

Talking About Aboriginal Health: Integrating Primary Care and Public Health

Approximately 100 people attended a community event co-hosted by the Aboriginal Health Strategic Initiatives (AHSI) department with the Public Health Association of BC. The event entitled 'New Visions of Health Care in Aboriginal Communities: Integrating Primary Care and Public Health' was kindly sponsored by The Canadian Institutes for Health Research and was held on the evening of November 22nd at the Vancouver Public Library.



[On stage from left to right: Diana Day (moderator), Dr. Marjorie MacDonald, Mara Andrews, Kim Brooks and Dr. Annette Browne (panel speakers)]

Dr. Marie Anderson from Hey-Way'-Noqu' Healing Circle for Addictions Society offered a warm welcoming for the attendees followed by a number of opening introductions made by the moderator for the evening, Diana Day from AHSI.

Panel speakers who shared their knowledge and experiences included a number of leaders in the field of health including Dr. Marjorie MacDonald, Professor of the Faculty of Human and Social Development, UVIC, Mara Andrews, Director of Kahui Tautoko, Kim Brooks, Department Head of Yuustway Health Services Department, Squamish Nation and Dr. Annette Browne, Professor of the School of Nursing, UBC.

The evening's discussion about primary care and public health and their potential integration to better meet the needs of Aboriginal community members was broad in scope, considering learning lessons from across the spectrum of research to practice.



Some of the key messages from the panel presentations included:

- Primary care and public health are two areas that have the greatest potential as common first points of contact with the health care system to contribute to the reduction of health inequities for First Nations and Aboriginal peoples.
- Collaboration between primary care and public health can leverage resources and momentum towards investing in more equitable, socially just and wellness-centred population health outcomes for Aboriginal communities.
- Inter-sectoral collaboration at intrapersonal, interpersonal, organizational and systemic levels all support effective integration between primary care and public health.
- Health and wellness are not just the responsibility of health care systems, organizations or departments – multiple sectors (eg. education, industry & justice) have the potential to influence improved primary care and public health.
- Integration between primary care and public health for Aboriginal communities requires relationship building and open communication between partners. Often this requires groups to know each other well internally before establishing partnerships externally.
- The size and breadth of staff and services within a Health Authority is different when compared to a Health Centre in a First Nations community - each context influences how collaboration and integration across primary care and public health is pursued differently.

- The integration of health services has been common practice within health departments in First Nations communities for years and can serve as examples for how the mainstream health system can plan and provide health care services in a more coordinated fashion.
- Staff within health departments in First Nations communities often wear multiple hats and fulfill multiple roles within their jobs. Work as a result is less silo-ed.
- Both primary care and public health can jointly acknowledge and respond to the historical context of Aboriginal health outcomes in Canada through a culturally competent approach to health service planning and delivery.
- Definitions for and approaches to quality, respectful care can be shared across public health and primary care - working with Aboriginal community members to create this vision.
- The Provincial Health Service Authority's Indigenous Cultural Competency Training program is an example of a resource that can benefit all staff working directly or indirectly with primary care and public health to build the necessary knowledge and skills to support First Nations and Aboriginal clients appropriately.

A question and answer session followed the panel session summarized above. The Aboriginal Health Strategic Initiatives team and Public Health Association of BC were both very pleased with the turn-out at this event and the number of engaged audience members who asked questions and shared their perspectives in relation to the topic area. Audience feedback supported increased investment in hiring and supporting First Nations and Aboriginal employees in the field of health. A large number of post-secondary health sciences students were in attendance, highlighting the importance of these knowledge exchange opportunities and their potential to shape the understandings of future health practitioners in training.

AHSI and PHABC are grateful to all of the panel speakers who volunteered their time to support this event. Continue to watch for upcoming cultural competency events hosted by the Aboriginal Health Strategic Initiatives team.



Please direct any questions to:

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