



Comparing Indicators of Primary Health Care in First Nation and Rural/ Remote Communities in Manitoba

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Disclosure of Affiliations, Financial Support, and Mitigating Bias

Affiliations:

- I work for Nanaandawewigamig, the First Nation Health and Social Secretariat of Manitoba as a Research Coordinator

Financial Support:

- This program of research was funded by the Canadian Institute for Health Research

iPHIT program of study 2013-18

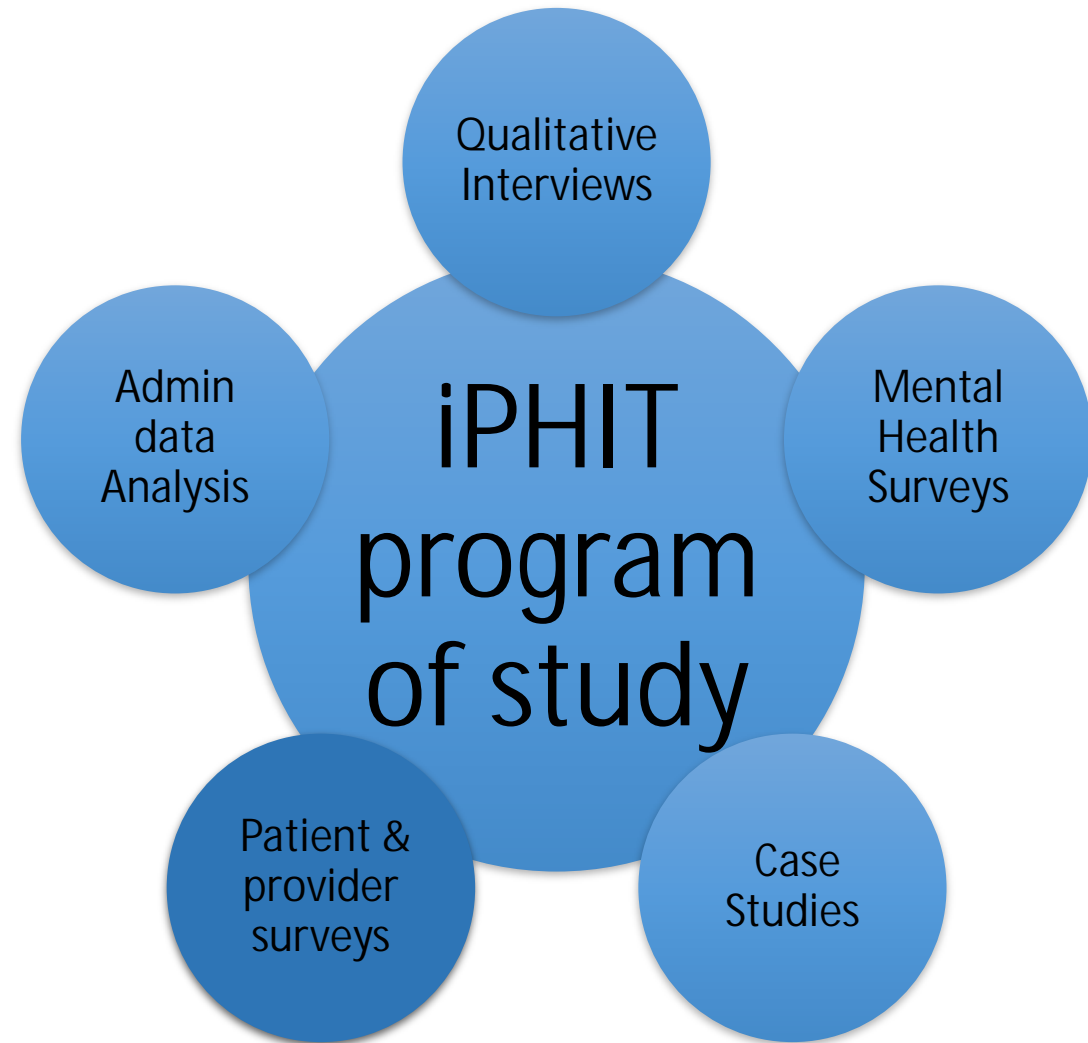
A 5 year research partnership funded by CIHR, between the

- University of Manitoba,
- Nanaandawewigamig, the First Nations Health and Social Secretariat of Manitoba and
- Eight (8) First Nations communities in Manitoba, representing 4/5 of the spoken dialects in Manitoba:
 - Cree,
 - Ojibway,
 - Dene &
 - Dakota

