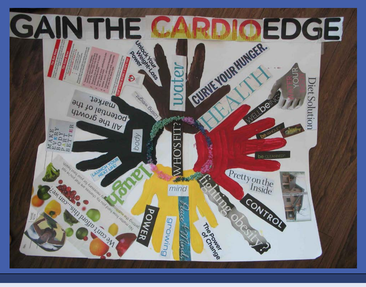

Comprehensive Primary Health Care in the Island Lake Communities: what does it mean and how does it look?

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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 4ooo people. There is no year-round road access to Garden Hill with the only transportation to and from major centers being via air. Garden Hill is surrounded by beautiful lakes and islands, with popular activities being fishing, sledding, and hunting.

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.

It is an ideal time to study CPHC in Garden Hill as the public health system is currently involved in a project to improve program and service delivery, and the provincial government is considering means to improve primary health care.

Objectives

Objectives for this project are divided into the international and local project objectives as follow.

International Objectives;

1. Systematically review recent past experiences of comprehensive primary health care from different regions of the world to determine what we know about how it works, what it needs to work and what it has accomplished
2. Train up to 20 early career primary health care researchers in undertaking new or augmenting existing CPHC research studies, in teams with 'research users' (health policy or program planners) and research mentors (experienced CPHC researchers)
3. Provide financial support to these research teams to undertake their proposed studies
4. Support the building of regional networks of researchers and research users (including civil society groups) to advance comprehensive primary health care as the basis for health system reform in their own countries
5. Create a rigorously sound knowledge base on the role of comprehensive primary health care in improving health equity that can be used in the advocacy work of these regional networks strengthen the People's Health Movement in being a global voice for comprehensive primary health care

Local Objectives

1. Document the conceptualizations of health, health beliefs, and values of the Island Lake residents.
2. Define the type of health care system that will support these health beliefs and values, using the Teasdale Corti definition of Comprehensive Primary Health Care as a starting point.

Methods

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 by the researchers and appropriate community representatives.

A literature review of peer-reviewed academic and grey literature 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. Databases searched included SCOPUS, PubMed and the Journal of Aboriginal Health. Search terms included: Indigenous, Aboriginal, First Nations, Inuit, definition health, wellness. In addition articles were included only if they met the following three criteria:

1. They discuss health in an Indigenous context with preference given to definitions arising from an Indigenous perspective;
2. Have an abstract; and,
3. Have a publication date no earlier than January 2000.

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, as follows.

The *adult group* was held like a conventional focus group. Questions focused on the definitions of health, and the conditions necessary in the community to be healthy. Participants were also shown a plain language definition of CPHC (see insert to right) and asked to comment on the importance of each component of the definition. They were also asked to give examples about how different elements of a CPHC system could operate in the community. For example, how could the health care system lower environmental risks to health, or how can it increase the involvement of community members in making decisions about health programs or policies?

The *youth* were invited to an activity night. They were asked to do art projects that reflect their ideas on what makes them healthy, what makes their community healthy, and how youth can be involved in making sure the health system responds to their needs. They were then asked to describe their pictures, and did so verbally and in writing.

The *elders* were invited to a breakfast, and a focus group designed to be more like a sharing circle was held. Guiding questions were:

1. What does it mean to be healthy?
2. How would you like to be involved in making sure the health system responds to your health needs and the needs of the community?

At times throughout the elder focus group participants spoke in Oji-Cree, which was translated at the meeting into English.

The interviews were recorded and transcribed and the transcriptions distributed to each of the researchers. Each researcher read the transcripts and identified major themes. One researcher developed a written draft of major themes. All three of the researchers then read and reviewed this draft, with continued analysis of the transcripts until consensus was reached as to the major themes.

Results

As we are not able to detail all results, we have highlighted some aspects that are likely unique to Indigenous contexts. The following factors were identified as components of health or conditions necessary to be healthy:

PRENATAL HEALTH: traditional knowledge and diet were key themes with respect to prenatal health.

"A long time ago, if a lady is expecting, they have to move – they always used to move around, eh? And then, they take one of the midwives to the trap-line. They know when they're due. They take their midwives to the trap-line. That's what they used to do. Not many babies died."

