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

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SUMMARY:
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 to design a governance model for a CPHC system that would best reflect these health beliefs and values.
Methods: The study had three components: 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 on CPHC, especially in a First Nations' context. Lastly, community level data gathering was in the form of modified focus group activities for youth (age 19-29), adults and elders. 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, environmental cleanliness), mental health, substance abuse, prenatal health, 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.

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Introduction

As part of a global project on Comprehensive Primary Health Care (CPHC), this project aims to identify the health beliefs and values of the residents of Garden Hill First Nation and to design a governance model for a CPHC system that best reflects these health beliefs and values. The goal of the global project, entitled "Revitalizing Health for All: Learning from Comprehensive Primary Health Care Experiences" was to build a sustainable research environment on CPHC using the Teasdale-Corti definition of CPHC as it's starting point. The Teasdale-Corti definition is as follows:

CPHC is an approach to health system organization and services that strives to:

- Increase equity in access to health care and other services essential to health
- Reduce vulnerabilities through changes in community empowerment (capacities)
- Reduce exposures to risk through changes in social and environmental determinants of health
- Improve participatory mechanisms, opportunities and political capabilities of marginalized population groups reached by CPHC initiatives
- Increase community resilience to enable effective responses to promote and protect health
- Achieve an equitable increase in population health outcomes

Initially four neighboring First Nation communities were included in the study design, however research activities were only able to continue with Garden Hill First Nation. Garden Hill First Nation 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.

Project 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.
3. Propose a governance structure and service model for this Comprehensive Primary Health Care System.

Methods

Selection of Participants

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Community members from Garden Hill First Nation were invited to participate in research activities. These were split by age into the following groups: youth (ages 19-29), adults (greater than 29 years old) and elders. No age threshold was specified between adults and elders as the concept of elder is defined less by a numerical age, but rather by self- and community-recognition of one's role as an elder. The separation of participants into age groups helped to create environments that were culturally appropriate, where members of the community could feel comfortable sharing their ideas. It also allowed for observation of different responses between age groups. Participants were recruited through the use of informational posters in the health centers, grocery stores and band office; invitations on the community radio; invitations through the Elders and Youth Advisory Council to the Public Health Improvement Pilot Project; and invitations through Home and Community Care workers. Informed consent was obtained from all research activity participants.

Participant Demographics

Overall four sessions of research activities were held over two community visits, held July 8 – 9 and November 9 – 10, 2010. This included one adult focus group, one youth activity night and two elder sharing circles, with a total of 23 participants overall, 57% of whom were female and 43% male. See Table I for details.

Methods

A mixed methods approach was used, including development of an appropriate research agreement; literature reviews examining Indigenous definitions of health and the role of CPHC in Indigenous contexts; and community level data gathering such as community focus groups and questionnaires. A group thematic analysis method was used to identify major themes in the research and generate a narrative report of the results.

1) Research Agreement:

A research agreement that appropriately recognized and respected the community's rights to own, control, access and possess the knowledge generated through the research was negotiated and signed by the researchers and Garden Hill First Nation Chief, Dino Flett.

2) Literature Review:

A literature review of peer-reviewed academic and grey literature was performed to answer the following questions: What is already written about First Nations' conceptualizations of health? What are the important concepts in Indigenous definitions of health? The search strategy for the review is listed in Table II. In addition, information was drawn from the results of an unpublished literature review done by an associated researcher in the global CPHC project. The literature review was written by Sherri Pooyak and is entitled *Canadian First Nations' perspective on Comprehensive Primary Health Care* (unreferenced; Indigenous Peoples' Health Research Centre; 2008). This literature review addressed the following questions: What is known about CPHC in First Nations contexts? Are there any similar projects exploring the role of CPHC in First Nations contexts? In part, both literature reviews were used to formulate the

questionnaire on health care delivery and governance structure that was distributed to relevant community and health care system leaders.

3) Focus Groups/Community Level Data Gathering:
Community members were invited to participate in research activities that were split by age into the following groups: youth (ages 19-29), adults and elders. Informed consent was obtained from all research activity participants.

The *adult group* was held like a conventional focus group. The following questions were asked:

1. What does health or being healthy mean to you?
2. How does somebody stay healthy or improve their health?
3. What conditions need to be present in the community for the community to be healthy?
4. Keeping in mind the ideas about being healthy that have been generated earlier in the focus group, now think about what the health care system should do to support health. Consider the criteria on this poster that have been taken from a research project[1]. Are these important? Are some more important than others? Are there things missing that the health care system should do?
5. How could these criteria 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. The following questions were used as guides

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?

A translator was present at all focus groups for participants who chose to express themselves in the local language, Oji-Cree.

