



IPHCPR

*Annual Network Scientific Meeting Series 2021 – Research Day*

Tuesday, October 5, 2021

# FIRST NATION-LED INTEGRATED PRIMARY CARE COORDINATION FOR COVID 19 TESTING, ISOLATION, AND TRACKING

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THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

COVID-19 RAPID  
PANDEMIC  
RESPONSE &  
IMPACT GRANT  
(1 YEAR)

University of Calgary CHREB  
File #REB20-1378

How have First Nations with family physician partnerships worked to optimize COVID-19 screening, isolation/distancing, vaccination, and care for severe cases?

What role can primary care play in mitigating secondary spread within communities?

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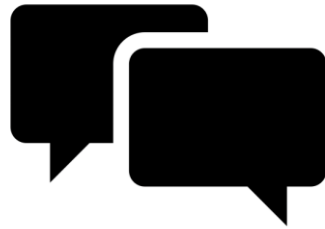
At start of pandemic, public health was heavily focused on preventing COVID-19 introduction to communities.

Housing, education, employment and healthcare realities in many Nations uniquely affected re-launch strategies.

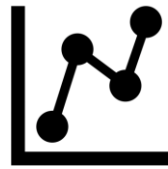
Primary care teams are unevenly available for First Nations populations, but where they are they could be uniquely equipped to engage with:

- contact tracing
- whole household isolation
- promoting vaccination
- follow-up care for severe cases

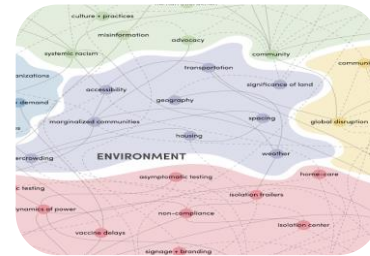
RATIONALE



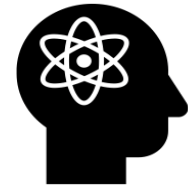
**Interviews** with providers & community members in 2 partnered First Nations transcribed verbatim and preliminary analysis for systems barriers & access points



**Aggregate data** on each First Nation's testing, isolation, and positive cases



**Preliminary systems analysis** to identify barriers & access points for mitigation of COVID-19



**Public Health System Lead check-in** for collaborative analysis

## METHODS & ANALYSIS

# PARTICIPATION

## **2 southern Alberta First Nations Partnered**

#1

3 focus groups via Zoom with total of 11 service providers  
(healthcare workers in pandemic response & vaccination clinic)

#2

In-depth one-on-one interviews

3 providers (nurse, educator, physician)

3 community members

3 Medical Officers of Health tasked  
as systems leads in Alberta Health  
Services & First Nations and Inuit  
Health Branch to collaborate engage  
in systems mapping

