

Our People, Our Health: Envisioning to Improve Primary Healthcare in Manitoba First Nations

Innovation in Community-based Primary Health Care Supporting Transformation in the Health of First Nation and rural/remote communities in Manitoba (iPHIT)

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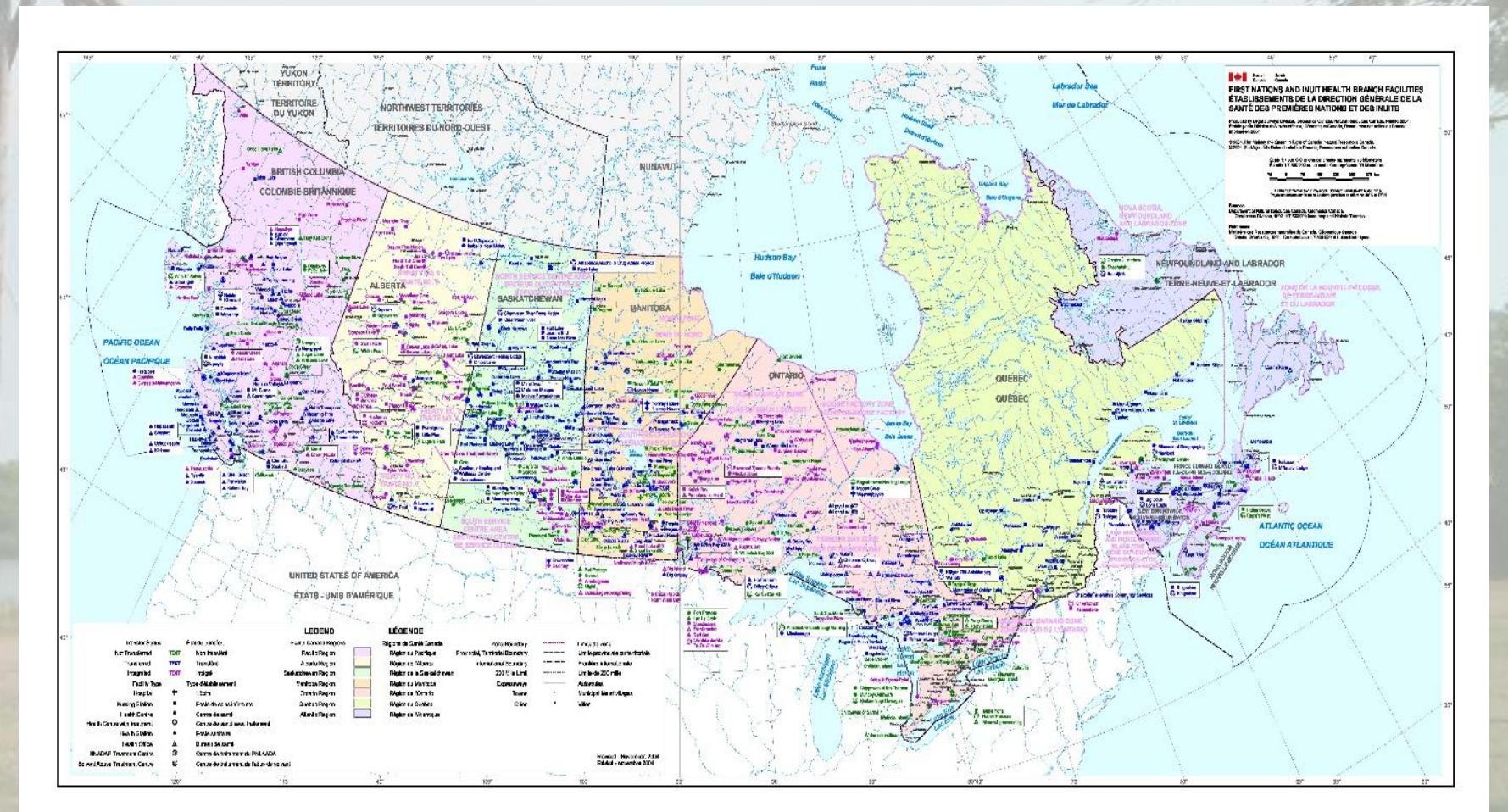
**UNIVERSITY
OF MANITOBA**



1 CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Background

In Canada, a push for Indigenous self-determination and a failure of government-delivery health services result in a strong push for Indigenous control over on-reserve primary healthcare services



A large wooden teepee structure stands in a grassy field. The teepee is made of many long, thin wooden poles that converge at a single point at the top. The ground is covered in dry, yellowish-brown grass. In the background, there is a calm body of water, possibly a lake or a wide river, surrounded by a dense line of green trees. The sky is a pale blue with some light, wispy clouds. The overall scene is peaceful and natural.

