

Approaches to Community Wellbeing



Sioux Lookout
First Nations
Health Authority

Anishininiiwug Ajimoowin
Animisewiinan – First
Nations' Stories of
Hardship



Acknowledgments

Land

- The Sioux Lookout First Nations Health Authority is located on the traditional territory of the Lac Seul First Nation, signatory of Treaty 3, and the traditional territory of the Fort William First Nation, signatory of the Robinson-Superior Treaty.

Knowledge Carriers

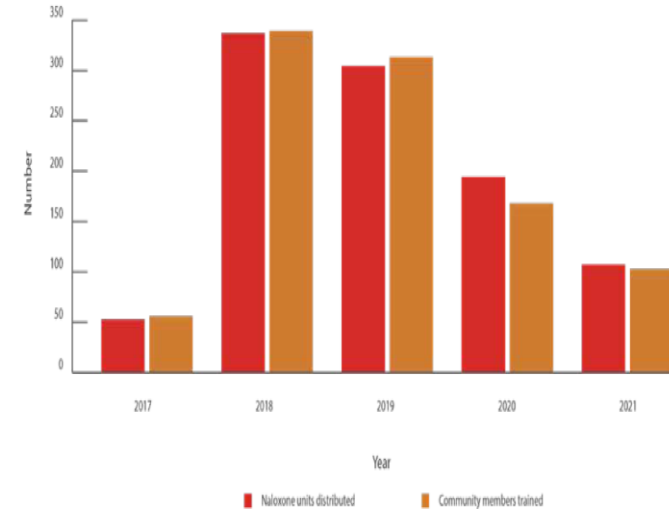
- Chi-Migweetch to Emma Neshapinase

Shared Knowledge

- First Nations Health Authority, Canadian Aboriginal AIDS Network (CAAN), Northwestern Health Unit, Thunderbird Partnership Foundation, Canadian AIDS Treatment Information Exchange (CATIE), Wolf Creek Consulting Collective, and Ontario Harm Reduction Distribution Program

What We Will Talk About...

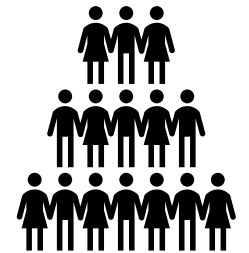
- Who We Are
- Mental Health and Substance Use Report- Key Findings
- Substance Use and Recommendations from the Report
- Harm Reduction 101
- Indigenous Knowledge and Harm Reduction
- Understanding Substance Use and Roots of Addiction/Connection



Sioux Lookout First Nations Health Authority

What is the Sioux Lookout First Nations Health Authority?

- The Sioux Lookout First Nations Health Authority (SLFNHA) serves 33 First Nation communities in the Sioux Lookout region in Ontario, Canada. Mandated by the leadership in these communities, our organization is dedicated to strengthening First Nations by contributing in unique ways to a strong health system for the Anishinabe.
- The health system has many partners with varying degrees of responsibility:
 - First Nations
 - Tribal Councils
 - Government of Canada – Treaty responsibilities
 - Other health organizations (e.g. Nishnawbe Aski Nation, etc.)



SLFNHA's Vision, Mission, and Values

Our Vision

- Resilient and healthy Nations supported on their path to wellness.

Our Mission

- Transforming the health of Anishinabe people across Kiiwetinoong by providing community-led services and a strong voice for their community health needs.

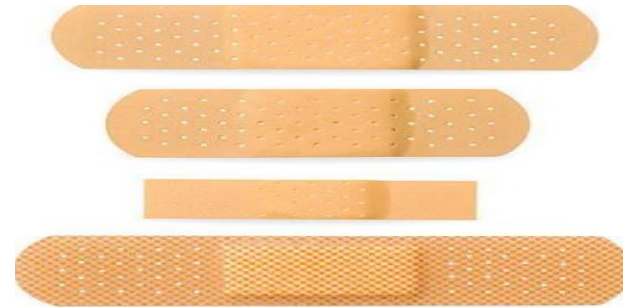
Our Values

- We value respect, relationships, culture, equality, and fairness. We work to protect the Anishinabe teachings of love, courage, respect, wisdom, truth, honesty, and humility.



