SUPPORTING AN INNOVATION PLATFORM FOR INDIGENOUS PRIMARY HEALTH CARE IN ALBERTA

THE INDIGENOUS PRIMARY HEALTH CARE AND POLICY RESEARCH (IPHCPR) NETWORK

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Stephanie works and is situated on Treaty 6 Territory and Pam works and is situated on Treaty 7 Territory in Alberta.

Treaty 6 & 7 are traditional meeting grounds, gathering place, and travelling route to the Cree, Saulteaux (Soo-toe), Blackfoot, Métis, Dene (De-nay) and Nakota Sioux (Sue).

We give gratitude to the original keepers and caretakers of Turtle Island for our privileges of sharing space with all of you today.
The Constitution Act of 1867 reaffirms Canada’s dual legal system and defined health services as a provincial jurisdiction
- Federal government was responsible for provision of health services to First Nations on-reserve and Inuit.

Section 35 of the 1982 Constitution Act explicitly recognizes and affirms treaty rights, which are specifically set out in agreements between the Federal government and Indigenous peoples

Although Medicare in Canada has been considered a major point of Canadian pride and identity, Indigenous peoples were left out of the plan

The Canada Health Act of 1984, similarly, does not mention Indigenous peoples (despite the emergence of constitutional Aboriginal rights just a few years earlier)

1979 Indian Health Policy (Federal) – trying to get out of the business of health care all together
The Reality…

- In Canada, varying degrees of primary healthcare service exists within First Nations, Métis and urban contexts that is fragmented, under-resourced and disconnected from each other as well as from mainstream primary healthcare services.
- Complex or absent funding processes and mechanisms and disconnected processes in federal, provincial, and community-level health system structures complicates basic health service delivery for Indigenous peoples.
- Structural barriers and inconsistent political will to enable cross-sector collaboration impedes progress towards sustainable solutions for Indigenous primary healthcare
The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) provides direction towards equitable primary healthcare for Indigenous Peoples, based on rights of Indigenous Peoples to highest attainable standard of physical and mental health and right to access health and social services, without discrimination.

The Truth and Reconciliation Commission (TRC) health legacy calls to action sets a framework for grounding primary healthcare policy action.

Achieving primary healthcare equity with Indigenous populations speaks to the need for systemic transformation framed within decolonization of healthcare through embracing reconciliation, cultural safety and structural competency.

Begosendang – Ojibway word meaning, “to act on a wish perceived by thought” by Annette Sullivan
“[A] modern industrial health care system can be a determinant of ill health, especially where it is culturally unsafe. At present, Canadian health care for Indigenous people is not culturally safe owing to the ways that health law, health policy and health practice continue to erode Indigenous cultural identities.”

INNOVATIONS IN INDIGENOUS PRIMARY HEALTH CARE MODELS

- Innovations in Indigenous primary healthcare services arose from mainstream health services being unable to adequately meet the needs of Indigenous communities and Indigenous peoples.

- An Indigenous model of care outlines best practice care and services for Indigenous communities and utilizes the strengths and collaborative skills of many health professionals and traditional healers.
In Spring of 2019, formal roundtable meetings in Alberta brought together provincial stakeholders to provide direction for a proposed Network for Indigenous Health Research focused on primary health care and policy research.

Funded under CIHR’s Network Environments for Indigenous Health Research (NEIHR) for 5 years with (eligible for two renewals for a total of $10.5 million over 15 years)
The scope of this map is specific to organizations/groups that impact or significantly relate to Indigenous primary health care access in Alberta.
VISION

To promote a renewed and transformed primary health care system to achieve Indigenous health equity by advancing research that links knowledge to policy and practice, fomenting evidence-informed structural and policy innovations based in equity and Indigenous Ways of Knowing.
ORGANIZING QUESTIONS

What is the nature of transdisciplinary knowledge effective for transforming primary health care and policy for achieving health equity?

How can primary health care be better equipped to address the upstream social causes of poor health?

What is needed for primary health care to play a key role in healing from multigenerational adverse life experiences?

