



# **Creating an Indigenous Elders-Led “Patient Medical Home” in Vancouver’s Downtown Eastside.**

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UBC Learning Circle

May 31, 2018



# Topics of Conversation:

1. Why do we need to change in the structure and processes of the primary care system for Indigenous Peoples?
2. What is a “Patient Medical Home” and can this model work for Indigenous Elders & Healers?
3. How can we “bring to life” the Truth and Reconciliation’s Commission’s 22<sup>nd</sup> Call to action in Health -- to bring Indigenous healing practices and Indigenous Elders & Healers into the Canadian health-care system?



“Wellness reinforces and is reinforced by a sense of cultural identity.”

– White Standing Buffalo

Standing Buffalo Bull - Ponca 1877  
<http://www.firstpeople.us/>





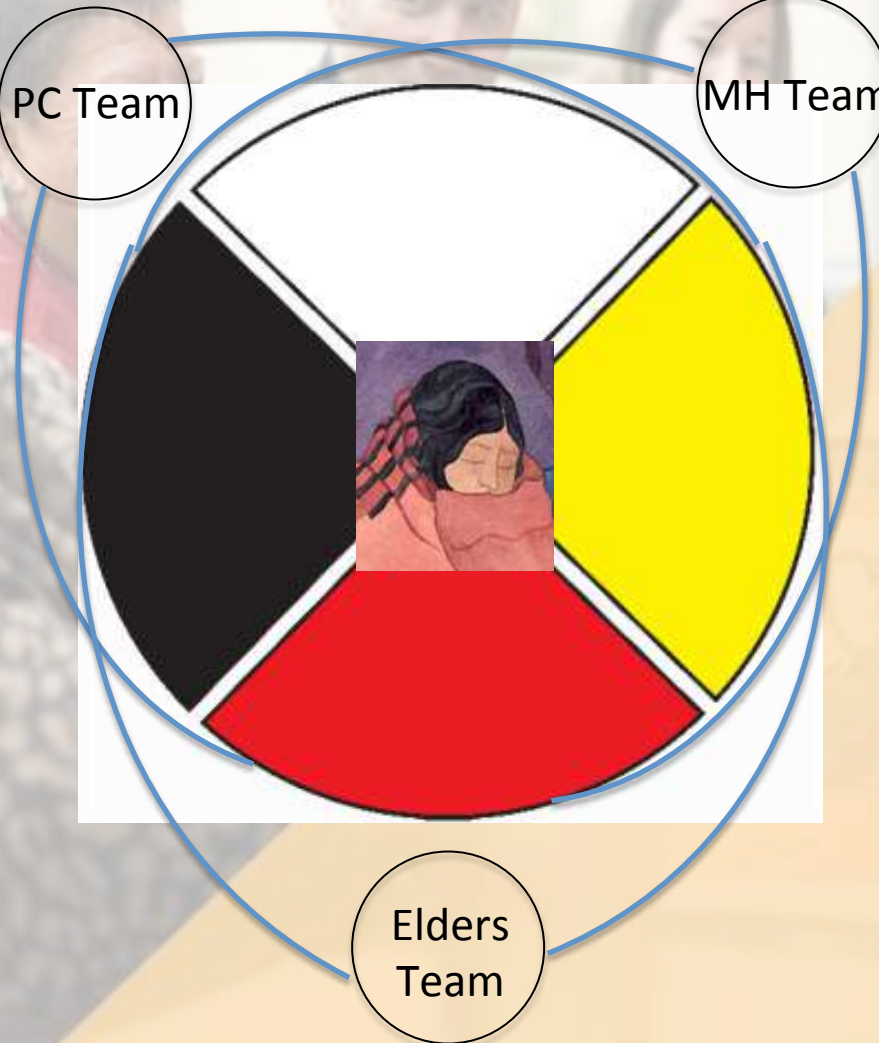
# Partnership Model Approach:

Shared Understanding

PC Team

MH Team

Shared Goals



Shared Communication

Elders Team

Shared Respect



# Implementation Research:

## Research Questions

1. How has the VIP program changed the way patients receive primary care?
2. How did Elders and clinic staff experience the process of implementation and scale up?
3. What are the implications for primary care organizations?