PARENTING: improving parenting skills that have been lost through historical interventions.

"we lost all those – our values, learning from our parents who were teaching their children. 'Cuz they weren't there. They were in either residential school or away from home."

LINK TO THE LAND: being on the land is necessary for healing.

"When we go in the wilderness, we are healed… Because we see the creation, we hear the creation. We see creation moving, clouds moving. And we think; it makes us think. And we are healed."

TRADITIONAL FOOD: traditional foods are healthier.

"Back in the past how our elders lived and ate it never gave them diabetes, where they lived active life."

TRADITIONAL MEDICINE: using, passing on knowledge, and networks for supporting the use were mentioned.

"There's so much medicine out there that – which we have to find out. But it's up to us to find them. And this is what we want to see – is the community to get involved in these things by finding out – to teach our kids."

COMMUNITY PERSPECTIVE: statements about health were often inclusive of an entire family or the entire community.

"Overall, just being active and mentally healthy, too, as well, for the – not for myself but our family, our family's community – community as a whole, I guess."

COMMUNITY INDEPENDENCE: the need for self-determination and self-sufficiency.

"You gotta do it yourself. You gotta keep – you know, you gotta keep working. You don't expect people to come and do for you. That's another thing …we're dependent, instead of independent. You know, it's just the way we were brought up by the Government."

SAFE AND ACCESSIBLE HEALTH CARE: freedom from discrimination and safe health care practices.

"…a lotta times, when you phone in, they'll tell you, 'Don't come in. It's not an emergency,' like you said. But then, you still bring a child in and the nurse – when was it? Was it 2 days ago? Anyway, I heard… that the nurse had refused to see one of the children that were sick. And apparently that child was sent home. And the parents know when their child is sick. So another nurse came on duty and she sent that child out. And I think she's just barely making it in Winnipeg."

Additional themes that we have not detailed here include: food, physical activity, healthy body weights, being clean (personal hygiene, house, yard and community cleanliness), mental health, substance abuse, water, housing, expense of basic necessities, community participation/ engagement, community leadership responsibilities, advocacy, and equity. The third tenet of CPHC, regarding improving the social and environmental factors for health, was the most significantly emphasized throughout the focus groups.

CONCLUSIONS

Although we were not able to complete the study as originally designed, the following recommendations could be included in future health systems planning.

1. Incorporation of traditional healing systems into the definition of a CPHC system. This should be developed with the full engagement of traditional healers and knowledge keepers in the communities. Key aspects of this should focus on recreating the roles of traditional midwives as critical players in improving prenatal health, and teaching and enabling community members of all ages to hunt, gather, and prepare traditional foods.
2. Acknowledgement of and action on social and environmental barriers to health through modalities such as community resource workers or community advocates working within the health care system. Specific positions like housing liaison officers that bridge between the health and social systems should be created.
3. Teaching advocacy skills to both health workers and community members would empower them to act on issues of food security, housing, and accessibility to other basic necessities.
4. Development of community capacities through hands-on teaching and home visits to help community members develop skills, such as parenting or home maintenance skills. In this way, health care that happens outside of the health center/ nursing station needs to receive greater emphasis and support with strong leadership within the community and regional government and health care systems.
5. The community's confidence that they will receive safe and accessible health care needs to be increased. This will include taking action to reduce unsafe practices in healthcare so that all patients must be seen and medically assessed at presentation to the nursing station (like at a triage desk in an urban emergency room) and also increasing community control over primary health care. Involving health leaders in the community (who could be health center staff or elders, for example) in training front-line workers in respectful and culturally safe care is needed.
6. These measures need to be adopted through practices consistent with community self-determination, and with attention to details such as transportation that will increase community participation and engagement.

Plain Language Interpretation of CPHC

1. Everyone has fair access to health care and other services/ resources that they need to be healthy;
2. The community can work together more, with more knowledge and skills, and in a stronger way to promote and protect the health of community members;
3. The social and environmental factors that impact on health (e.g. housing, water supply) are improved so people are less likely to get sick from these factors;
4. Community members are more active in decisions about the health care system and other policies affecting them and their health; and,
5. Everyone in the community gets healthier.

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