The Indigenous Revitalizing Primary Health Care projects in Australia, Aotearoa/New Zealand and Canada

CANADA
What Aboriginal health models are most appropriate for an Aboriginal-run CPHC service?

AUSTRALIA
Three projects:
- Historical study of community-run Aboriginal health service in an urban setting
- Evaluation of comprehensiveness of an Aboriginal controlled male health program in a central Australian town
- Historical study of an Aboriginal remote health service, serving medical and social health needs of 700 Aboriginal people spread over 250 square kms.

AOTEAROA/NEW ZEALAND
Role of community health workers in improving access for Māori to primary health care services

1 Findings

- Indigenous identity is the basis for the framing of health for us. Holistic health view (body-mind-spirit).
- Colonisation has violated our culture, which still impacts today upon our identity and our health.
- Social determinants are integral to our worldview not outside of health and culture is a determinant of health.
- Positive health not sickness health
- Indigenous identity is the basis for the framing of health and the right to health and health services.

Government Health clinic- Garden Hill

Housing- Garden Hill

1 Lessons Learned

• CPHC needs to be the universal framework to address health inequities.
• Having community-controlled organisations and services creates community pride, re-affirms identity and offers safety.
•This service model illuminates various health outcomes that are broader then just the biomedical ones.

When asked Garden Hill First Nations Community described health as all components necessary for healthy living and healthy lifestyles, including: healthy and affordable food, physical and mental health, independence and empowerment, equity, adequate healthcare and a healthy environment which includes a context that enables the traditional way.

Community Gardens- Garden Hill

2. Findings

The research identified that Indigenous peoples understand the underlying causes of ill-health but funding for our programs is limited to a disease model. This dis-empowers us, distorts our aims and re-enforces unequal power relations.

Successful programs incorporate CPHC & community development frameworks.

Utopia Health Service (central Australia) delivers a range of programs to a very decentralized Aboriginal community, who designed their living space to conform to traditional norms which incorporate traditional foods, medicines and family social relationships. This community enjoy significantly better health indices to other centralised remote area communities.

2. Lessons Learned

Social determinants needs to be integrated in the health paradigm not outside of health.

The CPHC approach delivers important outcomes and that we have to continue to lobby for CPHC services and paradigms.

We have to build coalitions, advocate & lobby government to broaden funding criteria.

The Utopia Health Service may soon face disadvantage in accessing government funding for health and other services, because government policy is to force Aboriginal people in remote areas into large town to rationalise government funded service delivery.

3. Findings

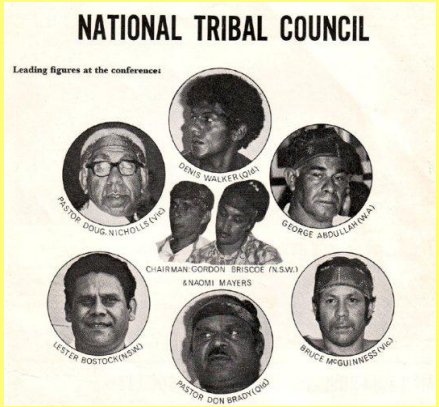
Each project emerged from community struggle and they rely on community connection and reconnections for renewal.

Victorian Aboriginal Health Service developed in 1971 from the political Aboriginal rights struggle. VAHS continues to have a strong activist and rights based programmatic approach.
VAHS showcases examples of individual and collective activism and that social inclusion and the active participation of Aboriginal people is central to this approach.

3. Lessons Learned

The community and services need to remain engaged in political struggle to achieve health equity.

Within program development there needs to be a process of community engagement – it can't be assumed.



4 Findings

Each service did or wished to provide a wide range of programs reflecting the broad holistic view of health and wellbeing.

Central Australian Aboriginal Congress Ingkintja delivers a broad range of culturally specific male programs including:

Counseling, health checks, drop in centre, health promotion sessions, hygiene program, ceremony kits & advocacy on social determinants of health issues

4. Lessons Learned

The services can't always rely on government funding, they must be flexible and take the initiative themselves.

Often the community needs to do the programs and activities themselves and find a way around funding restrictions or lack of money, including having a level of volunteerism.

Central Australian Aboriginal Congress funded its own community consultation and program planning project for Male Health 2004

Kokiri Marae (NZ) community workers being paid 20hrs working 40hrs per week

5 Findings

There is a lack of resources to the organizations to undertake program reviews often leading to the organizations funding the evaluations themselves, or being unable to undertake an evaluation.

As a consequence there is a paucity of literature documenting Indigenous health programs, from an Indigenous perspective.

5 Lessons Learned

The must be funding available for evaluation and review.

A major concern arising from the Kokiri Marae study was that due to a lack of evaluation, contract specifications never change. This undermines the capacity for self-governance.

Policy Implications

1. Recognition of the right to self- determination for Indigenous peoples.
2. The need for a CPHC policy that includes a broader definition that integrates the social determinants of health e.g. (the Alma Ata needs to be updated).
3. Funding models needs to reflect CPHC policy and community needs, including evaluation and research.
4. Policy reform that strengthens the public health sector role.

Policy Implications

5. Workforce – strategy that reflects the broader CPHC model.
6. Greater intersectoral collaboration to address the social determinants of health through housing, education and employment.
7. How can the positive policy outcomes found in this research be implemented in Canada to support First Nations CPHC services address the gross health inequalities experienced by First Nations peoples in Canada.

The implementation of policy requires community action to create political will.

More support for international CPHC collaborations.

Research Questions

What evaluation framework would best reflect the broader CPHC model?

In the current context what community development strategies are most effective in engaging communities?

What are the best research methodologies and tools to use when trying to evaluate Indigenous projects, in particular contexts?