## Methods

- **Semi-structured interviews** with Elders, care providers, and support staff (n=16)
- **Analysis:** Critical ethnographic analysis - balanced Indigenous / non-indigenous lens

# Implementation Results:

## 1. Impact on Patient Care:

- Elders provide **SPIRITUAL CARE** and **TIME** that was previously unavailable
- Improved **RELATIONSHIPS** among community members; the clinic became a place of **BELONGING & PURPOSE** (via teaching circles)

## 2. Impact on Clinic Staff / Organization:

- Relationship with Elders and participation in ceremony **CHANGES STAFF CLINICAL PRACTICE** to be more culturally safe and appropriate
- **INDIGENIZING** organizational culture



## Impact on Physicians:

- “The way I was trained around Aboriginal health in medical school was horrendous.... I need to undo that teaching.”
- “The experience of working with Elders has opened new doors with patients. Doors that did not open from taking the cultural competency course.”



# Effectiveness Research:

- **Study Objective:** To determine the mental health impacts of patients connecting with Indigenous Elders as part of routine primary care.
- **Design:**
  - Prospective cohort study
  - **Numbers:** quantitative measures at baseline, 1, 3 and 6 months post intervention;
  - **Stories:** in-depth qualitative interview at 3 months; and
  - **Cost Savings :** data linkages to Emergency Room utilization data before and after the intervention.

Tu D, Hadjipavlou G, Browne AJ, et al. Partnering with Indigenous Elders in primary care improves mental health outcomes of inner-city Indigenous patients—a prospective cohort study. *Can Fam Physician*, accepted for Publication, April 10, 2018.

# The People who Participated:

**Intervention:** Participants connected with an Indigenous Elder as part of a 1-on-1 and/or group cultural sessions over the 6-month study period.

- N = 45
- 71% were female;
- mean age was 49 years.
- 31% had attended residential or Indian day school.
- 64% had direct experience in the foster care system.
- 14 Territories represented ( 43% from BC) :

- Coast Salish;
- Carrier;
- Cree;
- Dene;
- Gitxsan;
- Gwitchin;
- Interior Salish;
- Kwak waka'wakw;
- Métis;
- Mi'kmaq;
- Nisga'a;
- Nuxalk;
- Ojibwe;
- Saulteaux;
- Tsimshian



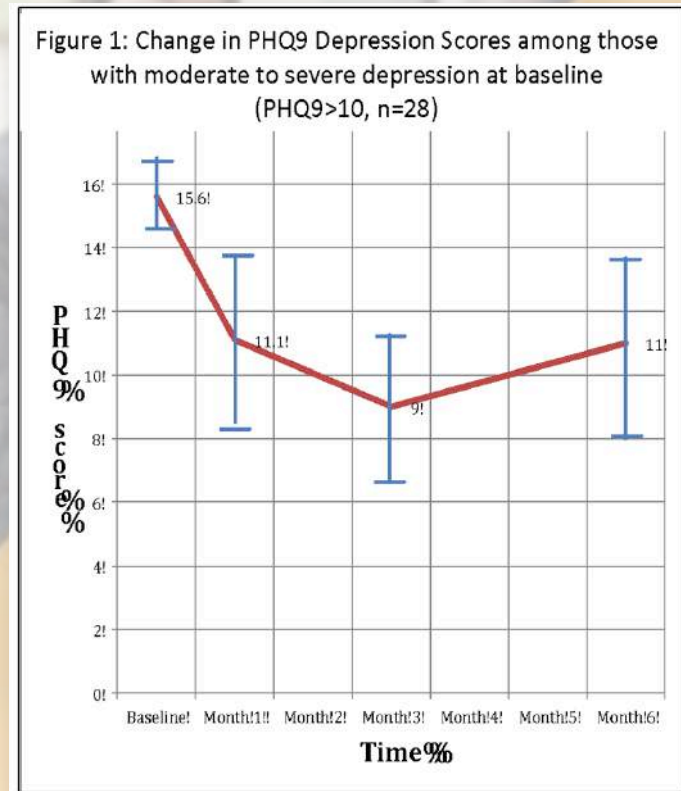
# The Results in **Numbers** :

- Retention: 91%
- Mean Number of Elder visits : 5 (range 1-21)
- Depression, Suicidality, Emergency Room Visits:
  - all decreased significantly

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# Results: Depressive Symptoms