SLFNHA and Public Health

- In 2006, SLFNHA developed an extensive plan for health services in the region, called the Anishinabe Health Plan
- Public health was identified as a gap and an area of health with several challenges
- In 2010, an assessment of public health services in the region was conducted, and the Sioux Lookout area Chiefs mandated SLFNHA to develop a regional public health system



Approaches to Community Wellbeing

- Regional integrated Public Health System called “Approaches to Community Wellbeing”
- First Nations Governance
- Unique public health model that fits the needs, values, and priorities of the First Nations communities
- Adaptable system that can be tailored to each community



Approaches to Community Wellbeing

The original title for the ACW project was “Public Health Model”, but community members did not identify with the term.

Communities do not use “Public” – they use “**Community**”.

“**Wellbeing**” also offers a more wholistic view of health.

And finally, “**Approaches**” was determined to be more appropriate than “Model.”



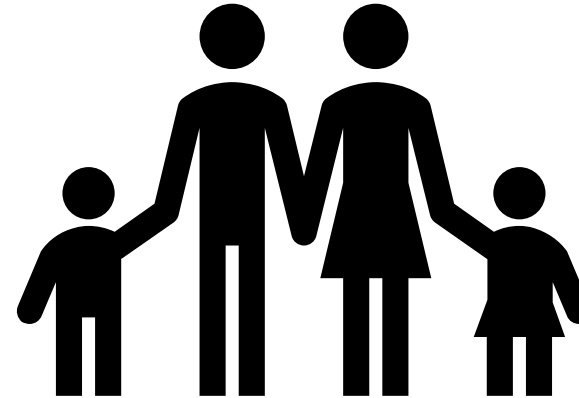
ACW Vision and Values

Vision

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

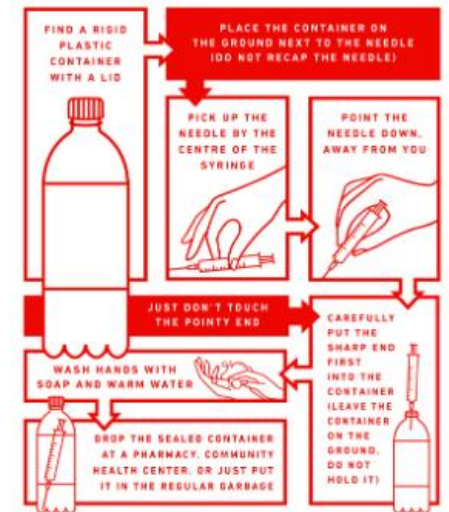
Values

- The Teachings of Our People
- Language
- History
- Family
- Wholistic
- Honour Choices and Respect Differences
- Share Knowledge
- Connection to the Land
- Supportive Relationships and Collaboration



ACW Goals

- Improved approaches to community wellbeing, which are integrated, wholistic, sustainable, and proactive.
- Increased community ownership over our health and health system
- More people leading the way who are committed to healthy communities
- Safer communities
- More people making healthy choices
- More children are being raised to be healthy community members
- Increased connection to the teachings of our people

