

Collaborative Priority Setting for Enhancing Primary Health Care Access among the Nepalese Community in Canada



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Background

Primary Health Care (PHC) serves as the initial point of entry for accessing healthcare services, frequently comprises the prevention and treatment of common diseases and injuries, basic emergency services, coordination with or referral to other levels of care (such as hospitals and specialized care), primary mental health care, palliative and end-of-life care, health promotion, support for child development, primary maternity care, and rehabilitation services. Immigrants have greater unequal access to Primary care, and experience of care.



Extensive research concerning potential resolutions to immigrants' healthcare access in Canada is limited, and the viewpoint of immigrant communities regarding priorities and feasible solutions remains inadequately captured.

Aim

To seek input from Nepalese Canadian immigrants in Calgary to rank ten predefined primary care access topics based on their perceived importance for research centered on solutions.

Methods

Study population

- Nepalese immigrants aged 18 years and older residing in Calgary
- Purposive and convenience sampling was used between May to December 2019.

Method

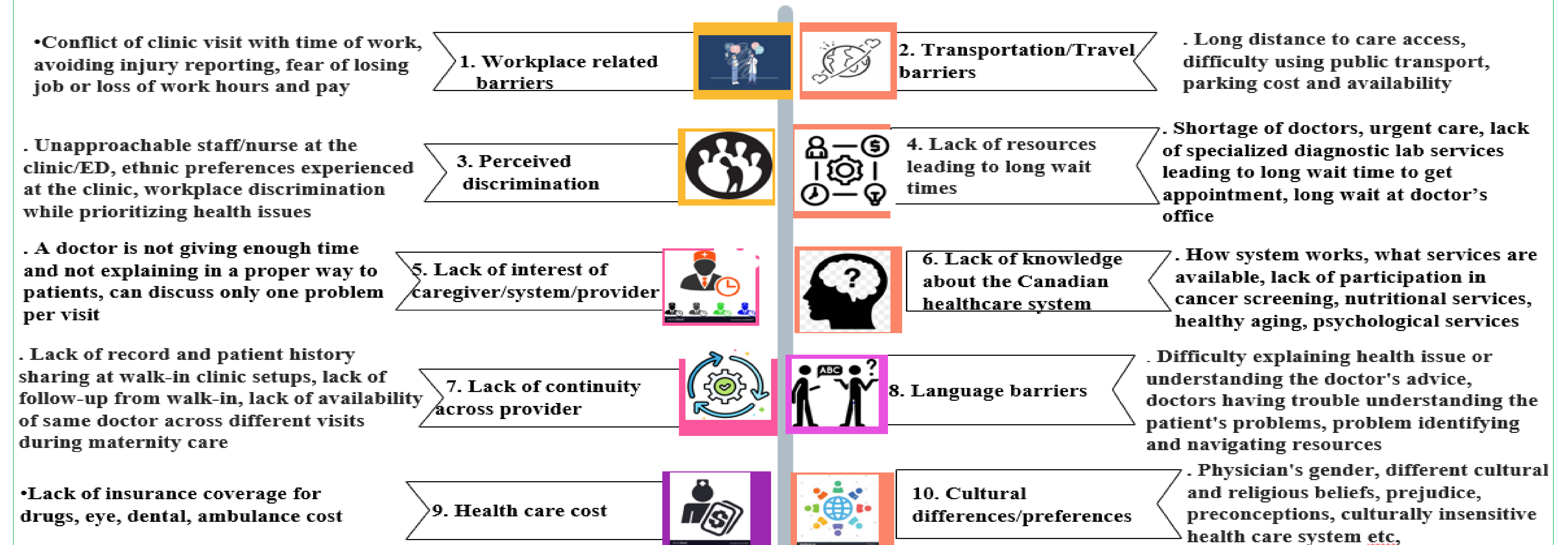
- A self-administered survey was conducted where ranking options for the ten primary care access challenge themes were provided to the participants.
- The research themes were identified based on comprehensive literature reviews conducted by the members of the program of research (Fig.2).