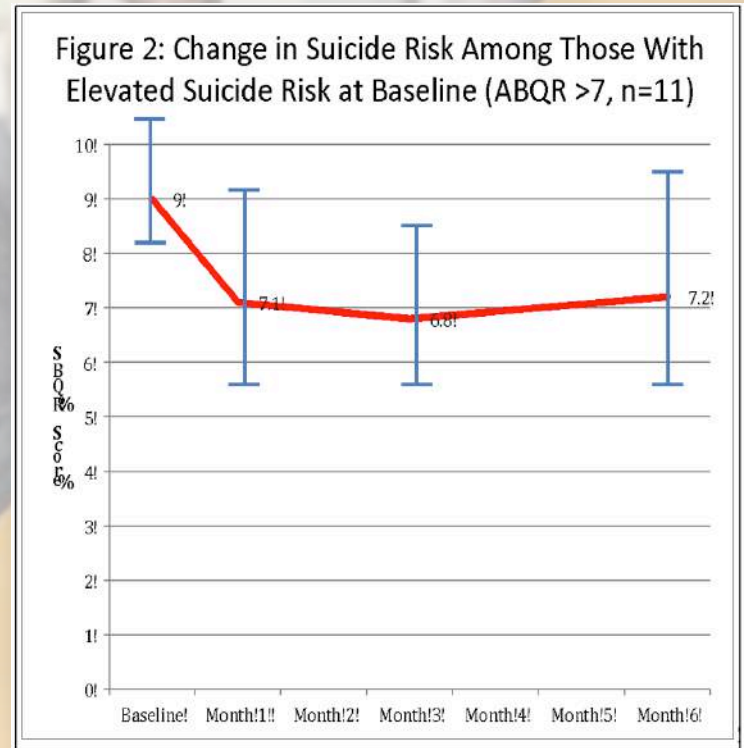
- 28 participants at baseline had moderate to severe depressive symptoms (PHQ9>10)
- 5-point decrease that was sustained over a 6 month period (p = 0.001).



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# Results: Suicide Risk

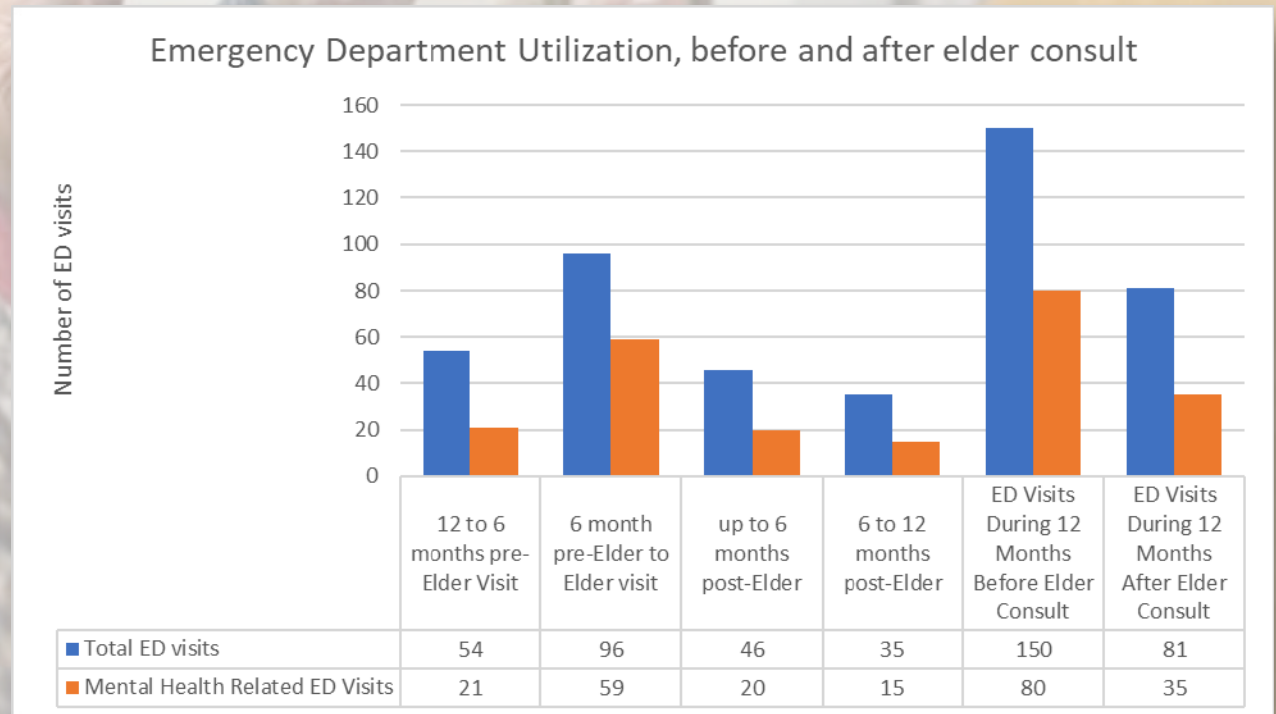
- 14 participants had an above average suicide risk at baseline (SQBR > 7)
- 2-point decrease in suicide risk that was sustained over a 6-month period ( $p = 0.005$ )