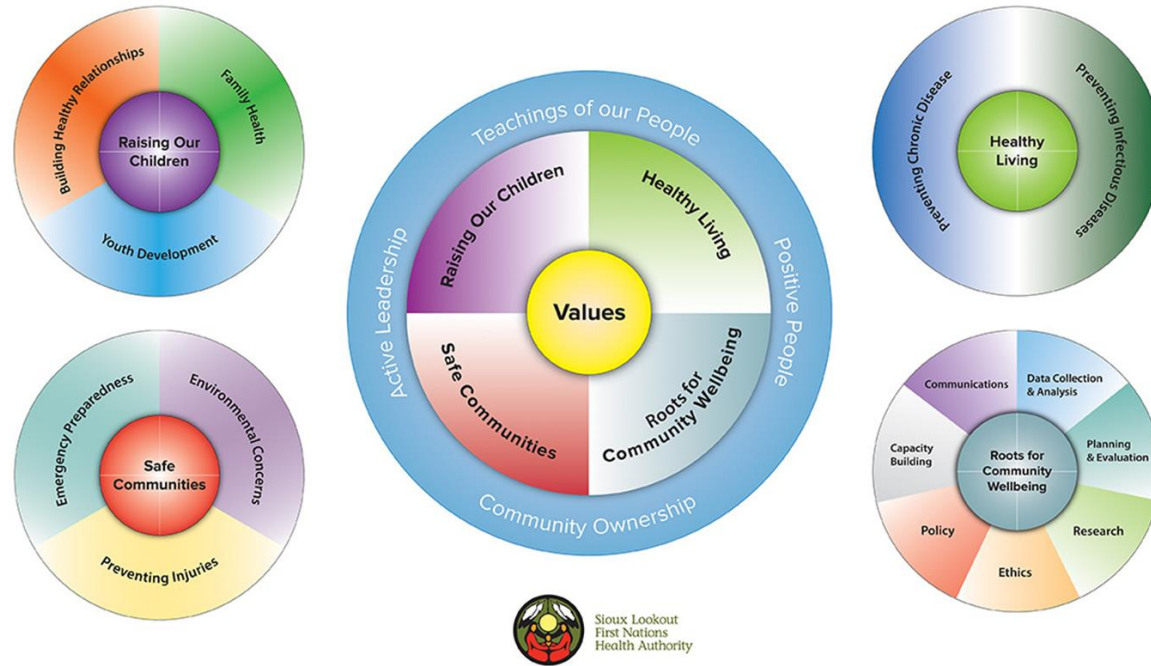


Approaches to Community Wellbeing



Approaches to Community Wellbeing Model

Approaches to Community Wellbeing



For more information contact the Approaches to Community Wellbeing Team at 1-800-842-0681

February 2015

ACW Mental Health and Substance Use Report

- The Mental Health and Substance Use report was developed specifically for the Sioux Lookout area First Nations, aiming to understand the status of mental health and substance use among their members. Data was gathered between 2011-2023.

Summary of Nursing Station Visits

354,935 visits in 17 nursing stations
in the Sioux Lookout area First Nations

Average

3.8 visits

per person per year

Average

10.4 visits

per 1,000 population

Top 5 reasons for Nursing Station visits

1.



Skin

2.



Eyes, Nose, Mouth,
and Ear

3.



Musculoskeletal

4.



Mental Wellness
and Substance Use

5.



Respiratory

ACW Mental Health and Substance Use Report

- The report underscores that unresolved colonial policies and intergenerational trauma, along with inadequate social determinants for mental health, health disparities, limited access to mental health and substance use services, and shortages of mental health professionals and substance use specialists, have contributed to an environment where anxiety, depression, suicidal ideation, suicide, and addiction deeply affect the people within the First Nations communities.
- The findings have shown there is an urgent need to provide an epidemic-level response to address mental health and substance use challenges in Sioux Lookout area First Nations communities.



Key Findings

- The ambulatory visit rate for mental health increased by **168.0%** between 2011 and 2021, from **9.8 visits per 1,000** population in 2011 to **26.3 visits per 1,000** population in 2021.
- Ambulatory visits for mental health by females increased by **244.0%**, from **107 visits per 1,000** population in 2011 to **368 visits per 1,000** population in 2021

Mental health and substance use was the **4th** most common reason for nursing station visits.

Substance use ambulatory visits increased by **302.0%**, from **18.2 visits per 1,000** population in 2011 to **73.2 visits per 1,000** population in 2021.