In addition to the focus groups, questionnaires were given to key individuals involved in health care or community governance (health directors, health portfolio councilors, Chief). The questionnaires were developed based on the literature reviews, current governance structures for

[1] The criteria on the poster were plain language interpretations of the components of Comprehensive Primary Health Care found on page 2. The plain language interpretations are included in Table III.

public and primary health care and proposed governance models for the Public Health Improvement Pilot Project and the Island Lake Primary Care centre. Informed consent was obtained from all participants prior to administration of questionnaires.

4) Thematic Analysis
The interviews were recorded and transcribed and the transcriptions distributed to each of the researchers. Each researcher was responsible for reading and reviewing the transcripts and identifying major, recurrent themes. One member of the research team took the lead role in developing 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. The group thematic analysis resulted in a narrative report of the major themes with supporting quotes from the interviews. The written descriptions of the art projects were included in the thematic analysis. Digital images were taken of the art projects and inserted in reports to highlight the major themes. Researchers presented a copy of the research report to community members, explaining the research and detailing the results. Community members were asked to provide feedback on a definition of health that summarized the results and to identify any areas of the report that were insufficient or inaccurate in their accounts.

5) Questionnaire Analysis
As only one questionnaire was returned, this component was not completed.

Results
To accomplish the first two project objectives community members who attended focus groups were asked a variety of questions regarding health and Comprehensive Primary Health Care. The responses are divided into two major thematic areas, corresponding to the first two project objectives:

The first area looks at how participants defined health and the conditions necessary to be healthy. 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. Table IV lists these themes and provides an example of a supporting quotation.

The second area groups participant responses as they relate to the major concerns of CPHC, this includes participant identification of barriers that exist to being healthy and living in a healthy community, as well as participant suggestions for how to deal with specific community health issues. Participants acknowledged each of the five plain language (Table III) criterion of a CPHC

system to be important for health in their community. However, the third tenet regarding the improvement of social and environmental factors that impact on health, was the most significantly emphasized.

To address the third objective, results from the literature reviews as well as an overview of other health governance initiatives in the region were considered:

A literature review on Indigenous definitions of health was performed and emphasized the need for local definitions of health (4, 8) and the need to look carefully at the meanings of biomedical and holistic health care in different communities (5, 7, 21). The review highlighted several overlapping themes in Indigenous definitions of health, particularly the importance of the social determinants of health (17), of culture (12, 18, 24) and of land (19, 22). The key point of this review was that focus on community self-determination and respectful, open-ended, dialogical processes were of critical importance in determining community definitions of health (4, 5, 6, 9, 18).

Material was gathered from a second, unpublished, literature review written by Sherri Pooyak (unreferenced; Indigenous Peoples' Health Research Centre; 2008). This review focused on CPHC in First Nations communities in Canada and highlighted some key areas of interest for future CPHC projects and planning. Specifically seven themes emerged as particularly significant points of discussion to be considered in planning of a governance structure. These were:

1. Political tradition and trends: Issues relating to First Nations' health and health policy are subject to the changes and trends inherent in the political arena. The review mentions the protection of treaty rights and the identification of 'Treaty Indians' as political issue that affect health care provision, but are not clearly emphasized in the regional, provincial and federal politics (20, 25).
2. Structural barriers: A history of jurisdictional issues and continuing instability in this regard have a significant effect on the health care service delivery and consequently health outcomes (2, 10, 11, 13, 14, 16, 23).
3. Reciprocal responsibility/Accountability: Both the Government and First Nations peoples are responsible for improving health outcomes of their people. Specifically, both parties need to accept this responsibility, a component of which includes increased First Nations participation in health care policy-making and implementation (3, 10, 11, 16). The role of the Provincial government has been less studied and less defined, but also needs to be considered.
4. Accessibility/Geography: Many variables contribute to access to health care (or the lack thereof) for First Nations peoples, however geography is particularly important considering the Northern and remote location of many of Canada's First Nation communities (1, 2, 10, 11, 16, 23).
5. Social determinants of health: Of the social determinants of health, culture was revealed in the literature as being the most profound and warranting a category of its own. Other important determinants included gender and mental health barriers (2, 10, 11, 16, 23).

6. Culture: The limited availability of culturally safe health care, including services with culturally-based programs and awareness of local cultural and linguistic practices was a significant theme in the literature review indicative of unmet needs in the First Nations health care delivery (1, 2, 15, 25, 26).

Additionally this review highlighted the need for a clearer definition of CPHC and it's goal in projects that were attempting to improve primary health care in First Nations communities.