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# Results: Emergency Room Utilization

- 46% reduction in total emergency department visits(150 vs. 81)
- 56% reduction in mental health related ED visits(80 vs. 35)
- Mean number of MH visits decreased from 1.9/yr to 0.8/yr (p=0.11).



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# Qualitative Results

- We are now holding and carrying the stories of 38 participants.
- We have a responsibility to these participants and to their stories.

Hadjpavilou G, Varcoe C, Tu D, Dehoney J, Price R, Brown AJ. “All My Relations”: Partnering with Indigenous Elders to Improve Mental Health Care of Inner City Indigenous Patients in a Primary Care Setting. CMAJ, May 22, 2018



# Qualitative Results

- Finding a place of healing after a prolonged period of seeking and desperation.

*Actually it's calmed me down. That's exactly, that's what it is; it's a calming effect that they have on me. I'm less stressed as well after I've seen an Elder. Basically it's medicine that I needed and I know I needed, so when I do really have issues or I'm feeling blue, it makes me happy to see them.*

Hadjpavilou G, Varcoe C, Tu D, Dehoney J, Price R, Brown AJ. "All My Relations": Partnering with Indigenous Elders to Improve Mental Health Care of Inner City Indigenous Patients in a Primary Care Setting. CMAJ, May 22, 2018

# Qualitative Results

- Strengthening cultural identity and belongingness.

*“And meeting with [the Elders] has given me this: “It’s ok to be Native. It’s ok to be Native.” Like I know that, but they reinforced that. And again I got so much respect for both of them – the way they sit and the way they talk and the way they come across to you. You can’t help but respect them. They’re two very proud people and that’s something that I have to work at is being more proud of myself and respect myself more. Which I believe I’m doing by reaching out. I’ve reached out. I’ve come out of denial. I’m asking for help. I’ve done it a number of times, but I don’t think it was whole hearted like this.”*

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# Qualitative Results

- Developing trust and opening up.

***“I can talk and trust and not feel worried about her saying anything to anybody and because, like growing up, like our trust—like my trust—has been broken in many areas. And so you know just coming to see somebody is really hard for me to open up ...[The Elder] had like a... kind, soft-spoken [voice] and just welcomed me in....It is very hard for an Aboriginal woman or a person to be open for a lot of things...I trust [The Elder] to talk to her about these things. And like I said: it's like people are put in our path for a reason. And she's the teacher and I am learning from her. Or else she is learning from me and I am teaching her something.”***

Hadjpavilou G, Varcoe C, Tu D, Dehoney J, Price R, Brown AJ. “All My Relations”: Partnering with Indigenous Elders to Improve Mental Health Care of Inner City Indigenous Patients in a Primary Care Setting. CMAJ, May 22, 2018

# Qualitative Results

- Coping with losses.

***“I lost my family and all of that you know, but everybody down here has the same story right—of hurt, pain, loss, betrayal and all of that. But rather than push that aside, at this point in my life it’s the first time I want to deal with it. Yeah. I have the strength and the knowledge and the willingness to change.”***

Hadjpavilou G, Varcoe C, Tu D, Dehoney J, Price R, Brown AJ. “All My Relations”: Partnering with Indigenous Elders to Improve Mental Health Care of Inner City Indigenous Patients in a Primary Care Setting. CMAJ, May 22, 2018

# Qualitative Results

- Engaging in ceremony and spiritual dimensions of care as a resource for hope.