Key Findings

- Rates of emergency department visits for mental health and substance use among Sioux Lookout area First Nations Band members surged from **105.9 per 1,000** population in 2011 to **244.4 per 1,000** in 2021. The 2021 rate was **14 times** higher than the provincial rate of **17.4 ED visits per 1,000** population

ED visit rates for mental health and substance use per 1,000 population were consistently higher for males, with **248.9 visits per 1,000 population** in 2021 (up from 117.8 in 2011), and for females, with **239.6 visits per 1,000 population** in 2021 (up from 93.4 in 2011).

Key Findings

- Hospitalization rates for mental health and substance use among Sioux Lookout area First Nations band members rose from **16.2 per 1,000** population in 2011 to **31.5 per 1,000** population in 2021.

Hospitalization rates for mental health and substance use among Sioux Lookout area First Nations band members were **6.1 times** higher than the provincial rate of **5.2 per 1,000** population in 2021.



Key Findings

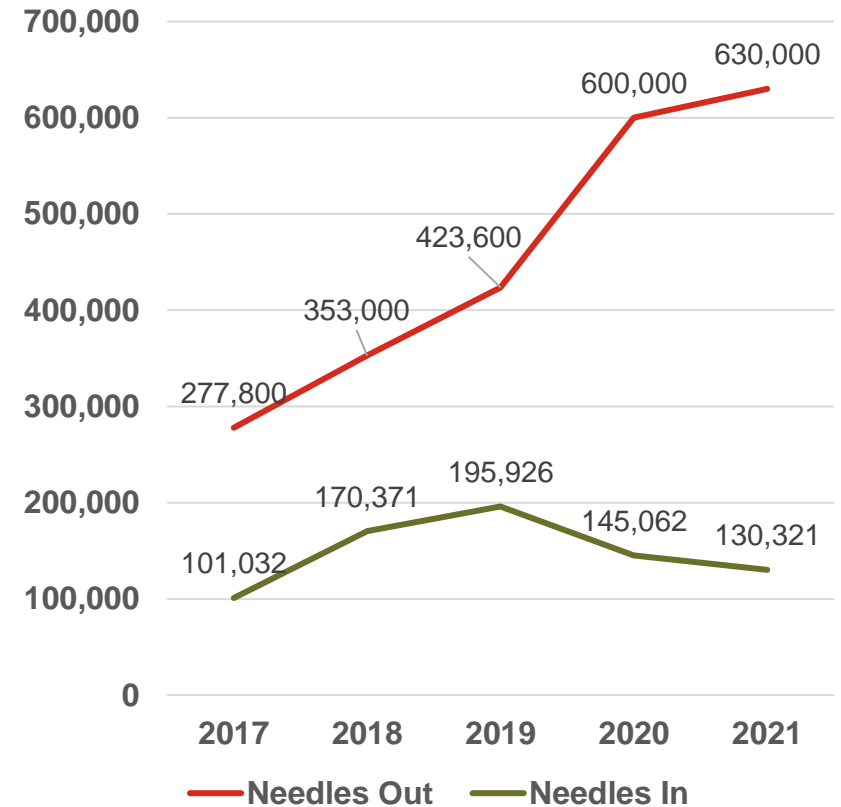
- Between 2011 and 2021, among **404 unnatural deaths** in Sioux Lookout area First Nations communities, the age groups of **20-29 years** and **30-39 years** accounted for the highest proportions of these deaths at **20.5%** and **19.1%**, respectively. The **15-19 years** age group accounted for **15.6%** of unnatural deaths.

Suicide by asphyxia was a significant cause of unnatural death among young people. **70.5%** of the unnatural deaths among individuals **aged 10-14 years** were by **asphyxia**, and **76.2%** of the unnatural deaths among individuals aged **15-19 years** were by **asphyxia**.