What are the most effective approaches for exchange and sharing of primary health care and policy knowledge innovations?

What are best ways to measure the impact of emerging primary health care and policy knowledge innovations?
OBJECTIVES

Foster Indigenous primary health care and policy research relationships and collaborations

Establish a knowledge platform of theory, process and appropriate methods for Indigenous primary health care and policy research

Advance Indigenous primary health care and policy research capacity through critical training and mentorship opportunities

Support meaningful Indigenous community-based primary health care and policy research

Advocate for Indigenous primary health care system transformation through strategic knowledge sharing and expertise
EXPLORING THE CONTEXT, MECHANISMS AND OUTCOMES OF INDIGENOUS PRIMARY HEALTHCARE MODELS

- Scoping realist review conducted from January 2021 – September 2021
- Guiding Review Questions
  1. What are the key characteristics and features of Indigenous-led or Indigenous-focused primary healthcare models for advancing primary health care delivery and meeting the health needs of Indigenous peoples?
  2. What are the contextual or environmental enablers that support innovations in Indigenous primary health care models (e.g., supportive policy environment, community readiness, governance, infrastructure, and strong workforce supply)?
- Convened an Expert Advisory Group comprised of experts working in Indigenous primary health care across Canada, Hawaii and Australia.
- Explored the experiences and views of primary health care providers on the contexts, mechanisms and outcomes (CMO) that define Indigenous primary health care models and the factors resulting in their success
The framework provides a strong foundation for understanding the key implementation considerations for developing and implementing primary health care programs, services or interventions with Indigenous communities.

Implementation should be guided by an Indigenous-centred care approach by providing opportunities for community voice/agency, reflexivity among researchers, and providing resources to address structural challenges.

Partnership and Trust is associated with greater implementation effectiveness and improved health outcomes and health equity.
1. EXPLORING THE PATIENT MEDICAL HOME MODEL FOR INDIGENOUS PRIMARY HEALTHCARE

The Patient’s Medical Home Model in Alberta
EXPLORING THE PATIENT MEDICAL HOME FOR INDIGENOUS PRIMARY HEALTHCARE

What gaps and assumptions underly the Patient Medical Home (PMH) model and what this means for Indigenous peoples? What opportunities exist for adapting the PMH model for Indigenous PHC delivery?

A primary health care innovations forum brought together Indigenous primary health care leaders, providers and researchers in Alberta for knowledge sharing, collective exploration and discussion on primary health care innovation and the opportunities for Indigenous primary health care delivery (see graphic illustration to the right).
KEY ELEMENTS OF A PATIENT MEDICAL HOME MODEL FOR INDIGENOUS PRIMARY HEALTH CARE
2. ENHANCING INDIGENOUS VIRTUAL PRIMARY CARE

CIHR OPERATING GRANT INDIGENOUS RAPID RESEARCH IN RESPONSE TO COVID-19
THE ROAD TO VIRTUAL CARE…

First COVID-19 Case
- March 6

In-person visits suspended at clinic
Self-isolation COVID-19 symptoms, exposure
- March 13

Schools close
- March 15

Public health emergency declared
Theatres, museums, recreation centres close
- March 17

All non-essential businesses close
Virtual health care widely adopted
- March 27

2nd Wave
On-going virtual care delivery
- November - Present

Non-essential businesses reopen
- May 25
OBJECTIVES

How do Indigenous patients accessing virtual and/or remote based primary care during the COVID-19 pandemic define high-quality virtual primary healthcare experiences?

How can high-quality virtual and/or remote based primary care with Indigenous patients be monitored and measured in order to facilitate ongoing continuous improvement in primary health care practice?
CREATING A PATIENT EXPERIENCE TOOL

Themes

- Access
- Relationships & Trust
- Time and travel
- Improved Follow up
- Health self-maintenance

Creating domains

- Tool development: What do these domains look like in practice?
  - Indigenous-specific services
  - Increased Safety
  - Ability to give feedback
“I think they’re all fabulous, really. Like this doctor that I’ve been talking to- our first meeting was on Zoom. And then since then, it’s just been on phone calls. So, she’s super accommodating.”