Community Partners:

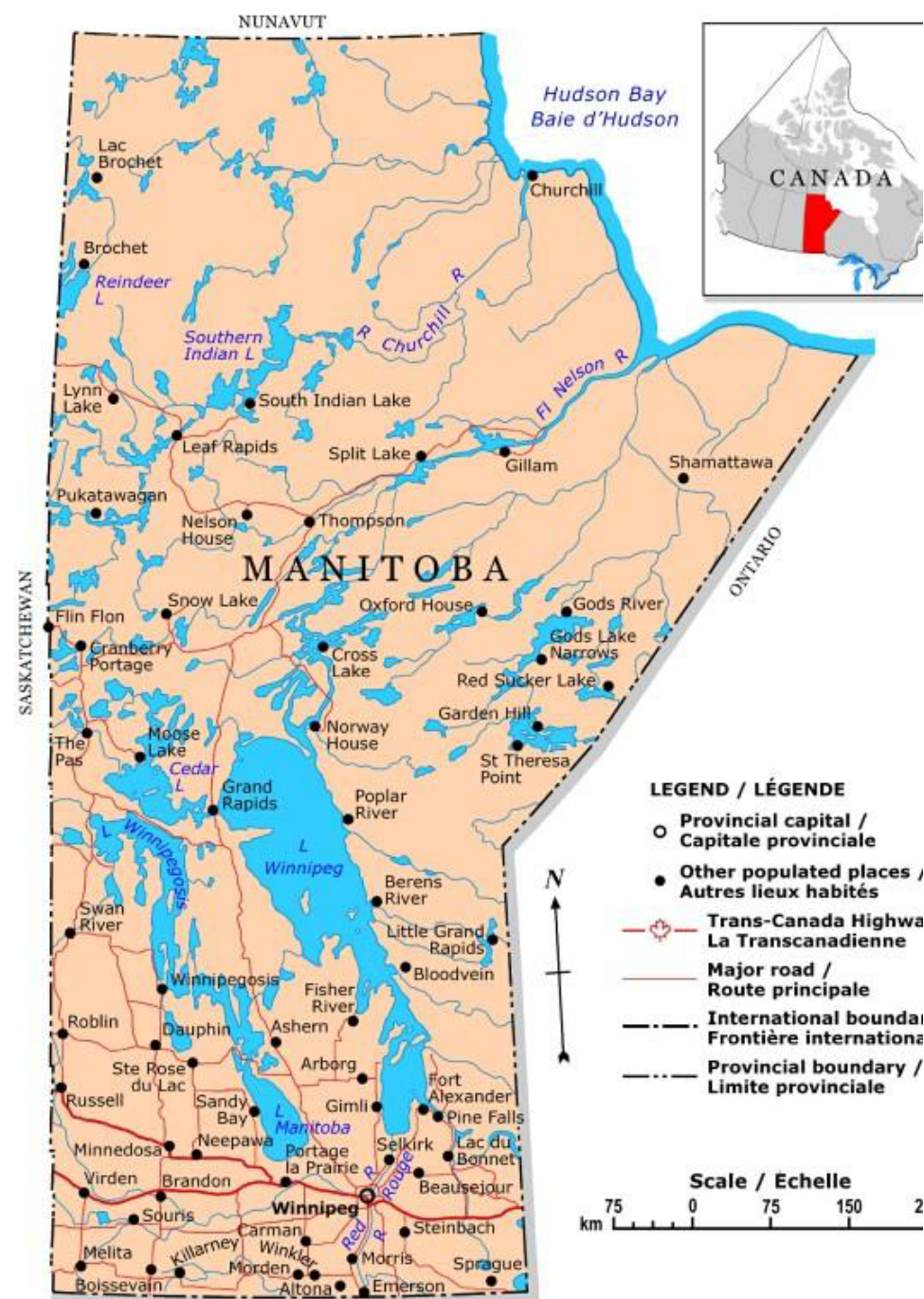
Community	Language	Model of Care	Size	Geography
Berens River	Ojibway	Nursing Station	Medium	Southern isolated
Birdtail Sioux	Dakota	Health Centre	Small	South non-isolated
Cross Lake	Cree	Nursing Station	Large	North semi-isolated
Ebb & Flow	Ojibway	Health Centre	Small	South non-isolated
Fisher River	Cree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

Multiple & Intersecting Methods



Methods

- 477 surveys were completed by patients from 12 First Nations and 7 Rural & Remote primary health care facilities in Manitoba.
- Data collectors were hired and trained in each First Nation community
- Patients were recruited with posters and on-site in primary health care facilities.



