

Alberta Doctors' Digest

Indigenous Primary Health Care and Policy Research Network established in Alberta

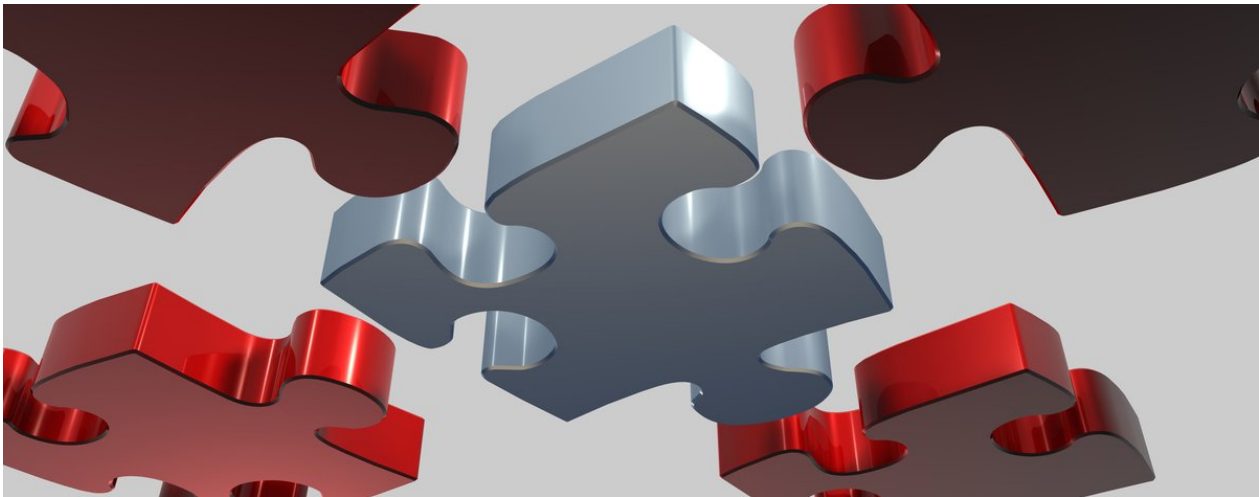
The [Indigenous Primary Health Care and Policy Research Network](#) (IPH CPR) is an Alberta-based research network that emphasizes innovation and greater collaboration with Indigenous communities, health services and health systems, to promote quality primary care systems that advance health outcomes for Indigenous peoples.

Researchers from four universities (University of Calgary, Mount Royal University, University of Alberta, and Queen's University) collaborated with AHS's [Population, Public, and Indigenous Health SCN](#) to engage Indigenous leadership, service providers, and community members. Together, this group obtained a [CIHR Network Environments for Indigenous Health Research \(NEIHR\)](#) grant of \$3.5 million over five years.

The IPH CPR Network builds on the findings of the 2016 [Advancing Indigenous Primary Health Care in Alberta Conference](#), which called for a coherent model of community engagement in health care services. The focus of the network includes:

- Fostering knowledge-sharing and dialogue between Indigenous communities, health service providers, researchers and health system leaders for purposes of improving health outcomes among Indigenous peoples.
- Improving the primary health care system by incorporating trans-disciplinary knowledge to achieve Indigenous health equity.

IPH CPR Network lead investigator, Dr. Lindsay Crowshoe, is a family physician and an Associate Professor at the Cumming School of Medicine (CSM). Describing the network's intent to build capacity and space for uniquely Indigenous health care solutions, Dr. Crowshoe says: "The network is designed in the spirit of generating and sharing innovative knowledge and moving that knowledge into action with community more directly. Bringing a research lens to the primary health care and policy decision-making table will ensure that research is relevant to the community's priorities, needs and interests."



The core of the project is building relationships, which in turn will help shift health care policies, says co-investigator Dr. Rita Henderson, Assistant Professor in the Department of Family Medicine and Indigenous Health Dialogue Co-Chair at CSM. (Image credit: Pixabay.com)

Building relationships

The core of the project is building relationships, which in turn will help shift health care policies, says co-investigator Dr. Rita Henderson, Assistant Professor in the Department of Family Medicine and Indigenous Health Dialogue Co-Chair at CSM. “I think one of the biggest things that I’ve learned from Dr. Crowshoe over the years is to envision a policy, not as this really rigid set of frameworks, but as relationships that need to be nurtured.”

Dr. Henderson also emphasizes the opportunities for collaboration. “This funding offers many opportunities to come together for a lot of different reasons: meetings, training and workshops. There will be seed funding for community groups to partner with academic researchers to cook up ideas and start implementing and testing them, and then deciding in what ways they can be improved upon.”

Stakeholder meetings were held with organizations and institutions across the province to establish the network, with participants discussing how health systems, health decisions and researchers could work together to address the social and political contexts driving health inequities for Indigenous populations.

The emerging themes define the network’s operating principles:

- Indigenous Ways of Knowing
- Equity
- Education
- Evaluation
- Engagement.

These align with the [2015 Truth and Reconciliation Commission’s 94 Calls to Action](#), which challenge organizations and institutions to begin assertive planning and take actions for the journey toward reconciliation.

The network offers important opportunities to utilize the wisdom that resides within communities. Highlighting the importance of primary health care in connecting to Indigenous knowledge, Blackfoot Elder Leroy Little Bear notes that Indigenous peoples:

“have historically experienced socioeconomic disadvantages, social injustices and health inequities that have greatly impacted our well-being.

“Yet our communities have continued to flourish and retain our unique cultural identity in the face of these challenges ... [achieved by] drawing on the intrinsic strengths and resilience embedded in cultural values and models by our Elders,” he continues.

The network’s [virtual launch](#) in June 2020 included sharing best practices and innovations already occurring within Indigenous primary care in the province during the COVID-19 pandemic. These included:

- The Indigenous Services Canada Incident Command System hosts weekly video conferences with 46 First Nations community health centers.
- Siksika Nation’s mobile [COVID response unit](#), which conducted testing at individual homes and offered language translations within call center and for Indigenous Elders.
- The [Métis Nation of Alberta](#)’s (MNA) cultural approaches to health promotion and financial supports. As part of MNA’s community-based response, financial support was distributed through the provincial office, with regional offices tailoring supports to local realities. A robust communications strategy included translation of COVID-19 information into Michif and Cree and distribution of resources in both written and oral formats.
- The youth of the MNA developed online programming and assembled mail-out kits that included cultural activities, mental health resources and traditional medicine plant guides. Educational programs could be continued through the distribution of donated technology via the [Rupertsland Institute](#). Métis Nation citizens volunteered to teach cultural traditions such as beading, dancing and music through online sessions. Elders shared stories that were recorded for online viewing. Ceremonies and celebrations such as the annual Métis Fest were adapted to the online platform.

“The network is designed in the spirit of generating and sharing innovative knowledge and moving that knowledge into action with community more directly,” says Dr. Crowshoe. “For example, in the current context of COVID-19, the network is positioned to support primary health care and community stakeholders in accessing critical knowledge for defining best approaches. Emerging models of distributed and virtual care have transpired out of necessity, resulting in proactive policy shifts. Going forward, these models offer huge potential for dramatically improving primary health care access.”

For more information, please visit iphcpr.ca.

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