The staff at AIVCC are, “just extremely friendly and accommodating.”

“The ladies that I phone and, talk to, they’re always more than willing to help. They always follow up. They make sure I got the emails, and like, they’re pretty awesome. (laughs)”

“It’s actually very fast. Like, you can get an appointment like that day or the next day for sure… and the doctors are all super friendly. They’re very helpful. Just to be able to access that and not having to go anywhere, especially during the pandemic, is really great.”
WHAT WE HAVE HEARD: RELATIONALITY

Virtual services are seen as being “more private.”

“we're able to talk, and I don't feel like frustrated from not being heard.”

“with the staff, they, thoroughly ask you questions, and then, when you're talking, interacting with the doctor, they actually listen.”

“I'd say it's good because they're, they seem to be more understanding, [at other clinics] it's kind of judgemental. But with them, they're more caring and more concerned. They care about you.”

“There's been absolutely no issues for me, like using the (virtual) services. I feel like I’m respected and valued when I do call.”
That's why it's also nice to have the Indigenous virtual clinic or Indigenous clinics, because, you know, [discrimination] wouldn't happen there.

The staff at AIVCC “they don't just have that judgment, just because I'm Native.”

"I feel like they're very aware of the different challenges and health needs. And as well like, they're fully aware of historical trauma. And they're trying to mitigate the risks associated with past wrongs.”

"Yeah. It does make me feel more safe. It feels like this is for, like First Nations and, um, the focus is more on us.”
| I was satisfied with using the Alberta Indigenous Virtual Care Clinic service today |
|---------------------------------|-----------------|----------------|----------------|----------------|----------------|
| 1 - Strongly Disagree           | 2 - Somewhat Disagree | 3 - Neither Agree nor Disagree | 4 - Somewhat Agree | 5 - Strongly Agree | Not Applicable |

| I felt that I was heard by the healthcare provider during my appointment |
|---------------------------------|-----------------|----------------|----------------|----------------|----------------|
| 1 - Strongly Disagree           | 2 - Somewhat Disagree | 3 - Neither Agree nor Disagree | 4 - Somewhat Agree | 5 - Strongly Agree | Not Applicable |

| I felt respected by the healthcare provider during my appointment |
|---------------------------------|-----------------|----------------|----------------|----------------|----------------|
| 1 - Strongly Disagree           | 2 - Somewhat Disagree | 3 - Neither Agree nor Disagree | 4 - Somewhat Agree | 5 - Strongly Agree | Not Applicable |

| I feel safe expressing my health needs to my virtual care provider |
|---------------------------------|-----------------|----------------|----------------|----------------|----------------|
| 1 - Strongly Disagree           | 2 - Somewhat Disagree | 3 - Neither Agree nor Disagree | 4 - Somewhat Agree | 5 - Strongly Agree | Not Applicable |

| My virtual provider suggests services that are appropriate to my level of technology access |
|---------------------------------|-----------------|----------------|----------------|----------------|----------------|
| 1 - Strongly Disagree           | 2 - Somewhat Disagree | 3 - Neither Agree nor Disagree | 4 - Somewhat Agree | 5 - Strongly Agree | Not Applicable |
WHERE NEXT?

CIHR Operating Grant: Indigenous Rapid Research in Response to COVID-19 (round 2)

Implementation and piloting to support ongoing program evaluation 2022-2023
KEY MESSAGES

- Primary health care innovation must be Indigenous-led and driven by Indigenous Ways of Knowing
- Indigenous primary health care policy can create ethical systems-level changes for access, quality and safety within Indigenous health services
- Achieving primary health care equity with Indigenous populations speaks to the need for systemic transformation framed within decolonization of healthcare through embracing reconciliation, cultural safety and structural competency
- Western or biomedical models of health and illness are limited in what they can say about lived experiences of health or illness. People-and person-centred care helps us to understand the social and cultural realities of Indigenous peoples

*Making change in a complex system needs complex system thinking*
THANK YOU!

QUESTIONS?

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