

PRACTICAL LESSONS LEARNED FROM IMPLEMENTING NUNAVUT'S INUIT CHILD FIRST INITIATIVE SERVICE COORDINATION PROGRAM

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Disclosure

In the past 24 months, Sindu Govindapillai and Taya Tootoo have no relevant financial relationships to declare with respect to content discussed in this CME activity

We do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Outline

- 1. **Context** Inuit child health in Nunavut
- 2. **Barriers** Achieving health in Nunavut
- 3. **ICFI** Background on Inuit Child First Initiative
- 4. **Service Model** Our approach to Service Coordination
- 5. **Impact** Impacts of this work
- 6. **Example** Case Study
- 7. **Future** Changes in Practice

1. Context

2. Barriers

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4. Service Model

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1 Context

Nunavut

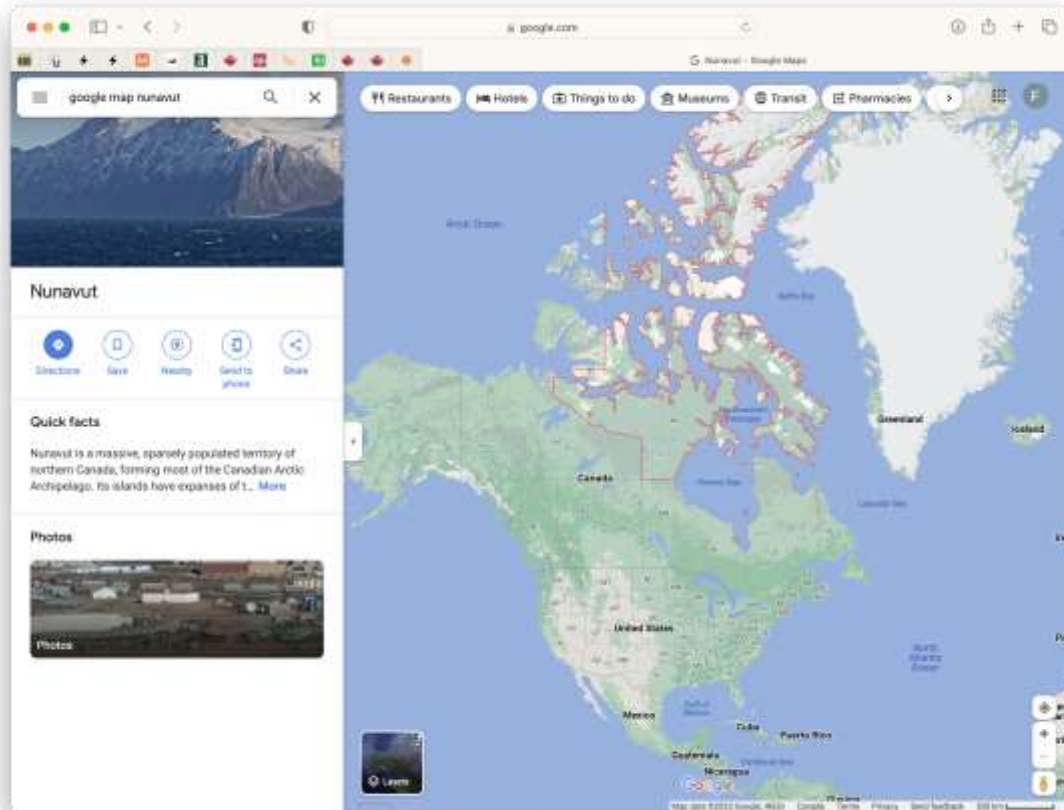


Image Credit: Google Maps

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Realities of Inuit Child Health in Nunavut

