Alberta Network Environments for Indigenous Health Research (AB NEIHR): Indigenous Primary Health Care and Policy Research (IPHCPR) Network

Primary Health Care Innovations Gathering

December 2020

SUMMARY OF GATHERING

On December 3, 2020, the Indigenous Primary Health Care and Policy Research (IPHCPR) Network held a virtual gathering to focus on innovations in primary health care (PHC). We invited diverse stakeholders within the health system and academia to share their experiences and exchange views on PHC policy and research. Our overall aim of the event was to generate direction and to synthesize knowledge based on Albertan realities. We hoped that through this event we would identify a research agenda as means of integrating emerging ideas and critical knowledge to move Indigenous PHC forward.

Agenda for event:

1. Opening of the event by Dr. Lindsay Crowshoe

2. Breakout groups for topic discussion:

   - Patient Support and Social Cohesion

   - Virtual Care

   - Organizational Models for PHC

   - Initiatives to Interrupt Racism

3. Large group discussion

OPENING OF EVENT

Dr. Lindsay Crowshoe, nominated principal investigator of the IPHCPR Network, provided an introduction and opened the gathering. In this opening, Dr. Crowshoe brought awareness to the importance of attention to the *space* in which we, and Indigenous PHC, operates. The concept of ethical space, described by Willie Ermine as a space formed when two societies with distinct worldviews are poised to engage with each other, was explored and how Indigenous PHC transformation involves openness and mutual learning between both Indigenous and non-Indigenous knowledge systems.

Dr. Crowshoe went on to discuss how health care can contribute to or facilitate poor health outcomes, and how complacency and a lack of understanding of distal determinants of health, including colonization, can perpetuate these poorer outcomes for Indigenous peoples. The stories of Brian Sinclair and Joyce Echaquan, both of whom experienced systemic racism, and lost their lives as a result of inequitable care were discussed.

"Historically our system has been fraught with dangers [for Indigenous peoples]"-Dr. Lindsay Crowshoe

THE SCREAM, KENT MONKMAN

"[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."

R. Matthews CMAJ 2017 January 16;189:E78-9. Doi: 10.1503/cmaj.160167

In discussion of what needs to be fixed, Dr. Crowshoe brought forward this notion that there is also this space of beauty in which we can act. In this acting and to understand ways forward for Indigenous PHC and health for Indigenous peoples we need to truly look at inequities and understand how they operate. This includes an understanding of, and attention to, how colonization impacts us through societal structures, including health systems and care. Furthermore, this understanding can direct how we act within the healthcare system and the changes we advocate for.

As Dr. Crowshoe wrapped up the opening of the session, he drew attention to literature that demonstrates how strengthening of PHC results in improvement in health outcomes for Indigenous peoples. He asked the question of "How can we **strengthen** PHC" ?

BREAKOUT GROUPS

Participants of the session were randomly divided into 4 groups. Each of these groups had two facilitators who provided a brief introduction to the topic and guided the conversation. Each group participated in two sessions. The topics explored, and their facilitators, included:
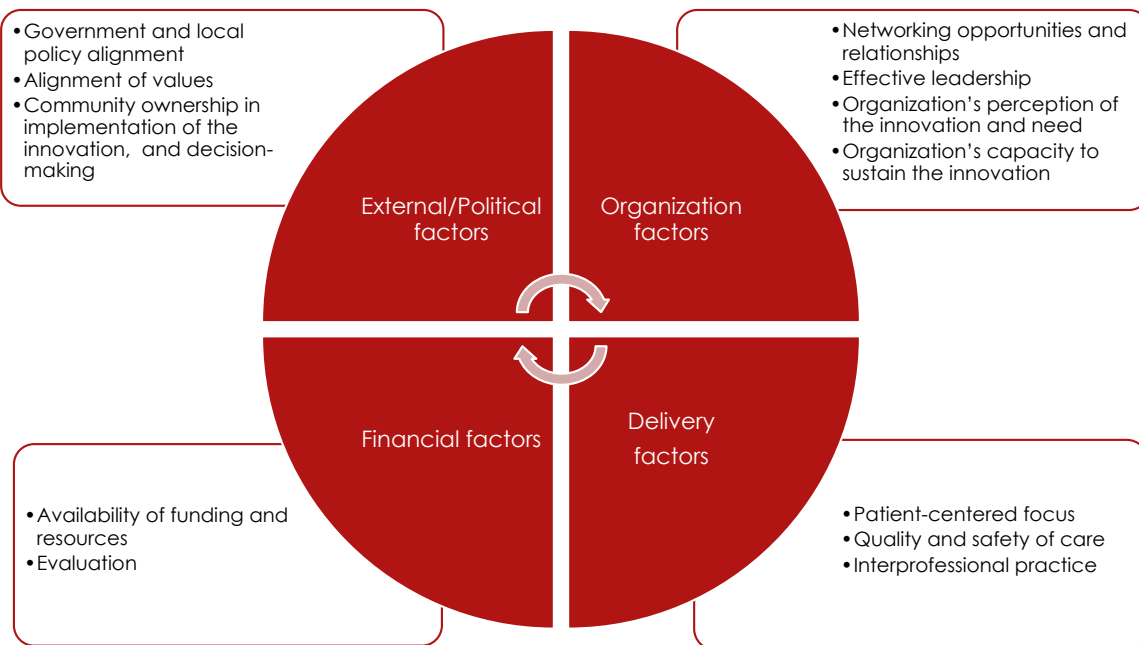
1. Patient Support and Social Cohesion (Lindsay Crowshoe, Elaine Boyling, and Sara Scott)
2. Virtual Care (Amy Gausvik and Pam Roach)
3. Organization Models for PHC (Stephanie Montesanti and Mike Green)
4. Initiatives to Interrupt Racism (Rita Henderson and Bonnie Healy)

Each facilitator guided the groups through the following set of guiding questions:

Reflecting on Indigenous focused primary health care and policy...

