



Advancing Health Equity in First Nations Communities: Bridging the Gap through Relationships

M Pandey¹, S Nicolay², S Konrad², V desjarlais³, T Campbell², S Skinner^{2,4}

¹Research Department, Saskatchewan Health Authority; ²Wellness Wheel; ³Department of Health, Touchwood Agency Tribal Council; ⁴Department of Infectious Diseases, University of Saskatchewan



Background

Indigenous peoples across Canada experience significant health inequities¹. While these disparities are rooted in the historical colonization and assimilation of Indigenous people, healthcare services have not adjusted to meet the unique challenges Indigenous people face such as distance from required healthcare services, lack of healthcare services in community and lack of trust in the Western healthcare system. Addressing these inequities requires proportionate universalism with targeted interventions at a higher level of intensity, proportionate to need and level of disadvantage.

Approach

Wellness Wheel (WW) is a community-led, community-directed mobile outreach program operating through health centers in First Nations communities or rural care centers bringing care directly to community. WW teams consisting of a primary care Physician and Registered Nurse travel from Regina to participating communities, providing 1-2 clinic days per community, per month. Services include primary and specialist care (dermatology, internal medicine, nephrology, infectious diseases), on-the-spot referrals, phlebotomy, health promotion, and management of complex chronic conditions and communicable diseases. Guided by the Truth and Reconciliation Commission's Calls to Action, WW is based on a respectful partnership between First Nations communities and healthcare providers. Culturally safe care is provided while integrating Indigenous and Western ways of knowing. Care in specific communities is customized to address community identified health priorities. Care in the community is delivered in collaboration with community healthcare teams.

Results

WW has support from local leadership, Chief and Councils, and demonstrates commitment to the communities it serves by:

- respecting and implementing OCAP® principles of data management;
- delivering uninterrupted primary and specialist clinical care since 2016;
- recognizing that WW began with local community members' advocacy for improved in-community care.
- Ensuring collaborative decision making and shared governance.



Figure 1. Wellness Wheel operates through health centers in First Nations communities, bringing care directly to rural settings. In 2018, clinical staff travelled 80,000 km from Regina to communities, serving 1032 patients.

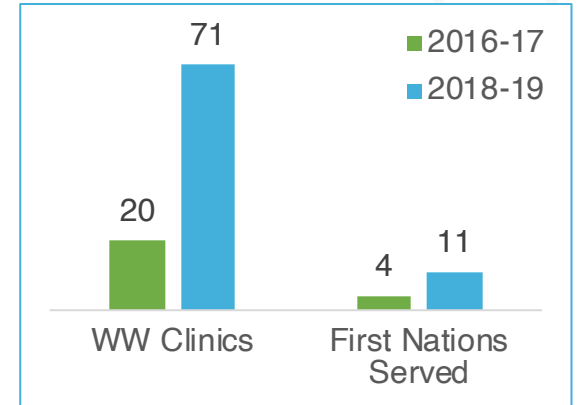
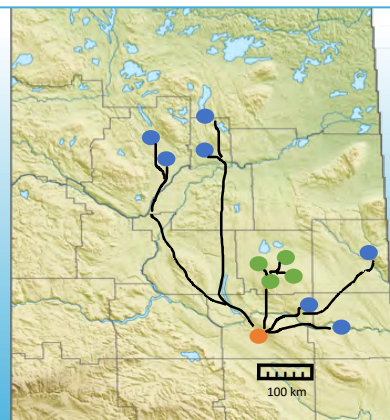


Figure 2. Wellness Wheel outreach program growth. In the period between commencement in 2016 to December 2019, the number of WW clinics have increased by 255% (20 clinics in 2016-17 to 71 clinics in 2018-19) and has expanded from 4 First Nations communities to 11. Growth is attributed to relationship building, continual meaningful engagement with community members and developing trust between First Nations communities and healthcare providers.

Conclusion

WW is a unique model of care, providing equitable access to care, addressing challenges that come with rural health (distance, and limited rural and Indigenous healthcare expertise) while also providing culturally responsive care. WW builds on existing healthcare infrastructure, empowers community healthcare teams and enhances capacity for chronic and complex disease management in participating communities. WW is advancing health equity by bridging gaps between patients and providers and communities and Western healthcare services.

1. Public Health Agency of Canada. Key Health Inequalities in Canada: A National Portrait. 2018. Accessed Jan 16 2020: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key-health-inequalities-full-report-eng.pdf>