First Nations in Manitoba

6 of the 20 largest First Nation communities in Canada are located in Manitoba

Five First Nations linguistic groups in Manitoba: Cree, Ojibway, Dakota, Oji-Cree and Dene

Twenty three First Nations are not accessible by an all-weather road. This accounts for more than half of all Manitoba First Nations people who live on reserve.

50% (32) of Manitoba First Nations are northern and or isolated communities.

36% (23) are accessible only by air or water, no all year road access

Rural and Remote Communities



- Definitions of rural emphasize different criteria and ask different questions; head-count approach, population size, and geographic distances which are measured in diverse ways.
- For this study, Rural and Remote communities were matched to the First Nations communities in our study based on the following:
 - Population size
 - Geography – nearest similar size community served by same secondary hospitals
 - Similar health outcomes as measured by ACSC

Community	Population			Remoteness	Distance to hospital services	Facility
	Total	on reserve	off			
Berens River	2965	1870	1095	Remote and Isolated (Zone 4 – I)	Fly in with winter road access 270 air kilometres north of Winnipeg on the east shore of Lake Winnipeg. Visiting physician services irregularly scheduled	NS
Birdtail Sioux	825	431	494	Rural (Zone 2 NI)	50 km north of Virden 144 km east of Brandon	HC
Cross Lake	7923	5583 500 Municipal residents	2188	Semi-isolated road access (Zone 2- SI)	190 air kilometers (118.5 miles) south of Thompson and 520 air kilometers (325 miles) north of Winnipeg. Road access, year round. Physicians on-site.	NS
Ebb & Flow	2745	1,577	1168	Rural road access (Zone 2-NI)	83 kilometres east of Dauphin Nearest hospital is St. Rose	HC
Northlands	1017	865	152	Remote & Isolated (Zone 4-I)	380 air km north of Thompson, Manitoba. No road access. Visiting physician services.	NS
Nelson House	4597	2799	1659	Year round road access (Zone 2 – NI)	80 km north of Thompson. Visiting physician services.	NS
Pinaymootang	2812	1233	1579	Rural road access (Zone 2 N-I)	40 km north of Ashern and 240 North of Winnipeg	HC
Fisher River	3392	1806	1585	Rural road access (Zone 2 – NI)	200 km north of Winnipeg 40 km west of Hodgson 200 km north of Winnipeg	HC

Models of care (Types of facilities) Federal definitions

Nursing Station

- On-reserve health services, funded to ensure local access to screening, prevention, emergency care and treatment services on a 24/7 basis. Delivered by nurses with an expanded scope of practice who are either employed by Health Canada or Nursing Agencies. Visiting physician services vary by community.

