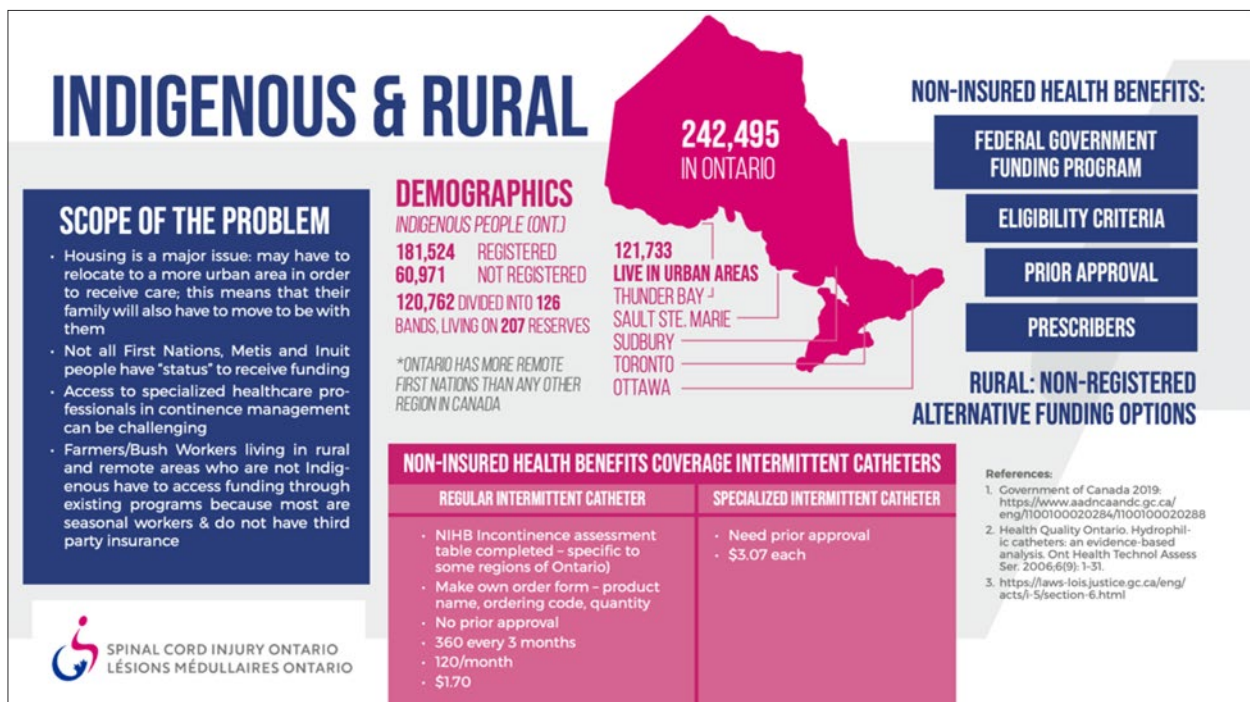




Meeting the needs of Indigenous & rural communities

Meeting the needs of Indigenous & rural communities

What happens in Toronto is vastly different than the experience of people in northern Ontario communities. The needs of Indigenous peoples and rural communities deserve improved community transition and access to specialist nurses.



In Canada, we have about 1.2 million Indigenous Canadians and about a quarter of them live in Ontario. Ontario has the largest population of First Nations, Métis and Inuit people. 181,524 are registered with the federal government and have an Indian status.¹

There has been an increase of Indigenous Canadians who have moved into urban areas to access better housing and supplies. An Indigenous person who has a SCI may not be able to stay on the reserve or in a remote area. They may have

to be transferred by plane to a more urban area in order to receive appropriate care. The entire family is likely to follow. Ahmed et al. (2020) looked at SCI in Aboriginal populations and non-Aboriginal populations.² The statistically significant difference was the ability of the Aboriginal population to be discharged back into the community. Work is needed to address this.

The NIHB is a federal program for all Indigenous people covering the provinces and territories for a range of medically related items, including

intermittent catheters. The Medical Supplies and Equipment program lists who can authorize or prescribe medical supplies and how much money is put against each supply. It can be very challenging to get the paperwork completed to access the funding. There is an eligibility criterion for non-insured health benefits that must be met which are available on the NIHB website. Uncoated straight tipped intermittent catheters are covered and approved in a quantity of 120/month for 3 months and reimbursed at \$1.70 each. However, specialized intermittent catheters, which include the recommended hydrophilic catheters require prior approval. An NSWOC, NP or physician can complete assessment forms covering hydrophilic catheter, reimbursed at \$3.07 each.³

Access to specialist nurses

There is a lack of access to specialized healthcare professionals who are trained in continence management. There are 50 nurses from across Canada who are dedicated to improve wound, ostomy and continence health for Indigenous Canadians. NSWOC launched an Indigenous Core Program in 2018. The NSWOC national standards of practice due for publication in 2021 also address Indigenous Cultural Safety.

It is evident that nurse practitioners or physicians without a specific background in continence may not order enough products which can be problematic since some of these areas are serviced by supply chains. NIHB added NSWOC to the list of prescribers in 2018 of products for continence issues to improve access to specialized care and supplies.

Farmers, bush workers and unregistered Indigenous people

Farmers and bush workers who are working in rural and remote areas, who are not Indigenous, may not have access to funding through the third-party insurance programs because they're seasonal workers and they're not offered the opportunity to have third-party insurance. They may not have access to the internet or are reliant on healthcare professionals educating them on sources of funding. There are 60,971 unregistered Indigenous people in Ontario unable to access funding from the NIHB program.

Recommendations

1. Improve the hospital to community transition of Indigenous Ontarians who have suffered a spinal cord injury or other health conditions that cause bladder dysfunction.
2. Increase access to specialist nurses to improve assessment and timely access to products and supplies by filling out and submitting forms correctly.
3. Determine how to better support farmers / bush workers and non-registered Indigenous Ontarians who work seasonally and who may have limited access to current funding information.

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