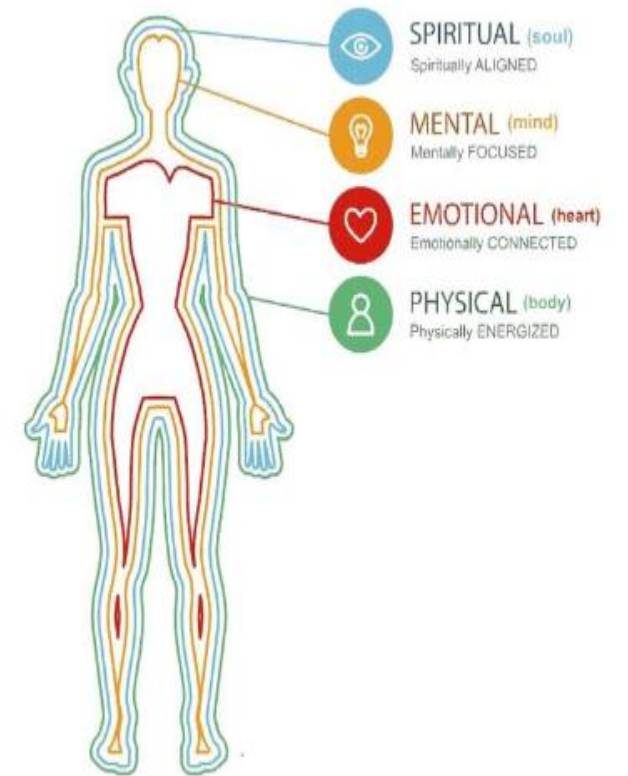
Key Findings

- Between 2017 and 2022, an annual average of **5,478 needles** were distributed to Sioux Lookout area First Nations communities. The total number of needles distributed **increased substantially (127.4%)** from 2017 to 2022.
- Between August 2020 and May 2023, NAN HOPE assisted **1,917 individuals** of which **627** were **youths**, and over **60%** were aged **18-29**.
- The top issues presented by clients included **trauma, abuse, anxiety, depression, loneliness, stress, grief/loss, suicide, self-harm, and substance use treatment**



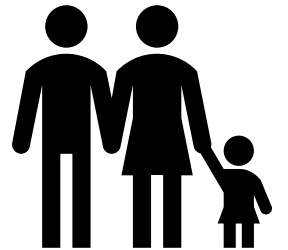
Recommendations

- **Grief and Loss Support:** Provide extended and timely support to help community members cope with ongoing grief and loss, extending beyond short-term crisis intervention.
- **Addressing Systemic and Structural Gaps:** It is essential to recognize and address the ongoing impact of colonial policies, inadequate infrastructure, staffing shortages, service delivery problems, funding limitations, and unfavorable social determinants of health.
- **Promoting Wholistic Health Approach:** Adopt a wholistic approach that recognizes the interconnection of mental, physical, emotional, and spiritual wellbeing.



Recommendations

- **Suicide Prevention:** Focus on risk identification and intervention to prevent suicide, especially unnatural deaths like suicide by asphyxia.
- **Youth-Specific and Family Support Programs:** Develop and fund youth-specific mental health and substance use programs to recognize the unique challenges faced by young people.
- **Enhanced Community-Based Mental Health and Substance Use Services:** Advocate for developing and expanding a community-based healthcare system for mental wellness and substance use services within First Nations communities.



What is Harm Reduction?

- An approach and movement that is rooted in public health and human rights that refers to strategies, interventions, practices, and services that seek to reduce the impacts of harms associated with substance use.
- Policies, programs, and practices that aim to keep people safe from any activities of daily living.



Harm Reduction Continued....

- Reducing deaths, disease, and injuries from high-risk behaviours, especially related to psychoactive substance use and can include (but does not require) abstinence.
- Support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families, and communities to be safer and healthier.