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A
**Mental
Health**

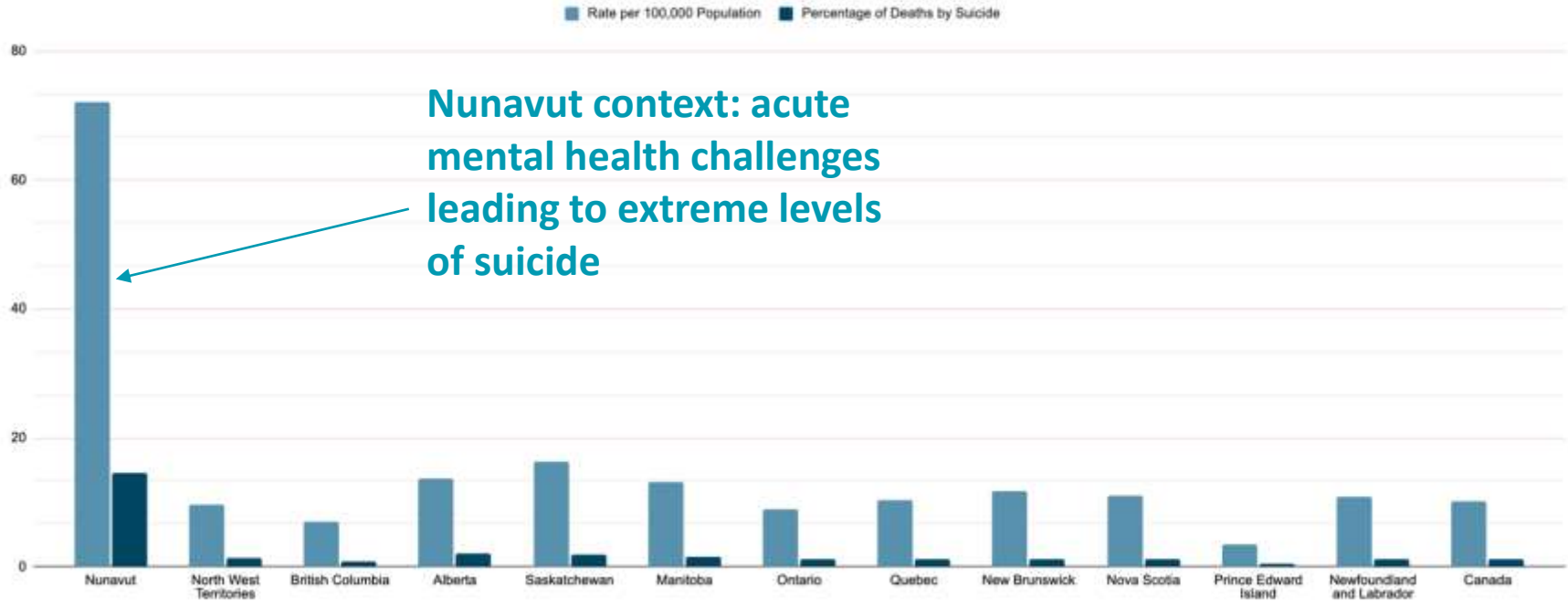
B Tuberculosis

C Malnutrition

D
**Infant
Mortality**

A) Mental Health

Suicide Statistics in Canada



Source: **Statistics Canada. Table 13-10-0801-01 Leading causes of death, total population (age standardization using 2011 population)

B) Pediatric TB



First Nations, Inuit and Métis people in Canada are disproportionately affected by TB

In Nunavut, this disparity is rooted in poverty, overcrowded housing with poor ventilation, and food insecurity, which combined, increase the likelihood of transmission of TB within households, but also weakens the immune system's ability to control TB

A significant concern in Nunavut is mistrust in TB treatment and stigma associated with the diagnosis due to the historical legacy of TB sanatoriums

There is no publicly available data on pediatric TB in Nunavut.