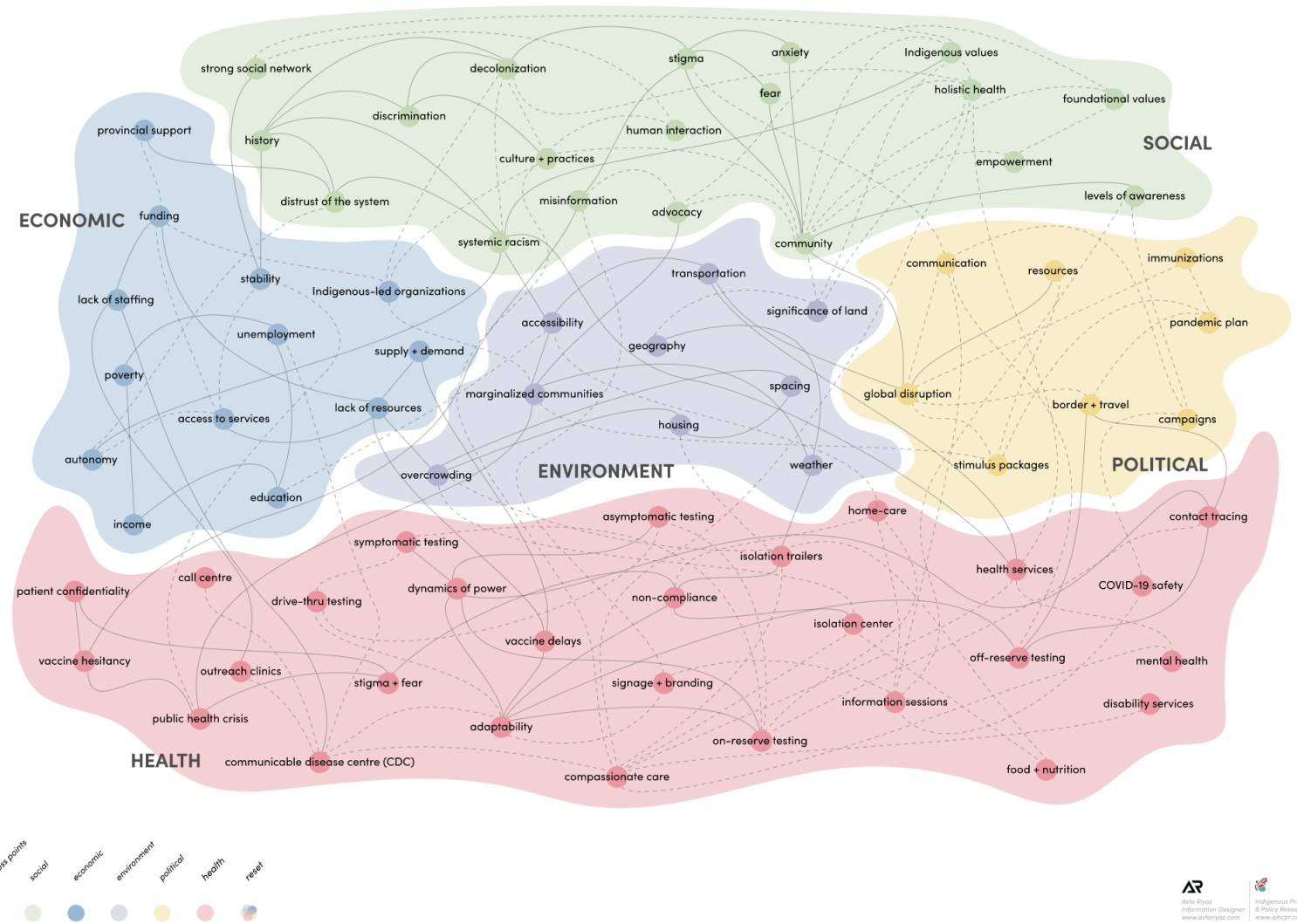
# RESULTS: INTERVIEWS

## Themes:

- Social Structures
- Built Environment
- Political/Policy Realities
- Economic/Funding Realities
- Health Services & Patient/Provider Concordance

Barriers & Access Points to Testing, Isolation, Care & Vaccination

# THE INTERSECTION OF COVID-19 + INDIGENOUS COMMUNITIES



## PRELIMINARY SYSTEMS ANALYSIS: BARRIERS & ACCESS POINTS

- Some people are saying that FN responses to COVID demonstrate the potential to decolonize health services, what does that mean to you?
- What opportunities does COVID stir to further decolonize health services?

### Early Observations:

- Decolonizing healthcare seems an abstract notion for many
- All could still articulate perspectives on what Indigenous self-determination, sovereignty, and community leadership should mean and can look like in First Nations
- Research can help render *decolonization* more concrete for providers in specific fields to help advance its realization

WHAT ROLE CAN  
FAMILY  
PHYSICIANS PLAY  
IN  
DECOLONIZING  
PUBLIC HEALTH  
AND HEALTH  
CARE SERVICES?



# MOVING FORWARD

Public Health System Lead check-ins for collaborative analysis, bringing 3 Medical Officers of Health together to enhance systems map & drive recommendations for public health/primary care collaboration in pandemic responses

## **Wastewater-based surveillance for SARS-COV2 to mitigate secondary COVID-19 disease transmission in First Nations in Alberta**

- Dr. M. Parkins, MD      Infectious Disease, University of Calgary
- Dr. Kerry Black, PhD      Civil Engineering, University of Calgary

Generate non-invasive, community-based, population-level data on COVID-19 occurrence in First Nations through wastewater monitoring and translate shifts in prevalence to empower Indigenous leaders, decision-makers, and service providers with knowledge to guide effective mitigation strategies.