Principles of Harm Reduction

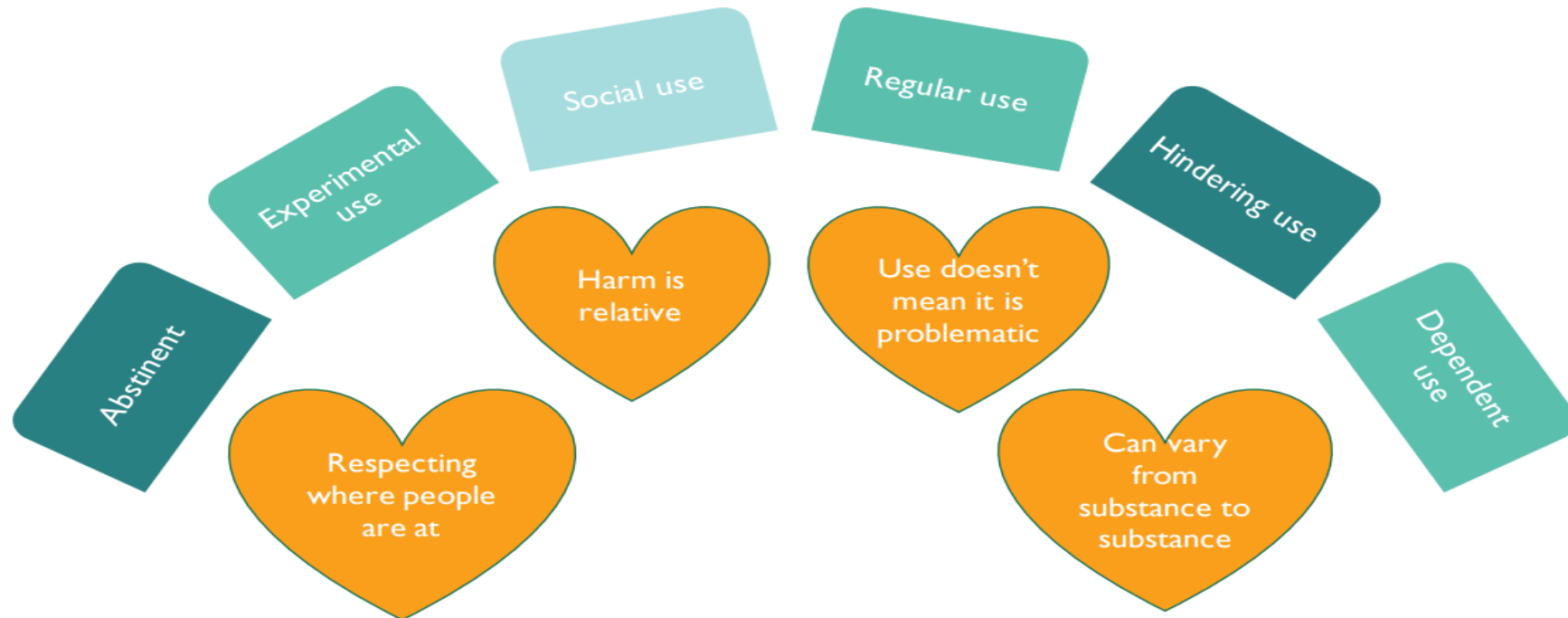


Harm Reduction



Understanding Substance Use

Harm reduction is a continuum...



Indigenous Knowledge and Harm Reduction

- Harm reduction is a way of being that helps people (no matter what their choice is about substance use) to reduce risks associated with substance use for themselves, their families, and their communities.
- It's about understanding that every life is valuable, and everyone has the right to be well.
- Harm reduction helps restore wellness and ensures the Indigenous right to good health.



Continued.....