However, the rate of TB in Inuit communities in 2020 was **70.3 per 100,000**, compared to a national average rate of **4.7 per 100,000**

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C) Malnutrition



1. Context

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Nunavut households have the highest rates of food insecurity with **49.4% experiencing food insecurity**

42.7% of households in Nunavut reported food insecurity among the children

Inaccessibility of affordable food has contributed to **undernutrition, micronutrient deficiencies and childhood obesity** in Nunavut

Public health screening in Iqaluit and Igloolik has shown that around **50% of infants 8 months to 11 months old have iron deficiency anemia**

C) Malnutrition

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D) Infant Mortality



Inuit have 3.9 times higher infant mortality rate than the national average and the highest mortality rate of amongst indigenous peoples in Canada

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Source: Public Health Agency of Canada. Key Health Inequalities in Canada: A National Portrait. Ottawa: Public Health Agency of Canada; 2018.

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2

Barriers to Health

Barriers to holistic health for Inuit children

Geography

Transient staffing, health center and service closures, lack of indigenous cultural competency

Racism

Intergenerational trauma

Lack of integration and respect for indigenous knowledge and wisdom

Poor Infrastructure-internet, housing, water

High cost of living

Despite 'Boil Water' advisories in many communities, the cost of water is prohibitive.

Aquafina Purified Water, 500mL Bottles, 24 Pack

Aquafina

24x500mL

★★★★★ (55)

\$7.68 6¢/100mL



Source: Walmart Online Shopping



The remote cost burden

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Unaffordable Food

1. Context
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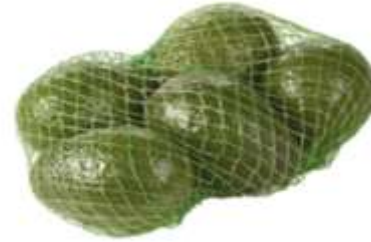
Hellmann's Olive Oil Mayonnaise
890mL

★★★★☆ ~ 672

\$4⁴⁸ (\$0.50/100 ml)

Shop on app and save.

✓prime FREE delivery by Thursday,
Dec 2



Hass Avocados Bag
(1 ea)

\$3.99 ea
\$0.80 / 1ea



Source: Amazon Online Shopping

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3 ICFI

Our Origin Story



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Inuit Child First Initiative (ICFI): Inuit equivalent of Jordan's Principle

- Legal obligation to ensure Inuit children have access to health, social and educational products, services, and supports they need
- Administered by the Government of Canada
- Eligible to all Inuit children under the age of majority
- Requests can be submitted by children, parents, authorized representatives
- Timeline of 12-48 hours to respond to requests

The Legacy of Jordan River Anderson

- Jordan was born in 1999 with multiple disabilities and lived in hospital from birth
- When he was 2 years old, physicians said he could be discharged to a medical home
- However, the federal and provincial governments could not agree on who should pay for his home-based care
- Jordan stayed in hospital until he passed away at age 5

Substantive Equality

A Legal principle that aims to achieve true equality

Some children need additional supports to achieve the same outcomes as other children who have not been similarly disadvantaged

Considers the historical disadvantage of First Nations and Inuit Children

What services can health care providers apply for through CFI?

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Health

Accessibility devices

MH counseling

Medical supplies

Rehab((SLP, OT, PT)

Social

Land-based activities

Specialized summer
camp

Respite care

Educational

Tutoring services

Educational assistants

Transportation

Psychoed Assessments

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4

ICFI Service Model

ICFI Service Model

Individual Service Coordination

A
Help individual children and families access supports to achieve wellness



Programs

B
Build programs that address recurrent systemic gaps in child welfare



Advocacy

C
Advocate for policies to eliminate systemic gaps



Evidence Research + Data

D
Establish evidence for interventions that work to promote child wellness in Nunavut



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5 Impact

Impact on Child Health

Individual Service Coordination

- Iron deficiency anemia
- Specific dietary needs (food allergies, ketogenic diet, diabetes, CSID)
- SIDS prevention
- Asthma control
- Rehabilitation
- Injury prevention
- Support family well being on medical travel
- Non-NIHB funded medications and equipment

