

Special Acknowledgements

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Learning Objectives

- Describe the health disparities experienced by Aboriginal peoples, their relationship to the Canadian health care system, and their similarity to global health issues in low and middle income countries.
- Explain the role of advocacy within the physiotherapy profession as expressed within CPA position statements on health determinants, population health, and primary health care.
- Provide examples and identify strategies to advocate for improvements to the health of, and health care for, Aboriginal peoples and other marginalized populations in Canada.

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Take Home Messages

1. Aboriginal peoples experience health inequities
 - Provincially, nationally, internationally
2. The social determinants of health play a critical role in overall health and wellness
3. Health Care administration & delivery for Aboriginal peoples are complex & involve multiple jurisdictions
4. The physiotherapy profession is in a powerful position to effect significant change through advocacy efforts
5. Physiotherapists have demonstrated successes, but there is room for more!!

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Background

- Canadian physiotherapists are engaged in global health initiatives at home and abroad
- “Global health” means striving for health equity among nations and for all people, where “global” refers to the scope of problems, not their location
- Socioeconomic disparities faced by marginalized populations in Canada are often similar to those of low and middle income countries (LMICs)

Canada's Population Pyramid

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Source: Statistics Canada: Census 1996

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Aboriginal Health Indicators

Life Expectancy

- Up to 10 years less for men
- Up to 13 years less for women

Infant Mortality Rate

- Up to 2.7 x higher

Chronic Disease

- Greater prevalence of arthritis, HT, asthma, CVD, cataracts, chronic bronchitis, CA
 - Prevalence of diabetes ~ 4 x higher (19.7%)

Disability

- Double the rates of Canadians
- Primarily in mobility, agility & hearing



www.publicdomainpictures.net/view_image.php?i=20374&picture-title=at-the-beach
Eagle At The Beach by Debbie Wamsley

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Social Determinants of Health



Housing

- o 2/3 FN reported house in need of some type of repair; 1/3 major repair
- o Over-crowding: 42 % live with ≥ 4 others under 18
 - 54% birth parents living together



Basic Household Amenities

- o >1/2 do not have a computer
- o 7 out of 10 do not have internet
- o 1 out of 5 do not have telephone service
- o 3.5% FN households do not have running water or a flush toilet

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Jurisdictional Framework

- British North America Act (1867)
 - o Replaced by Constitution Act of 1982
- Indian Act (1876)
- Medicine Chest Clause Treaty 6 (1876)



www.publicdomainpictures.net/view_image.php?id=508&picture=old-fort.html Old Colonial Fort by Bobby Mikal

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Medicine Chest Clause

A medicine chest shall be kept at the house of each Indian Agent for the use and benefit of the Indians at the discretion of such Agent.

(Morris, 1880)



www.publicdomainpictures.net/view_image.php?id=1042&picture=medicine-chest Treasure Chest by macklingiana Booth

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Non-Insured Health Benefits (NIHB)

- Needs-based health benefit program available to those who are recognized under the Indian Act of Canada
- MAY cover items not covered by provincial insurance plans
- Includes a specified range of drugs, dental and vision care, medical supplies/equipment, short-term crisis intervention, mental health counseling, and medical transportation

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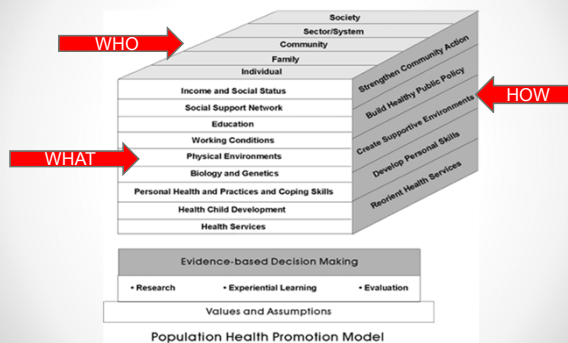
Physiotherapists as Advocates

Physiotherapists responsibly use their knowledge and expertise to promote the health and well-being of individual clients, communities, populations and the profession.

Essential Competency Profile for Physiotherapists in Canada, 2009

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Hamilton & Bhatti's Framework



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Advocacy examples

- Academic opportunities
- Kivalliq medical rehabilitation program
- Primary prevention and health promotion in Sandy Lake
- Stroke tele-rehabilitation

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Academic Opportunities: MB Example

Recruitment & Admissions

- Targeted partnered recruitment strategies
- Aboriginal representation in admissions process
- 37 Aboriginal students admitted into PT since 1990

Retention Strategies

- Aboriginal Student Centre
- Centre for Aboriginal Health Education



Academic Opportunities: MB Example

Curriculum

- Knowledge, exposure & application levels
- E.g., IPE photo-representation of DoH
- E.g., Aboriginal health site visits, IPE student-run clinic, clinical placements