Introduction

iPHIT - 5 year study funded by the Canadian
Institute of Health Research (CIHR) CBPHC Team
Grant in 2013

Collaboration Partners

University of
Manitoba

First Nations Health
& Social Secretariat
of Manitoba

8 First Nation
community partners

First Nation community partners

Community	Language	Model of Care	Size	Geography
Berens River	Ojibway	Nursing Station	Medium	Southern isolated
Birdtail Sioux	Dakota	Health Centre	Small	South non-isolated
Cross Lake	Cree	Nursing Station	Large	North semi-isolated
Ebb & Flow	Ojibway	Health Centre	Small	South non-isolated
Fisher River	Cree	Health Centre	Medium	South non-isolated
Pinaymootang	Ojibway	Health Centre	Medium	South non-isolated
Nelson House	Cree	Nursing Station	Large	Northern non-isolated
Northlands	Dene	Nursing Station	Small	Northern isolated

Focus and design

Focus: drawing on community strengths, if you were to design your own healthcare system, what would that look like?

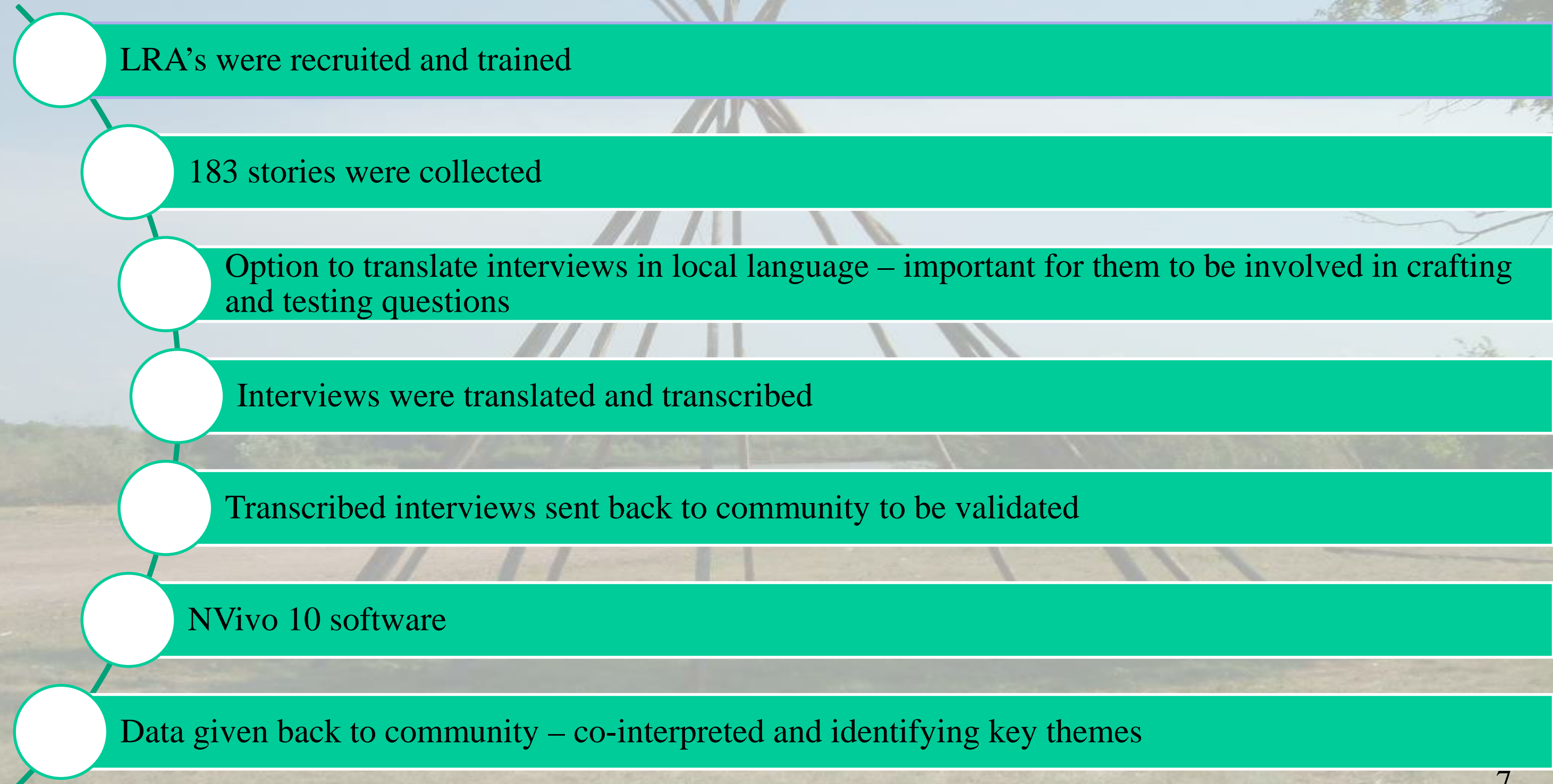
Grounded theory approach

Study design:
Community-based PAR

- Local research assistants (LRA's) – involved in developing questions/translation/transcribing & providing results back in community workshops
- Story telling methods

Participants: purposeful sampling of community members consisting of Elders, leaders, patients, youth & health care workers

Data Collection & Analysis



Results – Key Themes

- What *strengths* are there in the community that can be leveraged into to improve health services?
 - Strong health directors
 - Committed healthcare workers & strong health teams
 - Traditional knowledge/spirituality endured or is resurging
 - Strong sense of community
 - Community leadership that supports and listens to the people
- How can these strengths improve health services?

1. Strong Health Directors

- Create a vision for community
- Create plans – short term, medium and long term goals
- Facilitators – facilitate change in community
- As an aggregate, come together as one voice
- Advocate for people for improved access to health services
- Bring services together on collaborative models or under one roof
- Advocate for community-based health services closer to home

“our directors in health or the people above, advocating for those in our community, our leadership. It all comes back, [the] onus is on ourselves” (D012).

2. Community invested in strong healthcare force & health teams

- Strong health teams have greater ability to work together
- Means to achieve and encourage intersectoral collaboration
- Able to identify areas that work well, and those that don't
- Improved communication between services
- Streamline process & avoid duplication of services
- Lead to permanent community-based staff – continuity

“Its up to the people to come together, all combine as one package. With everyone on the train, you got to combine with one another to see how you can make everything to better” (G002) and moving in one direction.

3. Traditional knowledge/spirituality

- Can be leveraged to build an integrated health system utilizing both traditional and western strengths