Programs

- Speech therapy
- Behavioral therapy
- Sewing
- Country food distribution

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6 Case Study

Doreenda

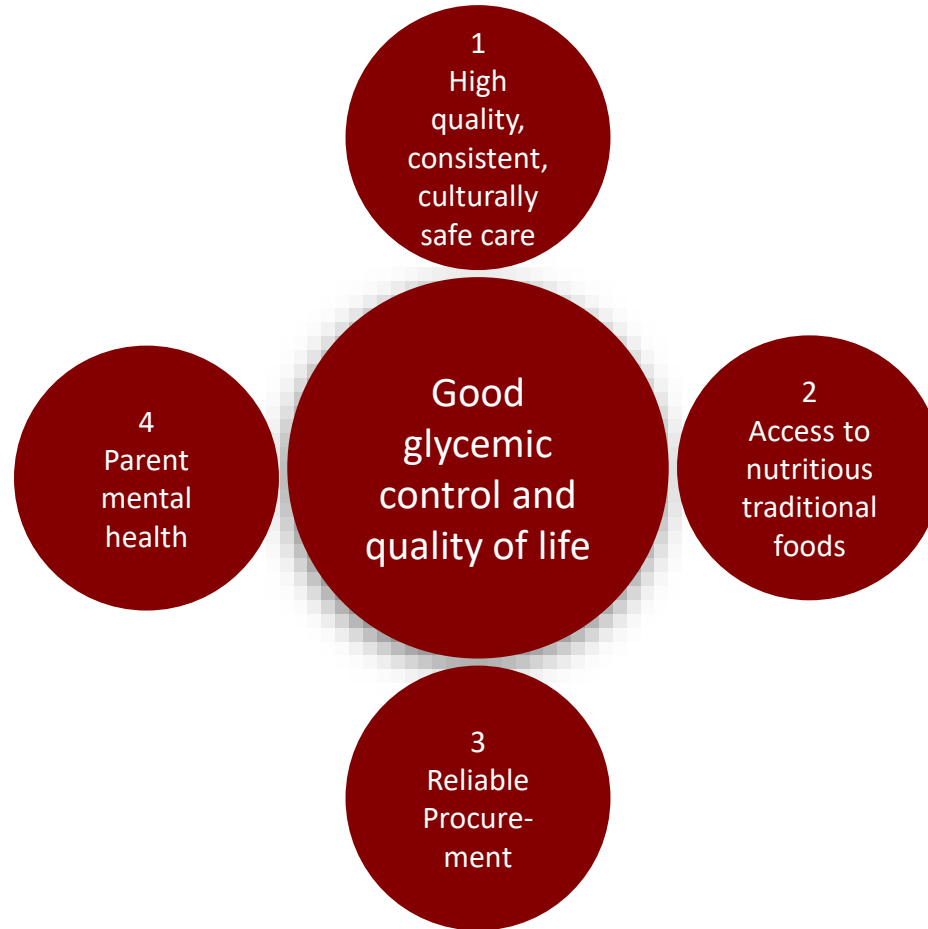


Photo included with written consent

Case History:

- 2 year old girl with type 1 DM diagnosed at 6 months of age
- On MDI insulin regimen with sliding scale
- Currently transitioning to pump
- 3 admissions for hyperglycemia
- Frequent visits to the health center for hyperglycemia
- HbA1C as high as 13%

- Goals:
 - Good glycemic control
 - Minimize hypoglycemia
 - Maintain QoL for parents and child

