



Program of Research to Transform Indigenous Primary Healthcare Delivery: Community-driven Innovations and Strategic Scale-up Toolkits



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*On behalf of the FORGE AHEAD Program Team



INTRODUCTION

- Indigenous peoples experience **2-5 times higher prevalence rates** of T2DM than the general population and significantly **worse health outcomes** ^{1,2,3}
- A **wide array of factors** underlie this disparity in prevalence rates and health outcomes, including: social determinants of health, lifestyle, genetic susceptibility, historic-political and psycho-social factors, fragmented healthcare, poor chronic disease management, healthcare staff turnover, and limited, or non-existent, surveillance ^{4,5}

OBJECTIVE

- The TransFORMATION of IndiGENous PrimARy HEALthcare Delivery (FORGE AHEAD) Program is a **national intervention** aimed at **improving the care of Indigenous peoples diagnosed with T2DM**
- FORGE AHEAD aims to **develop and evaluate community-driven, culturally relevant, primary healthcare models that enhance chronic disease prevention and management**
- Such quality improvement/healthcare reform interventions have been conducted in the general population, but FORGE AHEAD is the **first of its kind** targeting healthcare delivery in Indigenous community settings

DESIGN

- Founded in **community-based participatory action research principles** and honoring **OCAP® principles**, a **mixed-method** (chart audits, surveys and interviews), multi-repeated measures (baseline, 6-12-18 months post) **observational** design will be used

MEASURES

- Primary:** mean A1C of patients with diabetes
- Secondary:** clinical process and outcome measures, change in stage of readiness, participant description of facilitators and barriers related to developing innovations
- To detect an absolute 0.5% mean HbA1c difference, a total of 586 patients are required

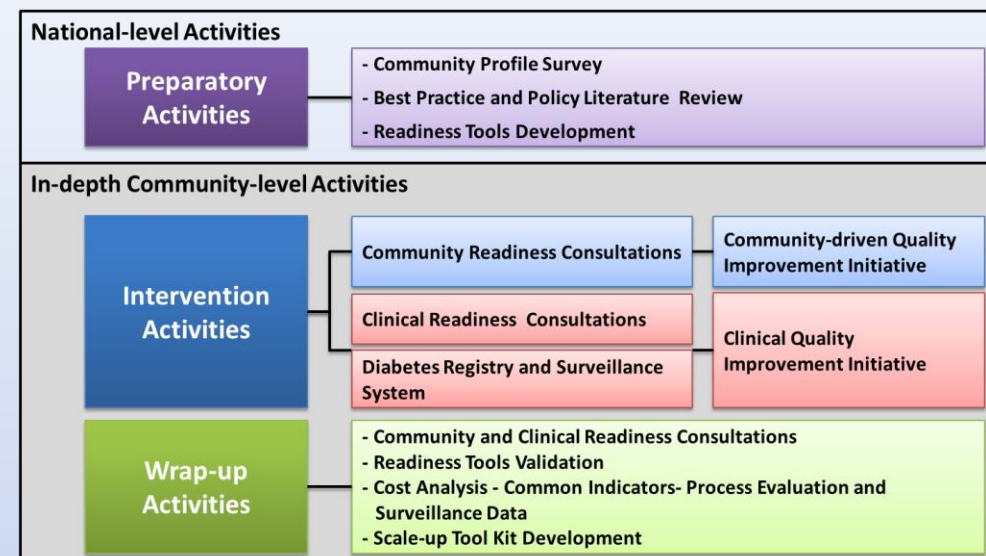
PARTICIPANTS

- 12 Canadian Indigenous communities**
- 3-5 team members per community for a **Clinical Team and a Community Team**
- Adults** (18 years and older) **with T2DM** and most recent HbA1C above target ($\geq 8.0\%$)



INTERVENTION

- Series of inter-related **quality improvement activities** designed to foster community-driven innovations with **T2DM as the action disease**
- Three waves of implementation** will occur to maximize participation – October 2014 to March 2016; April 2015 to September 2016; October 2015 to March 2017



REFERENCES

- Harris, Naqshbandi, Bhattacharyya, et al., 2011
- Dyck, Naqshbandi Hayward, Harris, on behalf of the CIRCLE Study Group, 2012
- Dyck, Osgood, Lin, Gao, Stang, 2010
- Gracey and King, 2009.
- Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013

PROGRESS UPDATE

- National **Community Profile Survey** distributed to 485 communities across Canada
- 1st wave** (six Indigenous communities) have **started** their program activities

ANTICIPATED RESULTS

- We anticipate that FORGE AHEAD will result in:
 - An **improvement** in the stage of **readiness** for our partnering communities
 - Development of an up-to-date **diabetes registry and surveillance** system to track T2DM clinical outcomes
 - Increased capacity** in the community to use quality improvement tools to develop, implement, and monitor community and clinic innovations that will result in **improvements in blood sugar control** and other related **clinical processes and outcomes**

CONCLUSIONS

- Indigenous community and clinic **quality improvement** initiatives can result in **community-driven innovations** that **enhance** chronic disease **prevention and management** for **improved health of Indigenous peoples** with diabetes in Canada

*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**. A complete list of the FORGE AHEAD Program Team is included in the appended handout.

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