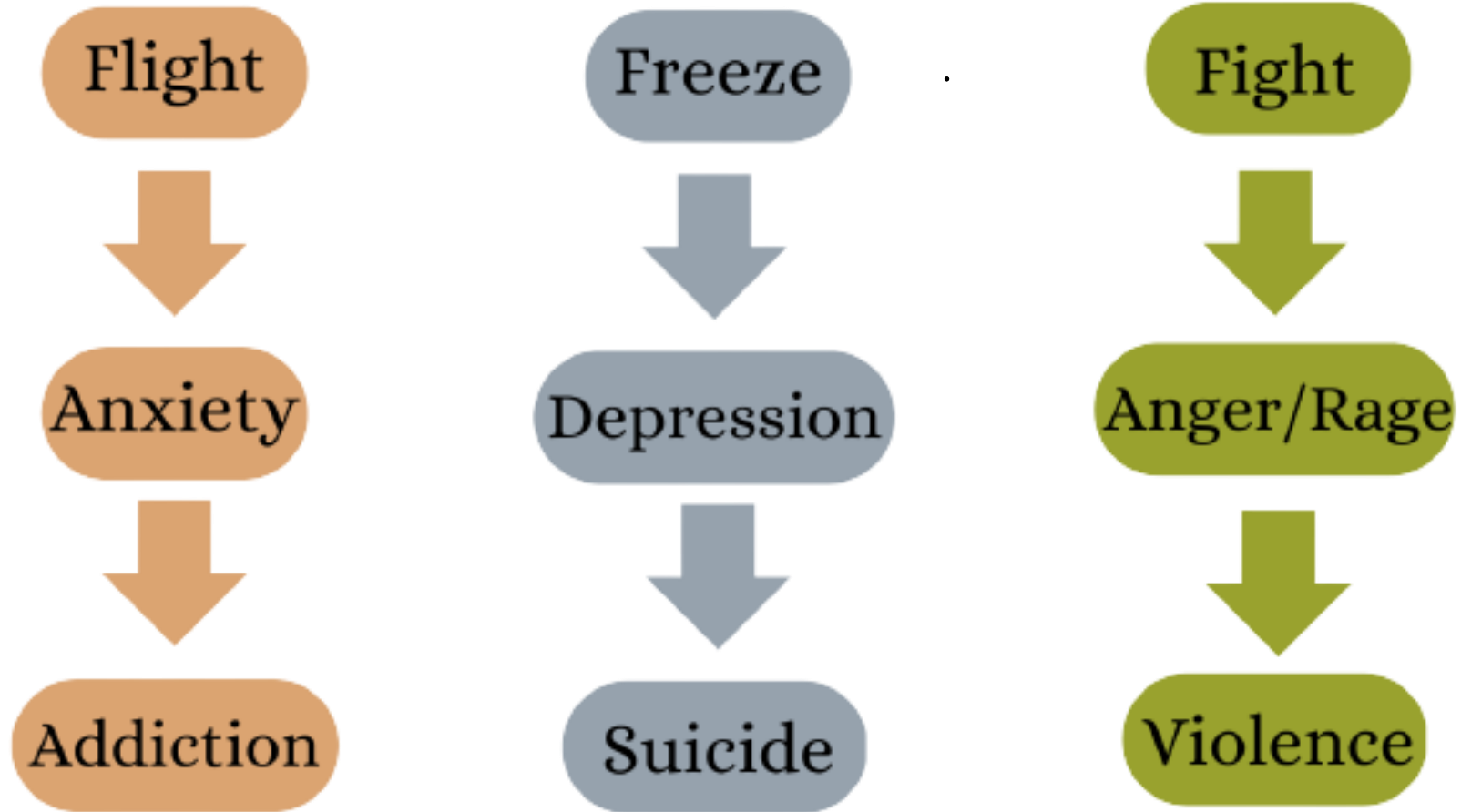
- It is not about making people choose abstinence. It is about life promotion without judgement and stigma.
- Roots of practicing harm reduction include: patience, empathy, connection, inclusion, relationship-building, caring for people who use substances, and providing people with options and services.