1. What are your thoughts about the importance of this focus?
2. What is required to support including this focus (consider organization, delivery and funding arrangements)?
3. What research is needed to help facilitate this?

The following framework guided group discussion and highlighted four contextual factors that shape the PHC system:

- Government and local policy alignment
- Alignment of values
- Community ownership in implementation of the innovation, and decision-making

External/Political factors

- Networking opportunities and relationships
- Effective leadership
- Organization's perception of the innovation and need
- Organization's capacity to sustain the innovation

Organization factors

- Availability of funding and resources
- Evaluation

Financial factors

Delivery factors

- Patient-centered focus
- Quality and safety of care
- Interprofessional practice

Summary of Breakout Groups

Summaries of discussions for each topic are presented in the tables below.

Patient Support and Social Cohesion
Facilitators: Lindsay Crowshoe, Elaine Boyling, Sara Scott and Andrea Kennedy
• There is a healing power of gathering and coming together • Community is therapy • Peer mentorship evokes confidence through communal collaborations and creates opportunity for advocacy • Unique personal experience connecting within a collective context • Providers should also be included, linking HCP to outcomes can be powerful for policy makers • More research funding is needed at the community level • High-level policy making is needed to ensure accountability • Peer mentorship embodies an Indigenous ethos (e.g., storytelling, reciprocity, relationality, two-way learning, non-interference) • Need for peer mentorship modeled to be embedded in PHC and funding for same • Need for more research on the impact of peer mentorship for community empowerment with Indigenous peoples and linking evaluation of health outcomes of peer mentorship models and innovations • Importance of collaborative, community-based research

Virtual Care
Facilitators: Amy Gausvik & Pam Roach
• Alberta Virtual Care Indigenous Clinic opened Oct 28, 2020- this program gives same day access to a family doctor that is either Indigenous themselves or has experience working with Indigenous populations • COVID has opened the door for innovation through the use of technology • Critical to ensure that people have access and also that they are provided and/or experience high quality care • Challenges with accessibility (e.g., wi-fi/broadband internet, comfort with technology, receiving quality care) • What are other care options, e.g., telephone-based care • Developing relationships and building trust is key • Virtual work of connection can limit relationship development with HCP, especially if it is a new care provider, important to reflective on how the virtual space can be a safe and respectful place to meet • Continuity of care • Concerns regarding confidentiality and having space to be open • Need for allied health services and specialist care to be integrated into this virtual clinic model (e.g., addictions care, diabetes, chronic disease management, pediatrics/family) • Idea of "bundles" of care, community and individual "bundle" of well-rounded care • More research is needed on understanding the perspective of the end user, have a lot to learn from community regarding Indigenous PHC

Organizational Models for PHC
Facilitators: Stephanie Montesanti & Mike Green

- Emphasized Indigenous led initiatives and incorporation of culture, including training and hiring of Indigenous health care providers
- Importance of patient being the focal point in models of care
- Need to leverage resources
- A lot of organizations get stuck at engagement, more guidance is needed
- Operating within colonial structure with rules/policies that may not be culturally appropriate or safe
- Research is needed on bridging the gap between engagement and implementation, the implementation of engagement
- This network provides an opportunity to bring people together across Alberta and cross jurisdictions to improve the health of Indigenous peoples and to hold more accountability
- Important to consider sustainability of funding

Initiatives to Interrupt Racism
Facilitators: Rita Henderson & Bonnie Healy

- Racism as a concept is easy to manipulate and often results in denial
- Health care equity is the disruption of structural violence rooted in colonization
- Inclusion shouldn't be the aim as it does not tackle system racism
- There is a need to understand the legislation and policy which is supportive and not supportive of Indigenous populations in AB
- A feeling that patients have no power in the medical system
- Engagement can feel tokenistic and often don't feel like we (Indigenous people) are actually being heard
- Discussions are happening behind closed doors that we are not always a part of
- Concerns regarding self-identification in the health care system, in a system that is fraught with systemic racism without focused responses
- Burnout causes disconnection to the human-self, Indigenous ways of knowing highlight the healing aspects of ceremony→ reconnecting to who you are as a human
- Western indicators don't measure Indigenous well-being, there is a need for including the Indigenous concepts of wellbeing within these indicators
- We need to create an agenda that includes strategic pathways and supports the use of evidence to inform and change policy and legislation
- A research network like the IPHCPR Network should help all Indigenous peoples get to where they want to be, how can we leverage the research network to reach policy makers and systems-level leads

LARGE GROUP DISCUSSION

Following the breakout sessions, the groups were brought back together for a roundtable discussion and reflection. Each facilitator provided a summary of the group discussion for their topic. Reflection points identified several areas for advancing Indigenous PHC policy and research:

- Addressing the knowledge-action gap
    - Moving beyond community engagement to ensure that shifts in service delivery are happening
    - Decolonizing mainstream healthcare systems and settings through cultural safety, education and relationships
    - Identifying effective approaches for engaging Indigenous peoples in decision-making on health services planning and design
- Research going forward needs to acknowledge the distinct worldviews of Indigenous peoples and create movement towards closing the gaps that persist
- Research must not have a closed doors policy
- Future directions should support an infrastructure for PHC policy research and capacity-building
- PHC research should be grounded in the community in order to generate appropriate and equity-focused health evidence and knowledge for PHC health care teams, patients, and policy makers.
- Applying health policy and systems research to support Indigenous PHC systems and models of care
- Collaboration and relationships should drive research and care