

# THE POWER OF DATA

**ESKASONI FIRST NATION, NOVA SCOTIA** – In the language of the Mi'kmaq people Eskasoni means “where the fir trees are plentiful,” a fact that will be apparent to those who have visited the First Nations community. Located in the heart of Nova Scotia’s Cape Breton region, this town is visibly rich in two key resources: warm welcoming people, and jaw-dropping views.

The latter is on full display along Eskasoni’s main road, which makes up eight kilometres of the Bras D’or Lake Scenic Drive. On one side you’ll see the Boisdale Hills, marble-laced peaks populated by the town’s lush firs; on the other is Bras d’Or Lake, Canada’s largest inland sea (and a UNESCO Biosphere Reserve) which boasts a unique array of marine life including oysters, eels, shrimp, and lobster.

But spend a little time here and you’ll see that there’s much more to this First Nation than just picturesque vistas. With a population of more than 3,000 residents residing in some 12 subdivisions, Eskasoni is the largest Mi'kmaq community in the world — and one of the fastest-growing First Nations communities in Canada.

Eskasoni’s birth-rate is 26.6 per 1,000 people (2012), which places it nearly 50 percent above Canada’s (at 18 per 1,000) and the world, which had a rate of 20.09 for the same period.

Like any community in the midst of a population boom Eskasoni has been tasked with a series of challenges in recent years, including a housing shortage, child-care issues, mental health, long-term care, and crime. **June Lewis** knows this first-hand.

As Director of Eskasoni’s **Aboriginal Head Start Program** she’s had a front-row seat to the community’s growing pains over the past two decades. When she helped set-up the early learning program in 1999 it was intended for special-needs children only, but by the end of that year she had a waiting list of nearly 400 applicants. The following year she opened it up to the general population.

**“When you work from a grassroots level you get more input from the communities.”**

## Eskasoni

How First Nations data contributed to positive change in one First Nations community



A dock-side view of Eskasoni, and Bras D’or Lake

These days she oversees 20 full-time students in a small and welcoming space located a short walk from Eskasoni’s Health Care Centre. Lewis says the program has been a key driver behind the progress she’s witnessed in her community over the past decade.

One of the factors of the Head Start program’s success is the fact that it is subsidized and there is no cost to parents. Instead parents are expected to volunteer at the program, which gives them a more direct engagement in their child’s learning process she says.

“Also the curriculum is unique: it’s more flexible than a private daycare or preschool. Kids learn all kinds of things here; our culture, our traditions, our language, even spirituality, along with academics, literacy, and of course play. All of the songs and chants and story time are done in Mik’maq, which is very, very important. Your way of life is incorporated into your language.”

The Aboriginal Head Start Program, which is funded by Health Canada’s First Nations and Inuit Health Branch (FNIHB), is just one of dozens of government programs designed to respond to the needs of First Nations communities.

For years FNIHB — along with Aboriginal Affairs and Northern Development Canada, Public Safety Canada, and other government departments — has relied on data from the **First Nations Regional Health Survey** (FNRHS, or RHS for short) for policy, planning, and renewal purposes. Established in 1997, the RHS is the only First Nations-governed, national health survey in Canada. Overseen by the **First Nations Information Governance Centre** (FNIGC), a First Nations run non-profit, the RHS collects important information in more than 250 on reserve and northern First Nations communities using both Western and traditional understandings of health and well-being.

For FNIHB, data from the RHS has been vital to the funding of dozens of programs and initiatives in First Nations communities, from elder care and vaccine programs, to housing and oral health initiatives.

**Rene Dion**, FNIHB's Manager of Health Information and Policy Coordination, says the community focus of the RHS is what helps to make it such a proven —and powerful — tool for First Nations people and communities.



Director of Eskasoni's Aboriginal Head Start Program, June Lewis, and some of her students

"The RHS is a national survey and that penetrates down to the community level; Statistics Canada designs their surveys on a national level and that's a completely different approach." he says "When you work from a grassroots level you get more input from the communities. That's what sets the RHS apart from most other surveys."

RHS data has also become a key to the continued improvement of the health and well-being of First Nations communities.



**Carol Ann Paul** has been Eskasoni's Home and Community Care Coordinator for four years, and admits that the health needs of the growing community can make her job challenging.

"It's always busy here; it's like a walk-in some days. But clients will still ask for certain staff by name." she explains.

"I oversee five nurses, who do about 1,000 home visits a month... and 60 percent of our 3,000 clients have diabetes." A key part of the strategy to combat diabetes in First Nations communities comes from the Aboriginal Diabetes Initiative (ADI), a FNIHB program committed to strengthening diabetes promotion and prevention activities in communities, boost the number of health care providers, and improve screening and treatment services.

Over the years FNIHB has relied on data from the RHS to support the renewal of the ADI in Eskasoni and more than 600 other communities. It's a perfect example of how the power of data can affect and improve the health and well-being of First Nations communities.

"Like any survey I think people wonder 'What happens with this? Where do my answers go?'" says Dion. "I think it is important to provide communities with the results in order to show them what happens to their answers, but more importantly to also provide concrete examples of how their answers can be used to improve health and quality of life."

**For more information about the RHS and FNIGC, please visit [FNIGC.ca](http://FNIGC.ca)**