- Traditional medicine and cultural practices and ceremony in the past were holistic approaches to treating mental health – treated mind, body and spirit
- Improved culturally safe services
- Provides opportunity of choice – patient empowerment

“We do offer the doctor or hospital type of stuff. But what about the traditional part of it? I’ve seen buildings where they have a specific room for smudging and for anybody who wanted to talk to somebody other than a mental health worker, somebody that would understand exactly where they’re coming from (E019)”

4. Strong communities

- Strong communities drive the vehicle for change
- Tap into individual strengths – youth, facilitators, writers
- Support local initiatives/leadership
- More aware of where the community needs to go
- More aware of importance of working together
- Youth & Elders are engaged

"It's got to be people, community who say, "Let's get on board. Let's help one another and support one another and make those changes for our community." It involves people as a whole to make the community better and improve (F006)"

5. Strong supportive community leadership

- Forward thinking
- Create, plans & set the direction for forward planning
- Involve community/seek input from community
- Communicate regularly
- Invest and trust in abilities of local staff
- Create partnerships – know where and how to tap into allies
- Seek out opportunities for additional resources to make improvements
- Drive the vision created by community – vision toward self-determination

Strong leaders set the way toward self-determination

“Less interference from the [government], like right now really we’re simply an agent of the federal government, we administer their programs. We need access to resources which we [FN] can control and be accountable for, but control as we see fit and I know that FNIHB would argue that we have that now, but yeah the programs are still all too narrow and not enough”

Opportunities

Invest in local health care force – identify and utilize individual & community strengths

- Training and local development – start early middle school
- Create strong teams - team development & implement collaborative care models

Invest in community & involve community in every way from youth to Elders

Communicate regularly, internally & with membership

Seek out strong leaders that are forward thinkers, and focus on planning; then implement and evaluate the plans

Set a path toward self-determination

Concluding remarks:

First Nations communities are well aware of their strengths and limitations

Many of the identified strengths involved developing skills locally and investing in their own communities

Strong leaders are key to moving forward: healthcare leaders, administrators and especially community elected leaders

There is recognition that improved health is contingent on creating a path toward self-determination, which involves: planning, setting priorities, ongoing evaluation, working together and staying the course

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