Nursing Station-Provincial Jurisdiction

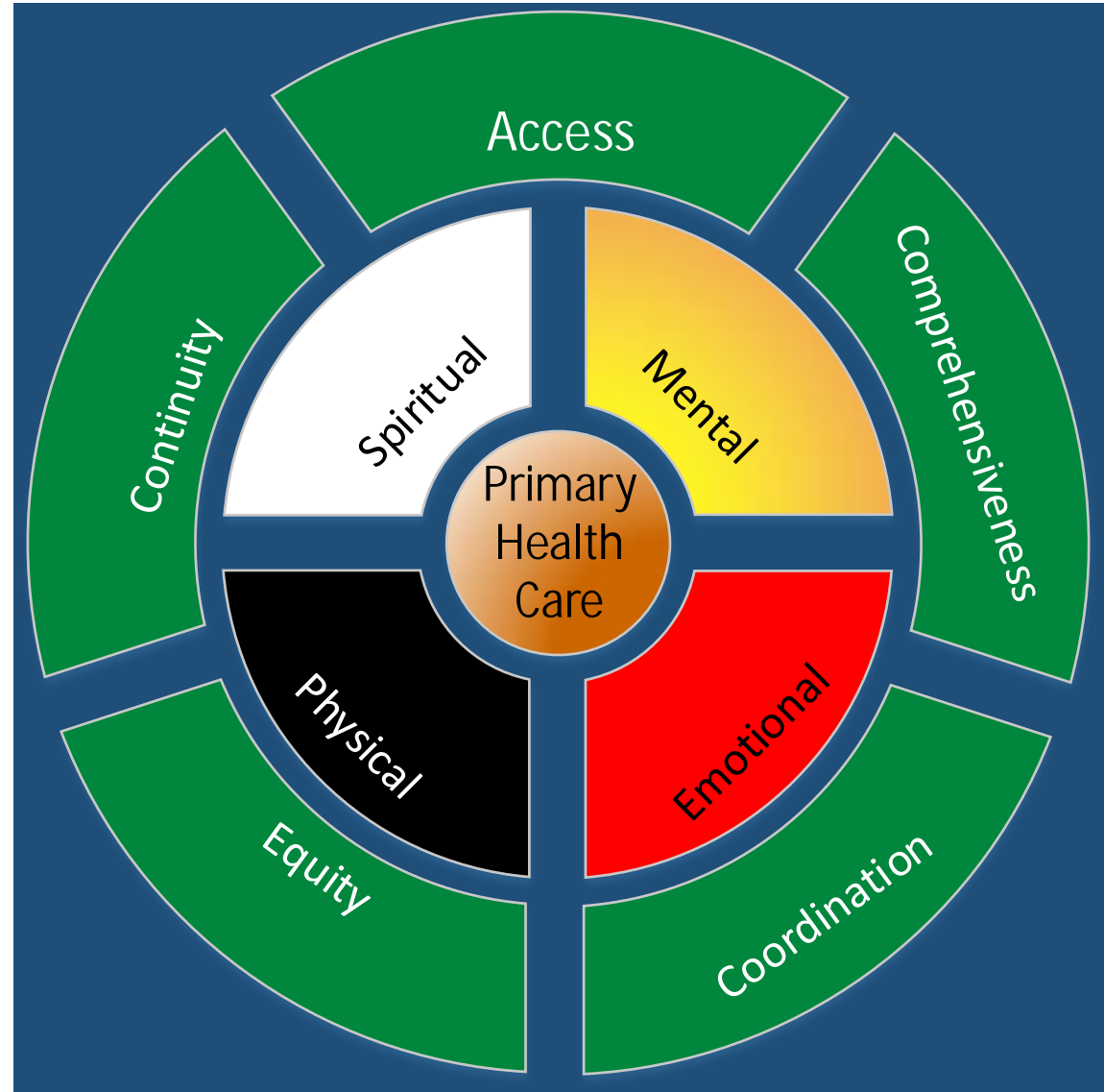
- On-reserve health services, funded by the provincial government to ensure local access to screening, prevention, emergency care and treatment services on a 24/7 basis. Delivered by nurses with full RN scope of practice, no expanded scope of practice recognized. Visiting physician services vary by community.

Health Centre

- On-reserve health services funded: emergency, screening and prevention available 5 days/week. There is no or limited funding to ensure off-hours coverage. Some communities may have arrangements with visiting physicians.
- * Some communities developed their own model of care with services beyond those described above.

Domains of Primary Health Care

Purpose: To understand the experiences of Primary Health Care for First Nations in Manitoba, this study examined five indicators of PHC in First Nation (FN) and Rural and Remote (R & R) communities.



