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Development and Implementation of a Chronic Disease Community Readiness Consultation Tool: FORGE AHEAD Program

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BACKGROUND

- Given the dramatic rise and impact of chronic disease in First Nations peoples in Canada¹, the **TransFORMATION of IndiGENous PrimAry HEalthcare Delivery (FORGE AHEAD)** currently partners with 11 First Nations communities across Canada to develop and evaluate community-driven, culturally relevant quality improvement (QI) initiatives
- FORGE AHEAD is founded in community-based participatory action research principles and honours the OCAP[®] principles

Quality Improvement

- Community teams of 3 to 5 people in each community plan, implement and evaluate strategies to improve diabetes care using PDSA cycles
- Teams attend three QI workshops separated by 3-month actions periods

Community Readiness

- Readiness is the degree to which a community is mobilized for change and collective action on a specific issue that is measurable, multidimensional and can improve²
- Matching the level of readiness to a proposed initiative is essential to its success and sustainability
- The Community Readiness Model (CRM) developed at the Tri-Ethnic Center for Prevention Research³ requires external facilitators for completion and is time and resource intensive
- A tool that assesses community readiness focused on chronic disease care and can be used independent of external expertise does not exist**



Knowledge Readiness Score: how much a community understands diabetes and how much of a concern and priority it is for the community

Action Readiness Score: what is being done about diabetes, how involved the community is in improving diabetes, and actions that have been taken

RESULTS

- 33% of communities changed their scores during a consultative team process
- Most challenging aspects of the tool were questions related to the leadership section:
 - definition of "leadership" unclear
 - many respondents felt uncomfortable making assumptions about leaders' knowledge and action readiness

DISCUSSION

- Community readiness scores and their corresponding meanings were intuitive and well understood
- Consultation an important part of the process
- Revisions to the leadership questions should be considered to maximize relevance for First Nations communities
- The FORGE AHEAD Community Readiness Consultation Tool is community-based and requires limited external community support

AIM

- The aim of the community readiness consultations within the FORGE AHEAD program was to develop, pilot and test a **Community Readiness Consultation Tool** that is (1) community-based; (2) uses existing community resources; (3) mobilizes communities to independently identify areas for chronic disease care improvements

METHODS

Adaptation of CRM

- The CRM was revised by the FORGE AHEAD Program team working group
 - From interview to questionnaire format
 - Addition of open-ended sections added to each item
 - The original 9-point anchored scale was separated into 2 scales
- First Nations community representatives reviewed it and had 90% agreement on ease of use and cultural relevance

FORGE AHEAD Tool Administration

- Tool to be administered to each team member to complete individually before the first workshop, after second workshop and after the final workshop
- Western team compiled individual responses into team-level scores in a summary report
- Teams discussed scores and adjusted scores based on team consensus during a consultation process



NEXT STEPS

- Validation of the Community Readiness Consultation Tool
- Further testing of the tool with Wave 2 community teams in the FORGE AHEAD research program
- Incorporation of the tool into FORGE AHEAD program scale-up activities

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*Our multi-disciplinary and cross-jurisdictional **CBPHC Team** consists of **Indigenous community representatives, Indigenous and non-Indigenous healthcare professionals, clinician scientists, academic researchers and organizational and government partners.**

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References:

- Harris et al. 2011; 2. Edwards RW, Jumper-Thurman P, Plested BA, Oetting ER, Swanson L. Community readiness: Research to practice. J Community Psychol. 2000;28(3):291-307; 3. Oetting, et al., 1995



Conflict of Interest Disclosure: No
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