Indigenous Harm Reduction



Trauma Braid



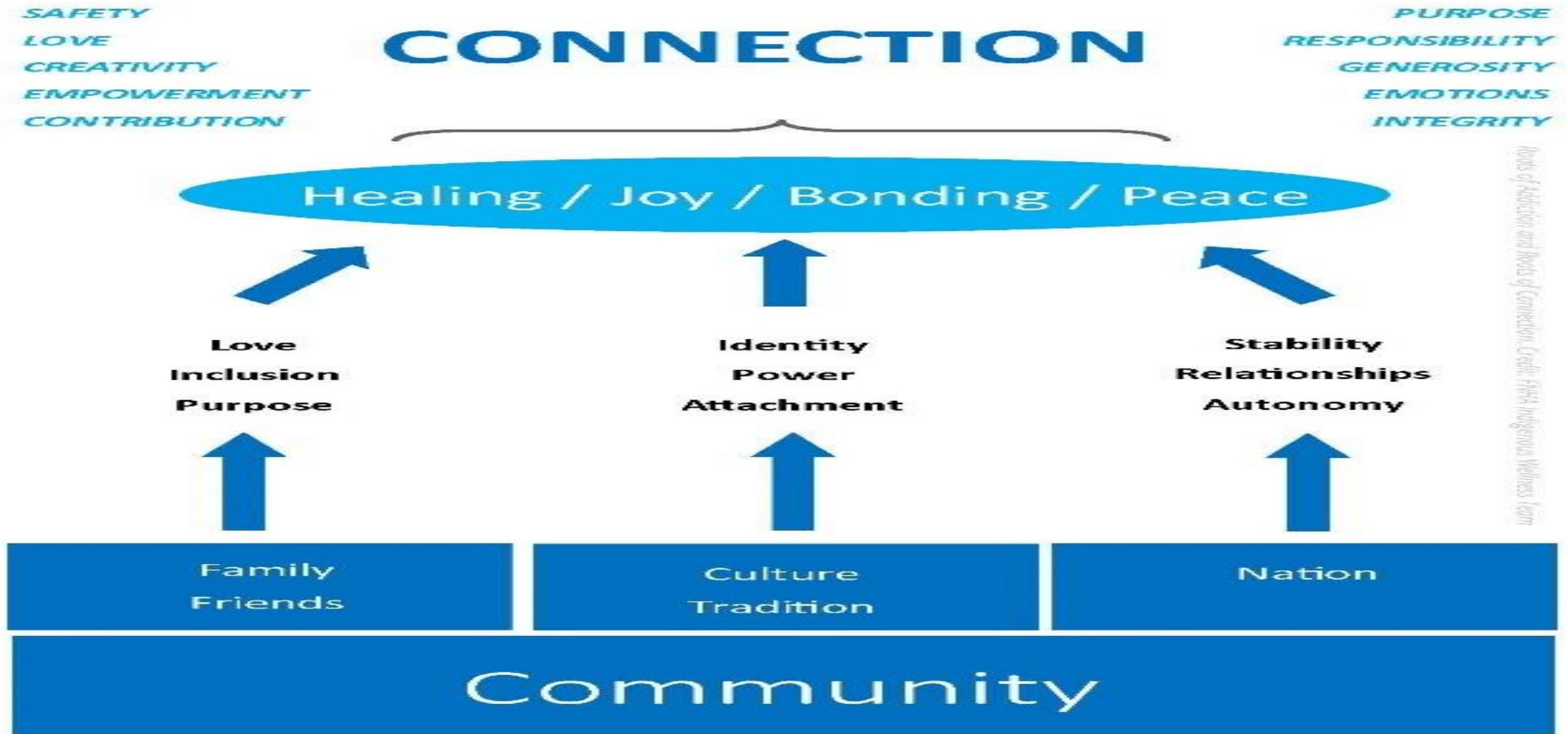
Roots of Addiction



Healing Braid



Roots to Connection



A Wholistic Approach to Harm Reduction

Needle distribution,
suboxone, condoms,
outreach, relationships,
support, education,
dignity, human rights

Fishing, hunting,
storytelling, language,
gathering, art, canoeing,
singing, dancing,
ceremony, drumming,
spending time with each
other, leaving no one out
of the circle

Compassion, mindful
judgement, inclusion,
patience, care,
communication,
meeting people where
they are at

Miigwetch!

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