

Comprehensive Primary Health Care in the Island Lake Communities: What does it mean and how does it look?

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Introduction: As part of a global project on Comprehensive Primary Health Care (CPHC), this project was designed to identify the health beliefs and values of the residents of Garden Hill First Nation and design a governance model for a CPHC system that would best reflect these health beliefs and values. Initially three neighboring communities were included in the study design, however research activities were not able to continue with these communities. Garden Hill First Nations is an Oji-Cree community in Northern Manitoba with a population of almost 4000 people. There is no year-round road access to Garden Hill. Currently Garden Hill's health services are divided into Primary Care services controlled and administered by First Nations Inuit Health- Health Canada, and public health services controlled by the First Nation. Health challenges include low immunization rates, high rates of sexually transmitted infections, tuberculosis, and chronic diseases including diabetes, and health human resource challenges.

Methods: There were three components to the study. First, a research agreement that appropriately recognized and respected the communities' rights to own, control, access and possess the knowledge generated through the research was negotiated and signed. A literature review was performed to identify any previous articles on First Nations' conceptualizations of health and comprehensive primary health care, other Indigenous definitions of health, or studies on CPHC or Indigenous-controlled health service governance models operating within similar multi-jurisdictional contexts. Lastly, community level data gathering was in the form of modified focus group activities for youth (age 19-29), adults and elders. Activities were modified to be relevant to the age group as well as culturally appropriate. The focus groups were recorded and transcribed, and analyzed by three members of the research team for major themes.

Results: The following themes were identified as either components of, barriers to, or conditions necessary for health: healthy and affordable food, physical activity, healthy body weights, being clean (personal hygiene, home, yard, and community cleanliness), mental health, substance abuse, prenatal health (including traditional midwifery), parenting, link to the land, traditional food, traditional medicine, water, housing, expense of basic necessities, community perspective, community participation/ engagement, community independence, community leadership responsibilities, advocacy, equity, and safe and accessible health care. Of the five criterion of a CPHC system, the third tenet regarding the improvement of social and environmental factors that impact on health was the most significantly emphasized.

Conclusions: The following recommendations derived from the results of this study should be incorporated in future health systems planning: health systems planning should include the incorporation of traditional healing systems; acknowledgement of and action on social and environmental barriers to health through dedicated positions within the health care system; development of community capacities through hands-on teaching and home visits; increased community confidence that they will receive safe and accessible health care through increased community control over primary care and training frontline workers in culturally safe care; and, the use of processes that are support community self-determination and with attention to details such as transportation that will increase community participation.