To determine a governance model for the community present initiatives were examined and are summarized here: Currently in the Island Lake Region there is a public health project operating that is examining ways to improve public health program and service delivery. The project is governed by an Oversight Body that includes organization/ government representatives from all involved parties. A governance model for the new public health program and service delivery model has been agreed to, and is composed of the following:

1. Board of the Four Arrows Regional Health Authority (composed of two members, one political and one with health knowledge, from each of the four Island Lake communities).
2. Executive Director, Four Arrows Regional Health Authority.
3. Senior Public Health Lead, Manitoba Health and relevant Manitoba Health regional health authority(ies).
4. Senior Public Health Lead, First Nations Inuit Health-Health Canada, Manitoba Region.
5. Senior Public Health Lead, partner provincial Regional Health Authority.
6. Director of the Northern Medical Unit, University of Manitoba.

In addition to the Joint Governance Committee described above, there is an Elders and Youth Advisory Council composed of one elder and one youth member from each community. This committee has the role of being available to advise the governance committee or any of the public health units/ programs to ensure local and cultural relevance.

A plain language community report that explains the research project and the research results was written (Appendix I). This report was distributed to community members and to Garden Hill First Nation Chief and Council. Community presentations were held July 13, 2011 in order to go over the research and allow for community feedback. The following summative definition of health, based on the research findings, was presented to participants:

> "Health is: living in a community where basic necessities are affordable and the community is set up and safe so that people can be active, eat healthy and keep themselves and their community clean. Traditional ways are respected and supported and the role of parents and families is strengthened. The community is independent and has strong leadership that engages community members and advocates for better social and environmental conditions and safe and accessible health care."

Discussion

The purpose of the current study was to document the conceptualizations of health, health beliefs and values of the Island Lake residents and to 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. Repeated attempts were made to engage all Island Lake communities in the study, however, only Garden Hill First Nation chose to sign the research agreement in time therefore all data pertains only to Garden Hill. A third objective of the study was to propose the most appropriate governance structure and service model for this Comprehensive Primary Health Care System based on questionnaire results. As only one questionnaire was returned, suggestions regarding governance structure and health care service models are provided but the proposed analysis of questionnaires is not included.

Through thematic analysis of the focus groups a range of characteristics, ideas and conditions important for health were outlined. These were food, physical activity, health body weights, being clean, mental health, substance abuse, prenatal health, 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. The results are indicative of the breadth of meaning involved in the concept of health as understood by the community and they direct further development of health care systems toward understanding and incorporating this wide definition of health.

As regards the Teasdale-Corti definition of CPHC, participants identified each of the tenets to be important with regards to the health of the community. However, because of the significant emphasis on and discussion of traditional lifestyles including food and medicines, addition of a clause considering the role of traditional health systems is recommended to complete the Teasdale-Corti definition of CPHC. Community members commonly identified the association between traditional ways of life and health. In addition, the potential for community empowerment through the passing on of traditional knowledge was recognized as an area for community development and capacity building.

Discussion surrounding safe and accessible health care revealed concerns about front-line screening. The disparity from urban health care, where all patients *must* be seen and medically assessed, is alarming. Results from this study may be used to further investigate potentially unsafe health care practices, such as denying patients care over the telephone and may prompt re-evaluation of such practices.

Notable differences between adult and elder research activities included the language used in discussion and the focus on traditional medicines. The elder participants spent much of the discussion using local dialects to communicate, where the adults spoke almost exclusively in English. Discussion of language as important in defining health did not arise in the adult or the elder focus group. Another difference related to traditional medicines: While the elder sharing circles identified traditional medicines as an important in defining health, this topic did not arise in the adult focus group. The adult participants did not neglect to point out the significance of traditional lifestyles and of the handing down of traditional knowledge, however traditional medicine was not explicitly mentioned as being a part of health and/or traditional lifestyles. One

possible explanation for this difference can be inferred from the elder discussion on residential schools: the elders identify that many traditional teachings were not passed on as a result of children being sent or taken away from their parents. Therefore, the younger generation of adults may not have been taught about these medicines, or may not have grown up using them given the political climate when they were children and youths.

The results from the literature reviews as well as the narrative report of community responses in focus groups has led to the development of the following suggestions for proposing a governance structure and service model for a CPHC system:

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. 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.
3. 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.
4. The community's confidence that they will receive safe access to health care needs to be increased. This will include taking action to reduce unsafe practices in health care 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.
5. 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.

There were several limitations to the study, the most prominent of which was the engagement with only one of the four Island Lake communities. Further, while two visits were arranged to the Garden Hill community, only one youth art activity and one adult focus group were held due to lack of participation. Questionnaires were another area in which desired participation was not achieved, and therefore a governance system based on questionnaire data has not been proposed. Researchers anticipate increased participation in their future work after having learned from the experience and having developed an awareness of the barriers, such as transportation, that exist to participation. Transcription of the elder sharing circle conversations was limited due to

significant use of the local language and the lack of transcriptionists with background in the local language. This limitation was managed as two of the researchers did have language capacity in Oji-Cree and were able to translate directly both during the focus groups and later from the focus group recordings.