Access to Primary Health Care

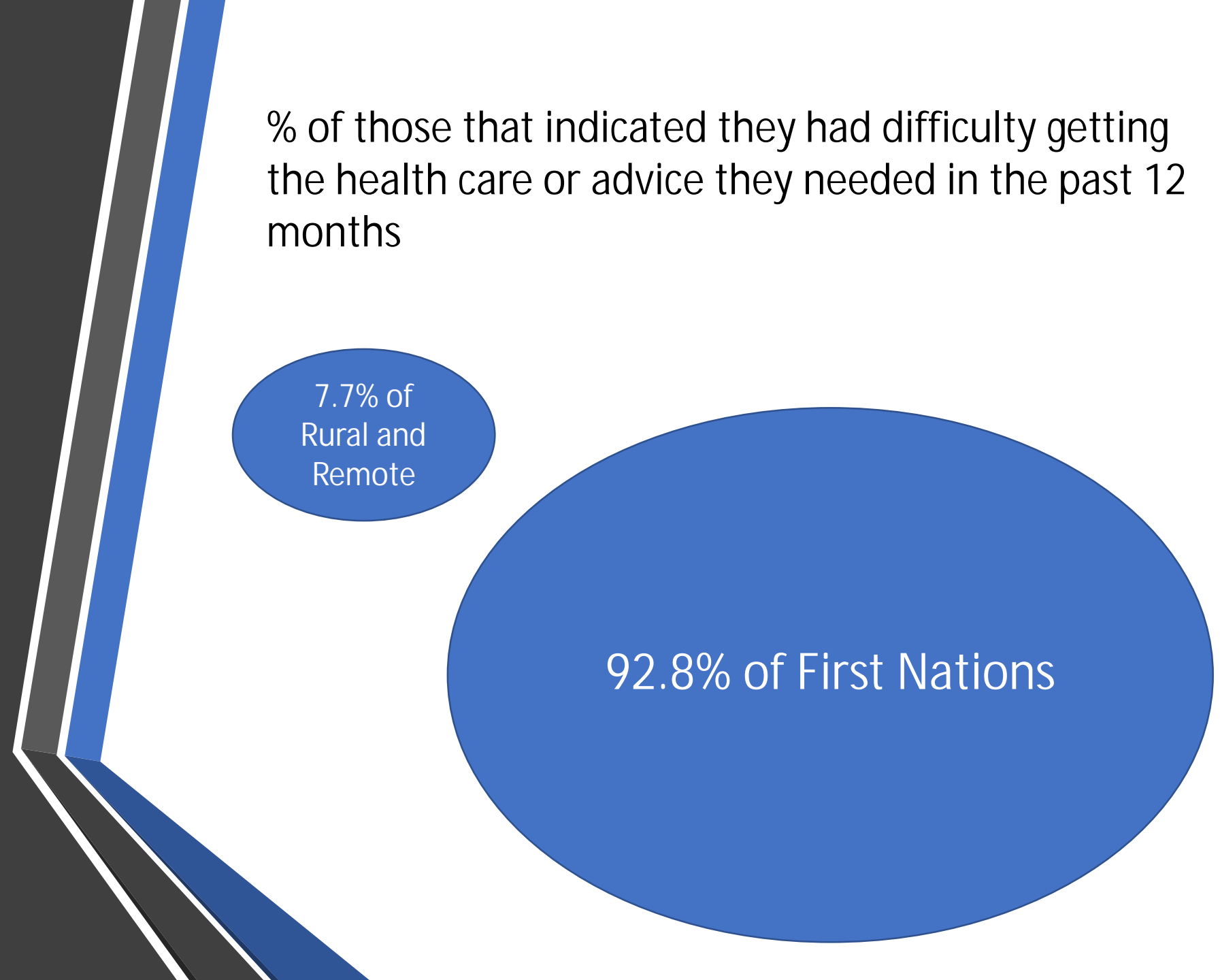
Access, as one of the key indicators of quality health care, remains an issue in rural and remote Canada including First Nations communities

% of those that indicated they had difficulty getting the health care or advice they needed in the past 12 months

7.7% of Rural and Remote

92.8% of First Nations

RESULTS Access



Reason	First Nation*	R & R
Language barriers	100%	0
Did not feel comfortable with available doctor or nurse	100%	0
Waited to long in waiting room	97.6%	F
Services not available at the time required	96.2%	F
Waited to long to get appointment	95.5%	4.5%
Specialist unavailable	95.5%	F
Do not have a personal family physician	94.7%	5.3%
Transportation problems	92.6%	F
Cost issues	91.7%	F
Contacting a physician	93.3%	6.7%
Getting an appointment	89.7%	10.3%
Service not available in area	83.7%	16.3%

% of individuals who indicated the following reasons for difficulty accessing Primary Health Care by Community Type

*First Nation: includes both Nursing Station and Health Centres

F – Cell count is less than 5. Unreportable

Conclusion

- There are differences in access to primary health care for First Nations in comparison to Rural and Remote communities of similar size and distance from hospital.
- A higher percentage of individuals in First Nations report difficulty accessing PHC.
- The top four reasons individuals have difficulty obtaining the PHC they need in First Nations communities are: language barriers, did not feel comfortable with service provider, and time in waiting room, services not available at time required

Discussion

Action is needed to improve: the language barriers, relationship between provider and patient and availability of services at the time they are needed in First Nations communities.

Action is needed to address the difficulties identified in access to primary health care for individuals living in First Nations.

Research Team



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Birdtail Sioux	Tanya Hanska	Eugene Bunn
Fisher River	Cindy Garson	Delmer Sinclair
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Pimicikamak Cree Nation	Helga Hamilton	Muriel Scott
Northlands	Sarah Samuel/Lena	Andrea St. Pierre
Berens River	Donna Everette	Jessica Berens/Jill Semple

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Migwetch
Ekosani
Mahsi
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Questions

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