Research

- Partnerships: TCPS 2010, Ch 9; OCAP
- Pre-licensure & post-licensure



Kivalliq Medical Rehabilitation Program

Program Components

- o Delivery of Health Services
- o Education
- o Research
- o Community Development & Advocacy

Guiding Principles

- o Collaboration
- o Partnership between U of M & NU DHSS
- o Community-based
- o Capacity building
- o Sustainable



Kivalliq Medical Rehabilitation Program

Community Needs Assessment

- o Nov. 1999 – Apr. 2000

Mixed methods

- o Surveys to Health, Education and Social Services
- o Review of referrals out of region
- o Key informant interviews with consumers
- o Community engagement through call-in radio shows



Results of Community Needs Assessment

Quantitative

- o ~9% of population (N=670) would benefit from immediate referral to rehabilitation therapy

Qualitative

- o Local services preferred over travel
- o Desire for local employment



Consumer Voice

"It is stressful enough not to get lost in the city, especially when people walk really fast. She was trying to keep up while holding on to her grandson at the same time... She is not used to escalators and it is very scary to use the escalator when you have a heavy child who is totally dependent on you for transferring."

Fricke, 2001



Kivalliq Med Rehabilitation Program

Services

- o 2 PTs, 2 OTs and 1 SLP based in Rankin Inlet
- o Typically stay 2 to 3 years
- o Regular community outreach visits
- o Primary, secondary & tertiary health care

Primary Health Care Initiatives

- o Healthy Lifestyles group
- o Walking group
- o Pre-school screening
- o Ad hoc injury prevention programs



Community Therapy Assistant Program

- Response to original community input
- Feasibility Assessment 2002
- Multiple partnerships
- Iqaluit 2008/2009
- 3 CTAs: 1 in Kivalliq



Primary Prevention and Health Promotion in Sandy Lake



Map of Ontario showing Sandy Lake location. Photos show a cabin and a boat.

SANDY LAKE FIRST NATION HEALTH AUTHORITY
St. Joseph's Care Group
Baycrest Learning Care Empowering Transitions Empowering Minds

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Guiding Principles

- Collaboration
- Equal partnership
- Community-based
- Building capacity- delivered by Sandy Lake community members
- Sustainable



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Program Development

- Goals of program
 - Increase stroke knowledge and outcome expectancy
 - Activity level and exercise efficacy
- Self-management program based on Social Cognitive Theory and Goal-setting Theory
- Adapted from Moving on After Stroke® Program for PRIMARY stroke prevention
 - Further adapted for cultural relevance

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Lessons Learned

- Primary stroke prevention is worthwhile and feasible
- Remote First Nation communities present similar and new challenges
 - Different cultural perspectives on timeliness
 - Frequent staff/participant out-of-community travel
- Additional challenges to self-manage for good health
 - High cost of healthy food
 - Low family income
 - Limited access to primary care physicians
 - Lack of a community exercise/recreation centre
- Success requires ongoing collaboration between health promoters and community leaders for cultural relevance and sustainability

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Stroke Tele-Rehab



• Heather Coulson, Esmé French, Tina Kakepetum-Schultz, Kirsti Reinikka, Marney Vermette • 29

Background/Rationale

- Best practice guidelines recommend continued access to rehab & equal access to care no matter where a person lives
- The physical effort and high cost of travel can make it difficult for people with stroke to access rehabilitation
- Northwestern Ontario has extensive telemedicine service, some of the best network capacity in Canada
 - OTN, KOTM



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Education

Physical Rehab Training Workshop



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Consultations

Studio

- Clients attended at telemedicine studio
 - Nursing station, hospital, clinic,
- Support - Community Telemedicine Coordinator

Intervention: OT/PT/SLP/SW
(Thunder Bay, ON)



In-Home

- Clients attended in their own home
- Support - Home & Community Care staff & Telemedicine Coordinators

****An option for remote First Nation communities only**

Intervention: OT/PT/SLP/SW
(Thunder Bay, ON)



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Findings

Convenient & Efficient

"Well, it saves a lot of travel time... and it's convenient ... especially for people like me who don't drive" (Person with Stroke)

In Alternative not Replacement

"[Tele-Rehab provided] access to services... they didn't have anything, so at least we were hopefully able to provide something. Does it replace face-to-face? Absolutely not." (Clinician)

Comfort & Support

"I think it did give them [clients] comfort... like someone is looking after them from... out there." (Remote Care Provider)

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NWO Summary

- Telemedicine can extend the reach of rehabilitation professionals into communities where access is limited
- Tele-Rehab is a feasible and acceptable approach to providing community-based rehabilitation consultations to people with stroke in NWO
- While Tele-Rehab cannot replace face-to-face care, it provides an alternative where direct services are not available



