



INNOVATIONS IN INDIGENOUS PRIMARY HEALTH- CARE MODELS



Evidence Profile

Questions

1. What are the key characteristics and features of Indigenous-led or Indigenous-focused primary healthcare (PHC) models for advancing PHC delivery and meeting the health needs of Indigenous peoples?
2. What are the contextual or environmental enablers that support innovations in Indigenous PHC models (e.g., supportive policy environment, federal, provincial, state/territory relations, community readiness, governance, infrastructure, and workforce supply)?

Background to the Question

Primary healthcare (PHC) is essential for promoting health and wellness and reducing health inequities. PHC plays an important role in life expectancy, chronic disease management, community health, maternal and child health, and many other aspects of health and wellness. Innovations in Indigenous PHC services arose from mainstream health services being unable to adequately meet the needs of Indigenous communities and Indigenous peoples ([Harfield, Devy, McArthur, Munn, et al., 2018](#)). However, there is limited knowledge of the characteristics that contribute to the success of Indigenous-driven models for PHC. The term 'models of care' broadly defines the way health services are delivered. 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. Moreover, an Indigenous model of care fosters relationships and collaboration between care providers, patients, families, and caregivers, and ensures Indigenous knowledge, local context, equity of access, and integration of services is supported. ►

Key Findings from Highly Relevant Evidence Sources

Characteristics of Indigenous-focused PHC models

Integrated and coordinated access to care

- Strong evidence in support of connecting PHC with other speciality health services (e.g., palliative care, diabetes care).
- Integrated care reduces common barriers faced by Indigenous peoples such as transportation and access.
- Coordinated, multidisciplinary, interdisciplinary and integrated care approaches can improve access to care, adherence to care plans and many health outcomes.
- Virtual care was identified to improve access and meet the PHC needs of rural and remote communities ([Mendez, Jong, Keays-White & Turner, 2013](#)).

Patient-and-family-centred PHC interventions

- Strong evidence highlighting patient-and-family-centred PHC care delivery to include the patient, family and community ([McCalman, Heyeres, Campbell, Bainbridge, et al., 2017](#)).
- Emphasis placed on ensuring patients have a voice and encourage Indigenous patient partnered care to co-design PHC moving away from the paternalistic patient-physician model.
- Evidence supports better access to culturally appropriate and high quality PHC services delivered by Indigenous health professionals ([McDermott, Schmidt, Preece, Owens, Taylor et al., 2015](#)).

Holistic Healthcare

- Providing comprehensive primary health care, which is holistic supports the health and wellbeing of not only the individual but also their family and community, and includes mental, emotional and spiritual needs

alongside physical wellbeing ([Maar, Eriskine, McGregor, Larose et al., 2009](#)).

- Providing traditional healing as one option within the health service ([Reeve, Humphreys, Wakerman, Carter, et al., 2015](#)).
- Engaging with the social determinants of health by supporting patients in accessing housing, employment, education, social security payments, and supporting people through the justice system ([Bartlett & Boffa, 2001](#)).

Community engagement and participatory approaches to program/intervention design and delivery

- Community participation was identified as a key factor guiding the design of Indigenous-focused PHC programs, interventions or services ([Firestone et al., 2019](#)).
- Community participation was found to be particularly important for ensuring Indigenous PHC services continue to identify, understand, and address the needs of local Indigenous peoples.
- Community participation also facilitated Indigenous governance and ownership.
- Evidence of local Indigenous community investment and leadership in the PHC program, and a collective sense that the program is intrinsic to the local community is shown to positively impact Indigenous health and well-being.

Contextual or environmental enablers that support innovations in Indigenous PHC models

Self-governance

- Indigenous PHC is often found to operate outside of the provincial, territorial, or national health system, or is delivered alongside mainstream, western medical systems.
- In the literature, Indigenous-focused PHC models highlighted self-governance as key to success of the PHC program, service, or intervention ([Campbell et al., 2018](#)). ►

OUR APPROACH

This scoping review methodology was conducted to examine emerging evidence on the topic. Our search included primary empirical studies (i.e., qualitative, quantitative, or mixed methods studies), reviews of empirical studies (i.e., systematic reviews), and unpublished dissertation/theses. We identified articles that describe the development, implementation or evaluation of interventions, services, and programs that include health promotion, prevention, treatment or rehabilitation and delivered in Indigenous community settings or specified for Indigenous peoples. We excluded any articles that focused on the non-Indigenous population or focused on western models of care.

The quality of each study is being evaluated using the Joanna Briggs Institute (JBI) critical appraisal tools (JBI, 2020). An adapted JBI Text and Opinion tool from the National Collaborating Centre for Indigenous Health was employed to reflect Indigenous Ways of Knowing in the quality evaluation of these studies. This required the inclusion of two additional questions to the JBI appraisal tools.

Our outcomes of interest include impacts on health policy, organization of care, Indigenous health outcomes, service delivery, integration with speciality care (e.g., palliative, cancer care, rehabilitation, addiction) or public health, resource allocation and level of community engagement. ●

Participation of Indigenous people in the PHC workforce

- Strong and effective workforce models are essential for improving comprehensive Indigenous PHC provision to Indigenous peoples (McDermott et al., 2015).
- Health workforce strategies include training Indigenous health professionals, cross-cultural competence in professional and patient relationships, incorporating traditional Indigenous health practices and practitioners into PHC, and promoting knowledge of Western and Indigenous systems.
- One successful example identified in our review was a culturally-safe, community health worker led model of diabetes care in Australia, in a community where there is poor access to PHC (McDermott et al., 2015). This model of service delivery, particularly where the capacity of an existing community member or practitioner is enhanced to deliver the service, creates a level of trust and comfort in the care space.
- Supporting the pipeline of Indigenous graduates into health professions was also supported in the evidence ([Van Wagner, Osepchook, Harney, Crosbie, & Tulugak, 2012](#)).

Indigenous-led evaluations of PHC programs

- While there was limited evidence on the outcomes of community-based evaluations on PHC programs or services, there was strong emphasis that community engagement in evaluations is necessary.
- Of the Indigenous-focused or Indigenous-led PHC models examined, there was limited knowledge from evaluation data on the outcomes from the models. ■

Citation: Montesanti, S.; Fitzpatrick, K., Barnabe, C., Robson, H., MacDonald, K., Marchand, T. Crowshoe, L. 2021. Innovations in Indigenous Primary Healthcare. Evidence Profile. Alberta, Canada: Indigenous Primary Healthcare and Policy Research Network, 10, May 2021

