The Canadian Pediatric Society has identified First Nations communities in Canada as being at higher risk for health disparities including increased incidence of childhood obesity, significant dental caries, neonatal mortality, developmental delay, substance abuse and mental health concerns. These disparities are related to many factors including the intergenerational impact of colonialism and the residential school system, environmental injustices, adverse early childhood experiences, quality of education, and reduced access to services including health care.

Despite a growing population, many First Nations communities, including the Maskwacis Four Nations, do not have access to consistent, reliable health care services. Maskwacis Four Nations is comprised of Louis Bull, Montana, Samson and Ermineskin communities. The population is approximately 15,000 people, of which almost half are less than 18 years of age. Maskwacis Health Services (MHS) provides treaty based medical, pharmaceutical, mental health and addiction counseling, however physician services are intermittent. Due to the inconsistency in essential care, MHS employees, community members and Elders have identified a need for pediatric services and improved child health in their community. There is currently no data on the types and extent of health issues affecting Maskwacis’ children.

In spring 2013, a pediatric resident visited the Maskwacis Health Center with Dr. Lola Baydala, an Edmonton pediatrician collaborating in community based participatory research with the people of Maskwacis since 2011. This visit highlighted significant health care needs and barriers to medical access for the pediatric population in the Maskwacis Four Nations. University of Alberta pediatric residents learned of this need for pediatric health care, and recognized it as an opportunity to partner with the community to identify and improve local child health issues.

Multiple project development meetings between the project team, the Medical Director of MHS and the University of Alberta Pediatric Residency program were held between March and June 2013. After the clinic was formally approved in October 2013, recruitment of pediatric preceptors and scheduling of pediatric residents began.

Our main focus of the MPOC is to provide increased access to pediatric care, and to promote child health and disease prevention in the Maskwacis Four Nations region of Alberta. We aimed to achieve this by 1) organizing a weekly Maskwacis pediatric outreach clinic (MPOC), 2) conducting community focus group meetings to establish locally identified health needs to continue to develop relevant strategies to improve
child health outcomes, and 3) conducting research in collaboration with the Maskwacis community.

We are very fortunate to have the MPOC within the Maskwacis Health Center, and MHS has provided a clinic receptionist, charts, and specific pediatric equipment for the clinic. The clinic currently has two pediatricians who regularly attend (typically biweekly), and six other pediatricians who attend the remaining weekly clinic dates throughout the year. The clinic accepts walk-ins, referrals, and consults. First year pediatric residents attend MPOC as part of their community pediatric rotation, and third year pediatric residents attend as their annual continuity clinic site.

As part of our project, we organized a presentation to our resident group from a community member to educate us on the history and culture of the Maskwacis communities. In addition, we organized a presentation by a pediatric dentist to teach about common dental health issues, screening for dental concerns, how to counsel families on oral health, proper documentation of the dental exam, and how to apply fluoride varnish. We have implemented routine fluoride varnish application free of charge for patients attending the clinic. In partnership with the University of Alberta Department of Pediatric Dentistry, a prospective study has been initiated to assess outcomes of the fluoride application intervention, and to assist in advocating for improved oral health in Maskwacis.

To date we have conducted three separate community meetings with the following focus groups: Maskwacis elders, caregivers of Maskwacis children, and with allied health care providers. Data from these focus groups is currently being analyzed. We hope to use this information to collaborate with the community to develop strategies to improve child health. In addition, we will be meeting with principals from the four community schools to discuss the interest in and possible implementation of public health presentations for students.

Lastly, we are currently collaborating on two research studies being conducted by two of our second year pediatric residents. One is a prospective chart review, which will improve our understanding of the health needs for the children and youth of Maskwacis. The data will be discussed in focus groups with community members, with a specific focus on strategies to improve child health. The second project is to determine, whether the involvement of pediatric residents in an outpatient clinic that serves children from a marginalized and underserved First Nations community can augment CanMEDS roles as they relate to Pediatric Residency Royal College Objectives. University of Alberta pediatric residents will complete surveys with respect to CanMEDS roles, in addition to field notes, documenting their experiences and impressions of working in a First Nations community.

Overall, our long term goals of this project are to: 1) respond to and implement findings from the community based focus groups, 2) provide a consistent and sustainable resident lead pediatric outreach clinic in Maskwacis, 3) to work with the
MHS Medical Director to allocate finite child healthcare resources, and 4) to demonstrate how a pediatric resident outreach clinic can improve child health outcomes in the Maskwacis Four Nations community.