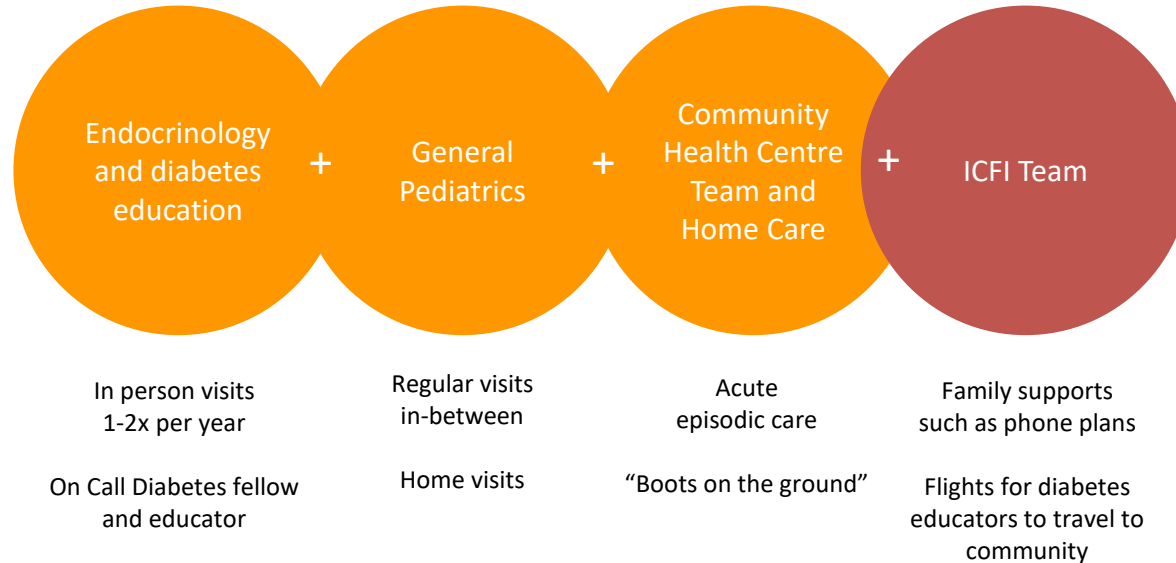


Components of service

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1

High quality,
consistent, and
culturally safe
care



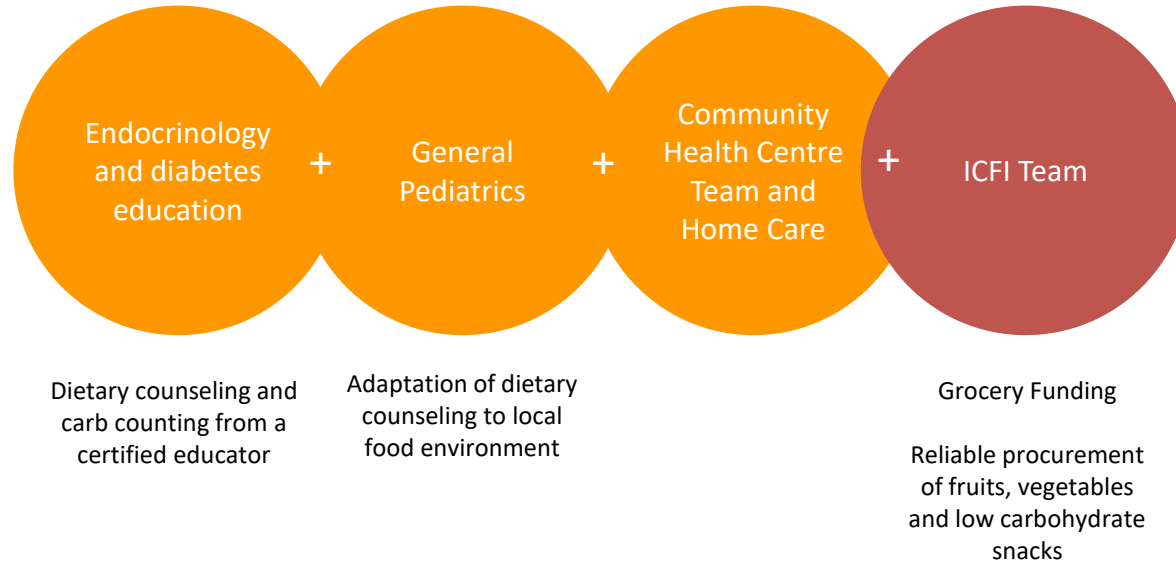
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1. Context
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2

