

208 *Canadian Aboriginal Children Relocated For Treatment*

RATIONALE: Bridging the gap between the health status of Aboriginal children and youth and the general Canadian population has recently been identified as a national priority. A paediatric referral network currently relocates Aboriginal children and youth from remote, isolated and under-serviced communities along the west coast of James Bay in Ontario to the Southeastern Ontario Health Sciences Centre in Kingston (1500 km away) for specialized investigations and treatment. Research is limited on the availability, accessibility and appropriateness of this paediatric referral network.

OBJECTIVES: The objectives of this study were to determine the reasons for referral of these Aboriginal children and youth to Kingston; to investigate whether these health problems could have been prevented; to determine the strengths and limitations of the tertiary care provided; and to identify any special considerations that could provide more culturally appropriate care for the children, youth and their families.

METHODS: A chart review was conducted of all Aboriginal children and youth admitted to the Southeastern Ontario Health Sciences Centre in 2005. This review was based on a questionnaire developed with input and ethics approval from Weeneebayko General Hospital in the James Bay area. The adequacy and appropriateness of resources available in Kingston for the referred patients and their accompanying relatives were assessed. This was accomplished by making observations on the cultural sensitivity of the inpatient and outpatient facilities, and by interviewing health care providers, Weeneebayko Patient Services personnel (who organize transportation, accommodation, and translation), and Child Life.

RESULTS: Reasons for referral included injuries, neonatal complications, infectious diseases, surgeries, psychiatric problems, as well as inpatient and outpatient specialized investigations and procedures. Strengths of the referral system included the collaboration of physicians with Weeneebayko Patient Services to consolidate patient appointments and their travel to northern clinics to facilitate patient follow-up. Limitations of the system included weather impeding patient transportation and the impact of separation from family on the patient and primary caregiver.

CONCLUSION: Both strengths and limitations exist in the current culturally sensitive health care referral system. One suggestion for improvement involves the effective use of videoconferencing for both medical diagnosis and follow-up (to decrease the need for travel), as well as for facilitating communication between hospitalized children and their families in northern communities. Universal childhood immunization, promoting good antenatal care, and co-operation with other community partners to ameliorate the socioeconomic status of Aboriginal families may also improve the health of Aboriginal children and youth.