Overall, after learning about local conceptualizations of health from the members of Garden Hill First Nation, a health system modeled after the definition of Comprehensive Primary Health Care is anticipated to better meet the needs of this community. One key addition to the proposed definition is to incorporate traditional healing systems in a way that is respectful and appropriate as determined by local traditional healers and knowledge keepers.

Community based research team members anticipate this will be very helpful to the community in the further development of health care system governance and health care delivery. Additionally, results will be disseminated in the peer-reviewed literature as there is little currently written about CPHC in Indigenous contexts.

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Table I: Participant demographics

Focus Group	**Male participants**	**Female participants**	**Total**
Adult, July 2010	2	3	5
Elder, July 2010	3	4	7
Youth, November 2010	2	3	5
Elder, November 2010	3	3	6
Total	10	13	23

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Table II: Literature review search strategy

The following databases were used with the following search terms in varying combinations.

Database	Search terms		
SCOPUS	Indigenous First Nations Wellness	Aboriginal Inuit Wellbeing	Definition Health
PubMED	Indigenous First Nations Wellness	Aboriginal Inuit Wellbeing	Definition Health
Journal of Aboriginal Health	Indigenous First Nations Wellness	Aboriginal Inuit Wellbeing	Definition Health

In addition exclusion criteria was applied to each search result in order to refine the search results:

1. Must discuss health in an Indigenous context with preference given to definitions arising from an indigenous perspective
2. Must have an abstract
3. Publication date no earlier than January 2000

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Table III: Plain Language Interpretation of the Teasdale-Corti definition of Comprehensive Primary Health Care

Teasdale-Corti Definition of CPHC	Plain language interpretation
1. Increase equity in access to health care and other services essential to health	1. Everyone has fair access to health care and other services/ resources that they need to be healthy;
2. Reduce vulnerabilities through changes in community empowerment (capacities)	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. Reduce exposures to risk through changes in social and environmental determinants of health	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. Improve participatory mechanisms, opportunities and political capabilities of marginalized population groups reached by CPHC initiatives	4. Community members are more active in decisions about the health care system and other policies affecting them and their health; and,
5. Increase community resilience to enable effective responses to promote and protect health	5. Everyone in the community gets healthier.
6. Achieve an equitable increase in population health outcomes	

Table IV: Major Themes: Components of, barriers to or conditions necessary for health

Theme	Example of a related quotation
Healthy and affordable food	"If we only had the low price of healthy food, that would benefit us a lot"
Physical activity	"Walking typically was our main activity that we do around here – is walking. But the conditions of our roads is really bad"
Healthy body weights	"Too many people are – are too overweight. Because by just sitting you get fat"
Being clean	"Being healthy means being – trying to be more, like more hygiene"
Mental health	"We're trying to teach our children to have healthy minds"
Substance abuse	"Chief and Council need to encourage more young people … you know make them feel like they wanna do something else, instead of getting drunk with superjuice, you know?"
Prenatal health (including traditional midwifery)	"… in regarding to young girls that are pregnant I've noticed that they're not eating the food they're supposed to be eating … what they should be eating is the – you know, like wild food eh?"
Parenting	"… these workers can teach the young mothers at home, not just workshops – the hands-on teaching"
Link to the land	"When we go into the wilderness, we are healed… Because we see the creation, we hear the creation."
Traditional food	"Back in the past how our elders lived and ate it never gave them diabetes, where they lived active life"
Traditional medicine	"There's so much medicine out there that – which we have to find out. But it's up to us to find them."
Water	"… we need water or could have toilets that are waterless composting"
Housing	"… overcrowding of our homes … one gets sick, everybody gets sick"
Expense of basic necessities	"… the price of milk: at one time, it was over, about, close to $15" "Javex costs… about $21.99"
Community perspective	"… being active and mentally healthy too, as well … not for myself but our family, our family's community – community as a whole"
Community participation/ engagement	"We have different issues. We have different conditions. We have different situations. But when we asked our community, they have – they don't have time"
Community independence	"They get together. And we can still do it. When we want to get together and do something"
Community leadership responsibilities	"… the young people need to hear from Chief and Council and the elders that they have something good to go on all their life, eh?"
Advocacy	"Let's get something on Facebook … see how much feedback we get"
Equity	"Here you gotta – I don't know – live with your husband in order to get a new house."
Safe and accessible health care	"… how you're being received by the front desk and by the screening nurse and the nurse-in-charge. And I think that's – a lotta young people run into that and they're afraid… they need to be respected. And there needs to be education for the receiving end"