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Vancouver Island Cape Mudge, Quins' am

Private practice physio clinic from neighbouring town:

- Employed by the band
- Provides consultation to schools on reserve
- For children with developmental delay
- Community presentations re: physical activity, and sensori-motor stimulation
- Booth at Annual First Nations Health Education event



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Northern Vancouver Island Na'amgis & Quatsino

Partnership between local Tribal Councils and Health Authority (public practice PT)

- Develops & delivers Train-the-Trainer workshops for Stroke Rehabilitation in remote villages
- Diabetes education workshops delivered on reserve with Aboriginal health liaison worker, dietician and nurse educators



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Pediatric Physiotherapy Lakes-Omenica, BC

- Outreach services few days/month to remote communities: Fort St James, Vanderhoof, Fraser Lake & Burns Lake
- PT employed by College of New Caledonia Early Intervention Services
- PT is a part of a multi-disciplinary team with OT & SLP



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Pediatric Physio Lakes-Omenica, BC

(cont'd)

- infants, pre-school & school-age children with developmental delay, many have fetal alcohol syndrome & some suffer from drug exposure
- home visits, which include on reserve, work through aboriginal day care & Head Start programs
- Partner with aboriginal workers who carry out daily interventions



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Challenges and Strategies

Challenges

- Servicing distant, isolated communities
- Families are overwhelmed by their social circumstances and find it difficult to follow through with regular therapy plans



Strategies include:

- Engage local community health workers
- Train members of the community to deliver rehab services in appropriate cultural context
- Partner with other health care providers offering services for team approach
- Consult visits organized locally with awareness of community events

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Education strategies

- Interprofessional clinical education in rural communities
 - E.g. Interprofessional Rural Program of BC
- Health Careers Travelling Roadshow:
 - interprofessional student team (Medicine, Nursing, PT, OT)
 - travel to high schools in remote & aboriginal communities for show & tell about health care careers
 - Coordinated through UBC Northern Medical Program, UBC Dept of PT
 - and UNBC

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To understand where we are, understand where we have been.

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Source: Archives Canada (F. Dally)

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Rapid Changes and Monumental Challenges

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Source: www.sandylake.firstnation.ca

Source: General Synod Archives.

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Strategies- the HOW TO's

- Community needs assessment
- Community collaboration
- Equal partnership in all activities including knowledge translation
- Engagement of key stakeholders (chief and council, nursing station, elders, health authority)
- Input of program development and delivery by community members (what works, what doesn't, hunting week, translation, etc.)
- Delivery of programming by community members

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Strategies- the HOW TO's

(cont'd)

- Sustainability
- Personal rapport essential
- Consider the community experience and infrastructure, and past experiences with health promotion and rehabilitation programs
- Advocacy for policy change and development
 - Recruitment of Aboriginal physiotherapists

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Physiotherapy: A Valuable and Timely Human Resource

- Highly trained 'Movement' experts
- Evidence based foundation
- Entrepreneurial
- Interprofessional collaboration
- "right service, right time, right place"

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References

- Koplan, J. et al. (2009) Towards a common definition of global health. *The Lancet*.373: 1993-1995.
- National Physiotherapy Advisory Group. Essential Competency Profile for Physiotherapists in Canada, 2009. <http://www.manitobaphysio.com/documents/ECQuickReferenceEnglish.pdf>
- Hamilton, N. & Bhatti, T. (1996). *Population health promotion: an integrated model of population health and health promotion*. Retrieved September 22, 2010 from : <http://origin.phac-aspc.gc.ca/ph-sp/php-ppsp/>
- Health Canada. (2005). *First Nations comparable health indicators*. Retrieved April 20, 2011, from http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/2005-01_health-sante_indicat-eng.php
- Morris, A. (1991). *The treaties of Canada with the Indians of Manitoba and the North-West Territories*. Saskatoon, SK, Canada: Fifth House Publishers.
- United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*. Retrieved April 22, 2011, from <http://www.un.org/esa/socdev/unpfii/en/declaration.html>
- Waldram, J. B., Herring, D. A., & Young, T. K. (1995). *Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives*. Toronto, Canada: University of Toronto Press.
- Lindsay P, Bayley M, Hellings C, Hill M, Woodbury E, Phillips S. (2008) Canadian Best Practice Recommendations for Stroke Care. *CMAJ*.179(12 SUPPL):E1-E93.
- Heart and Stroke Foundation of Ontario (2007). Report from the Consensus Panel on the Stroke Rehabilitation System Retrieved on September 11, 2008 from: <http://209.5.25.171/ClientImages/1/SRSCP%20ES%20FINAL%2020070430.pdf>

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Questions?

Thank you!

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