Access to
nutritious
traditional foods



1. Context
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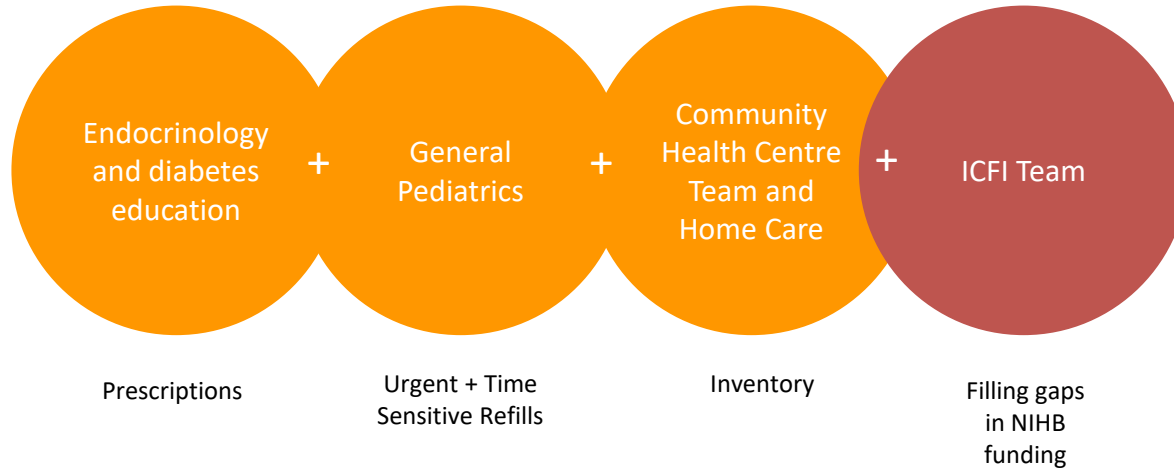


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Conducting a home food audit provided allowed us to tailor a specific culturally-relevant meal plan

3

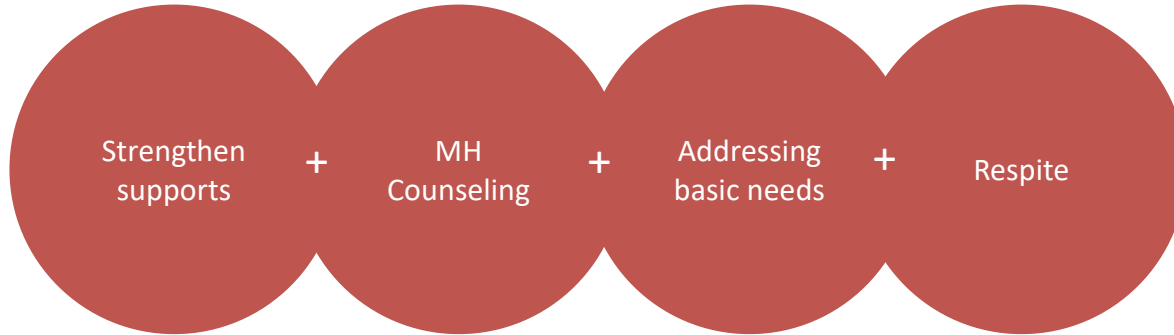
Reliable
Procurement



1. Context
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4
Parent Mental
Health

- 1. Context
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- 6. Example**
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CFI
Intervention
Points

Medical travel
Normalize experiences

Grocery Supports
Beds
Housing advocacy

Filling gaps
in NIHB
funding

1. Context
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- 7. Future**

7 Future

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Changes in Practice

Identify and establish a relationship with local JP/CFI service coordination hub with the express goal of improving pediatric health services delivery for indigenous children

Utilize JP/CFI as a concrete tool to address social determinants of health through:

- Writing letters of support
- Making referrals to CFI service coordination teams
- Informing families how to apply on their own

Qujannamiik