Acknowledgments

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Fig.1 Priorities for Primary Health Care Access Solution-Oriented Research



Results

Table 1: General characteristics (N=401)

Characteristics	Men (N=202)	Women (N=199)
Sex	50.37%	49.63%
Age (36-45, years)	44.06%	34.17%
Education: Graduation	49.01%	24.75%
Income: \$51,000-\$75,000	36.08%	32.47%
Length of stay in Canada (>5years)	61.86%	48.19%

Fig. 2: Overall prioritization of topics

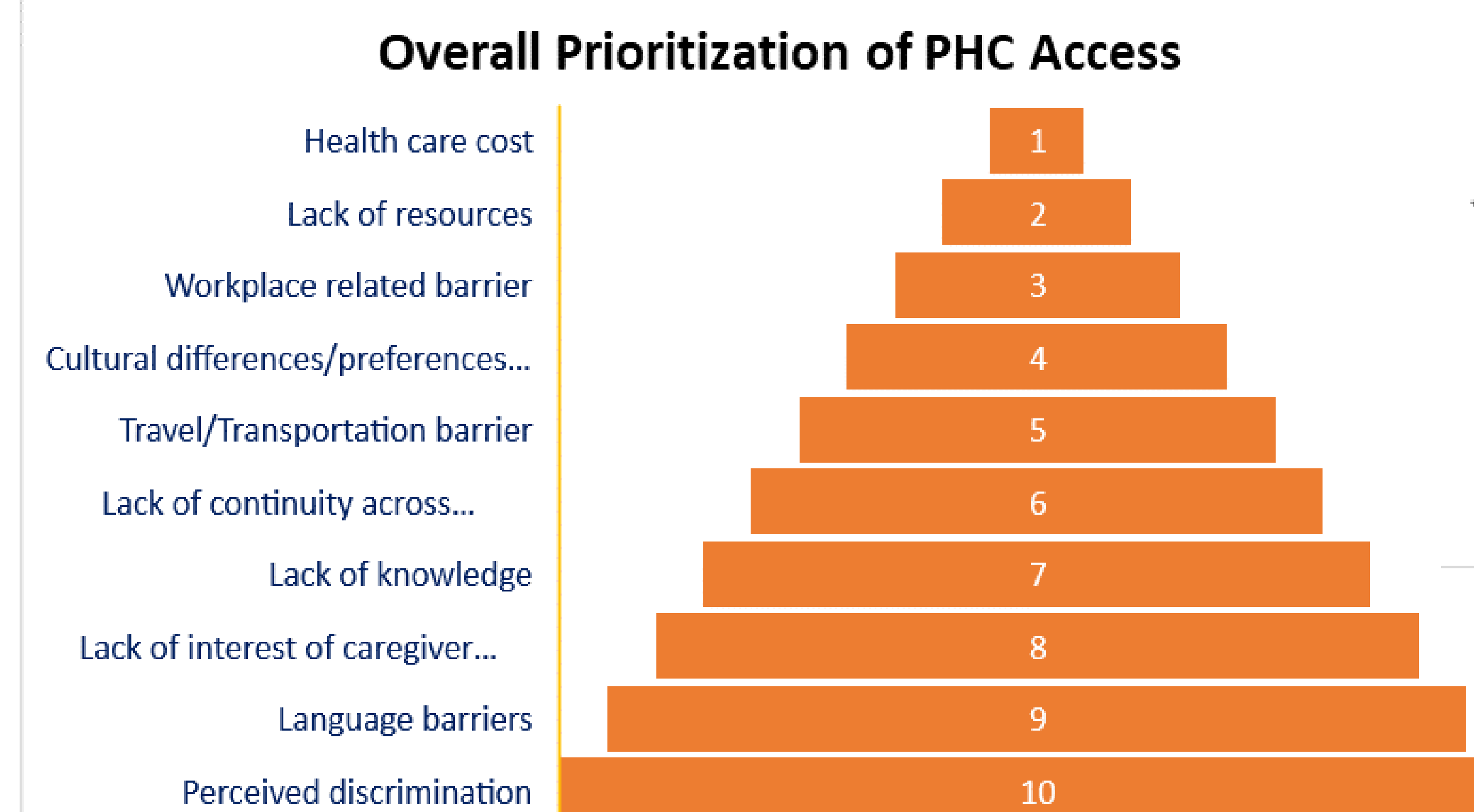
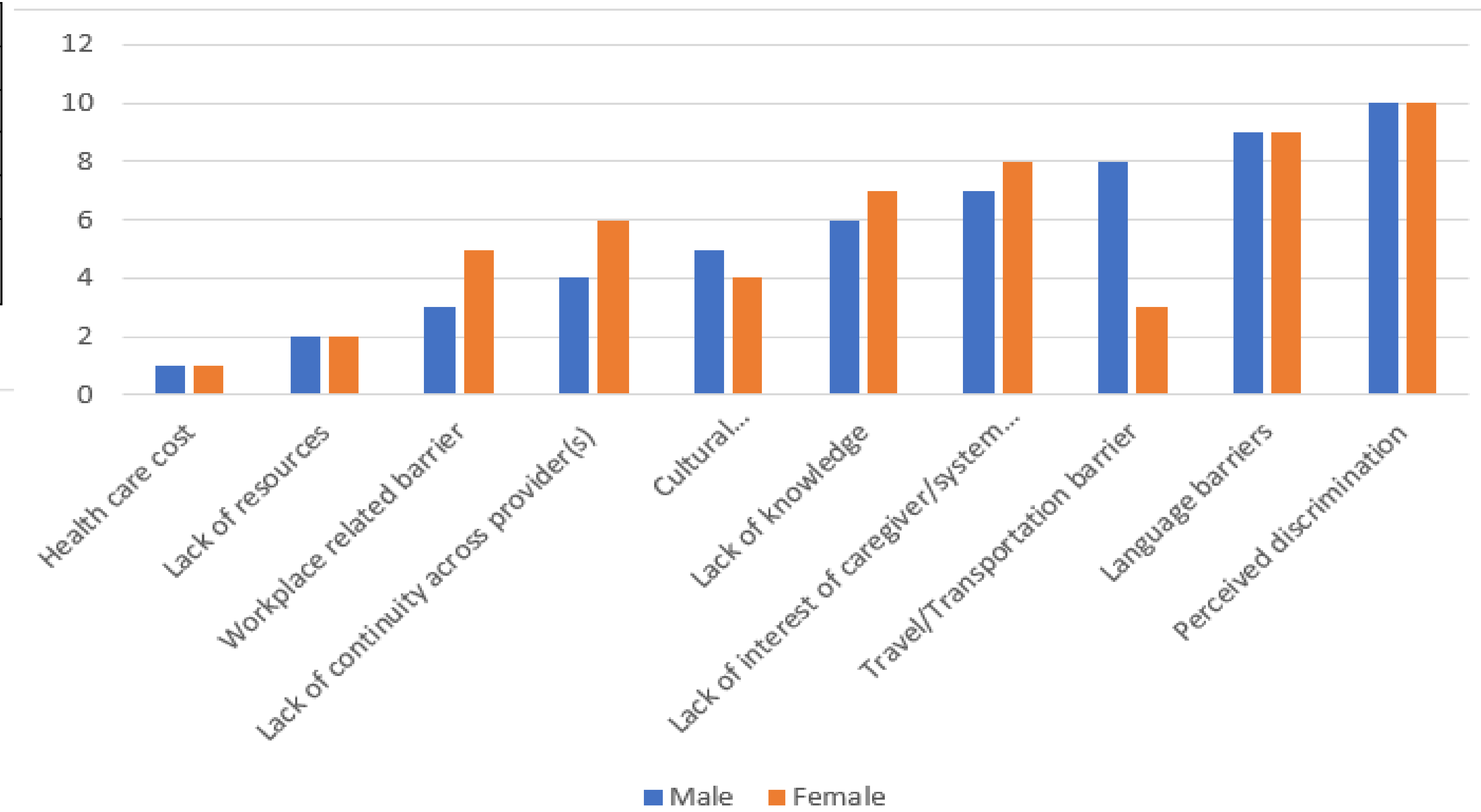


Fig. 3: Summary of prioritization by Male and Female



Healthcare costs, lack of resources, workplace-related barriers, cultural differences/preferences/perceptions, and transportation barriers were among the top-ranked research priorities by the participants.

Conclusion

There is a growing recognition that health solution priority-setting approaches should embrace interdisciplinarity and collaboration, with community participation as a pivotal factor. This involvement enhances the healthcare system and fosters the creation of interventions that more effectively cater to the community's needs.