, and provide some service, we do not conflict with the province.”

A key message of Turner’s was the state of health disparities for Canada’s Inuit relative to other Canadians. “Looking at life expectancy, there is a 15-year discrepancy between an Inuit and a non-Inuit woman. We are back to 1940s levels. Life expectancy rates are getting shorter, not longer,” said Turner. She added, “On the subject of tuberculosis, we’ve done genotyping and we have the same strain of TB circulating that existed years ago. It has not changed, yet we are the only group in Canada that does not have access to chest x-rays [in our communities].” Suicide rates were likewise concerning, “[Of] the highschool graduating class of 2000, half of them are dead.” Turner further described higher rates of sexually transmitted infections, diabetes, respiratory illness, domestic violence, smoking, alcohol and substance abuse, and rheumatoid arthritis. She said these disparities will be amplified over time: “Within the Inuit world we also have a significant level of out-migration, and the people who require more services are staying in the community.”



In light of these disparities, Turner offered, “As a government, we identify mental wellness as our top priority. A determinants of health perspective must be considered [in order] to reduce the health disparities.” She outlined three such social determinants of Inuit health: acculturation, access to health services, and the creation of a land claim.

Turner explained that acculturation in particular has played out very differently in different regions:

“The key word here is rampant. [This term] refers to the rapid transition from a traditional society to an industrialized society, and it’s [happened over] less than 50 years. The socio-cultural changes have been very pronounced for Inuit and have led to community trauma,



changes in roles between generations, changes in gender roles, changes in relationships with the land, changes in coping mechanisms, and loss of language.”

There are over 52,000 of us [Inuit] in Canada; we're virtually all isolated. We occupy 40% of Canada's land mass and three of her borders, and yet we're not thought about. We'd like to be the ones who create the solutions to our challenges.

– Gail Turner

Turner said that in terms of access to health care services, some things were indeed working well. She described excellent primary care at the community level, good home and community care, good public health, telemedicine, and schedevac.

What does Turner find is not working well at this time? She has found the fee schedule of specialist physicians to be one impediment to care, stating, “Physicians don’t get proper compensation for time and instead of sending images, are scheduling long distance travel [for patients].” Turner also spoke about:

- a lack of acute mental health services (“We don’t have access to psychologists or visiting psychiatrists”);
- the lack of an ethnic identifier to help the Inuit understand where they fit among the Labrador-Grenfell data (“We need some sense of what is it that brings people to primary care so that we can focus on prevention.”);
- a lack of chest x-rays;
- waitlists for primary service (“We have mammography but no one to take the pictures.”);
- a lack of understanding by the Authority and the province of the Land Claim and roles and responsibilities related to it;
- a lack of engagement in health service planning (“This means sitting with us and saying, ‘How will this meet your needs?’, but often we are just presented with plans.”);
- the absence of any escalator in funding for home and community care;
- the challenge of recruiting and retaining health care providers in isolated northern communities, despite providing free housing for nurses (“We can’t have economies of scale; we can’t have a half-nurse. And [for those who are here] it costs \$850 to fly from Nain to Goose Bay alone, in a system that has minimal flights and [operates as] a monopoly.”); and
- an excessive bureaucracy for aboriginal health.

It [takes years to understand] all the government agencies that have responsibility for Inuit people. Do we really need all these people making decisions about our health? They all want us to advise them about us so they can make decisions about us.... [Ultimately], self determination is a powerful determinant of health. [One chief has expressed that he] longs for the day when we have control over what makes us sick.

– Gail Turner

Turner expressed pride in what the Nunatsiavut Government has managed to accomplish in the last four years, specifically:

- Holding discussions on alcohol issues within communities;
- Developing a new health and wellness strategy by the Inuit for the Inuit;



- Writing a standardized process for addressing tuberculosis;
- Developing an Inuit program for daycares;
- Revitalizing Inuit drumming;
- Addressing the nursing shortage by reviving a model called the Community Health Aide – young women from the community who provide continuity of services, looking after the home delivery program and public health, even taking and reading TB tests;
- Training home support workers based on modules that include verbal and observational testing, and the co-operation of Inuit community members as “models”;
- Creating a behavioural program based on Alaska’s for helping children with ASD; and
- Forging a strategy for the revitalization of the Inuktitut language.

The list of accomplishments was substantial. At the same time, Turner’s message was equal parts of optimism that more could be done and of urgency that more must be done now, in order to keep the health disparities gap between Canada’s Inuit and non-Inuit from widening further.



Dr. Dennis Rashleigh, Chief of Staff, Labrador Health Centre (left)



Mr. Boyd Rowe, CEO, Labrador-Grenfell Regional Health Authority (left); Dr. Ian Bowmer, Councillor (centre); Mr. Larry Bradley, Former Chair, LGRHA



Delia Connell, VP/COO, Community Services and Aboriginal Affairs, Labrador Grenfell Regional Health Authority (left) with Shirley Hawkins, Sr. Mgr. Stakeholder & Government Relations, Health Council



Dr. Jeanne Besner, Chair, Health Council of Canada (left); Gail Turner, Director of Health Services, Nunatsiavut Government (right)



Theresa Blake, Executive Assistant to Boyd Rowe, LGRHA (left); Germaine and Mary Pia Benuen, Sheshatshiu Innu First Nation



Dinner presentation



November 25, 2009

Mani Ashini Health Centre, Northwest River/Sheshatshiu