Hadjpavilou G, Varcoe C, Tu D, Dehoney J, Price R, Brown AJ. “All My Relations”: Partnering with Indigenous Elders to Improve Mental Health Care of Inner City Indigenous Patients in a Primary Care Setting. CMAJ, May 22, 2018

# Qualitative Results

*“Yes, hopefulness. And that’s a very important word... when I walked out I felt hopefulness um rather than having pills thrown at me—you know, that our emotional struggles that we encounter in life such as racism, you know, our terrible parents or sexual abuse or whatever it may be, it’s being able to let a little bit out makes the day go better [...] I went through stage 4 cancer and my oncologist basically said I had a 20% chance of living for 5 years. I’m in my 5<sup>th</sup> year right now, and so for the last 5 years I’ve been waiting to die and not doing rituals and not having hope to live, just kind of waiting like, “OK so when’s it going to kill me?”... I have no cancer now but getting over that hump, that mental block, this Elder program has changed—like changed my life. I’m willing to live now. I’m not looking at when am I going to die it’s like, “Well how much life can I live.” So it has a huge impact.”*

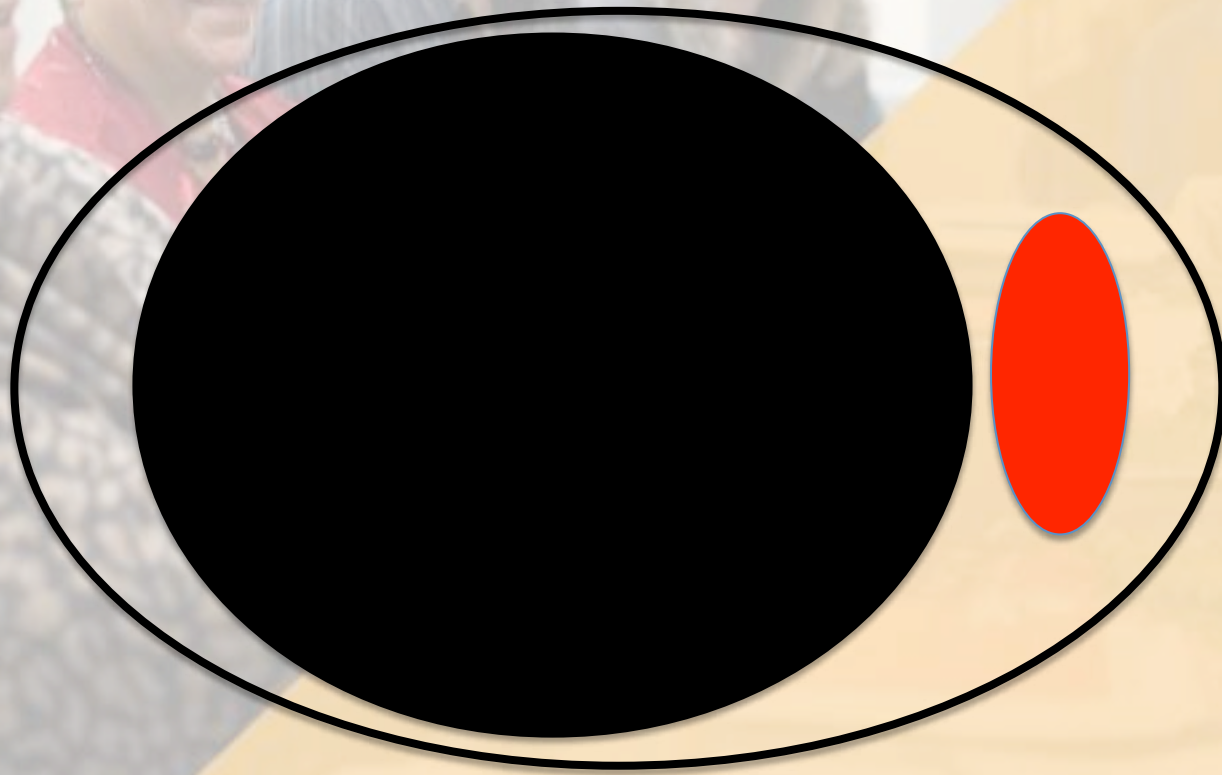
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# Canadian Truth & Reconciliation Call to Action #22:

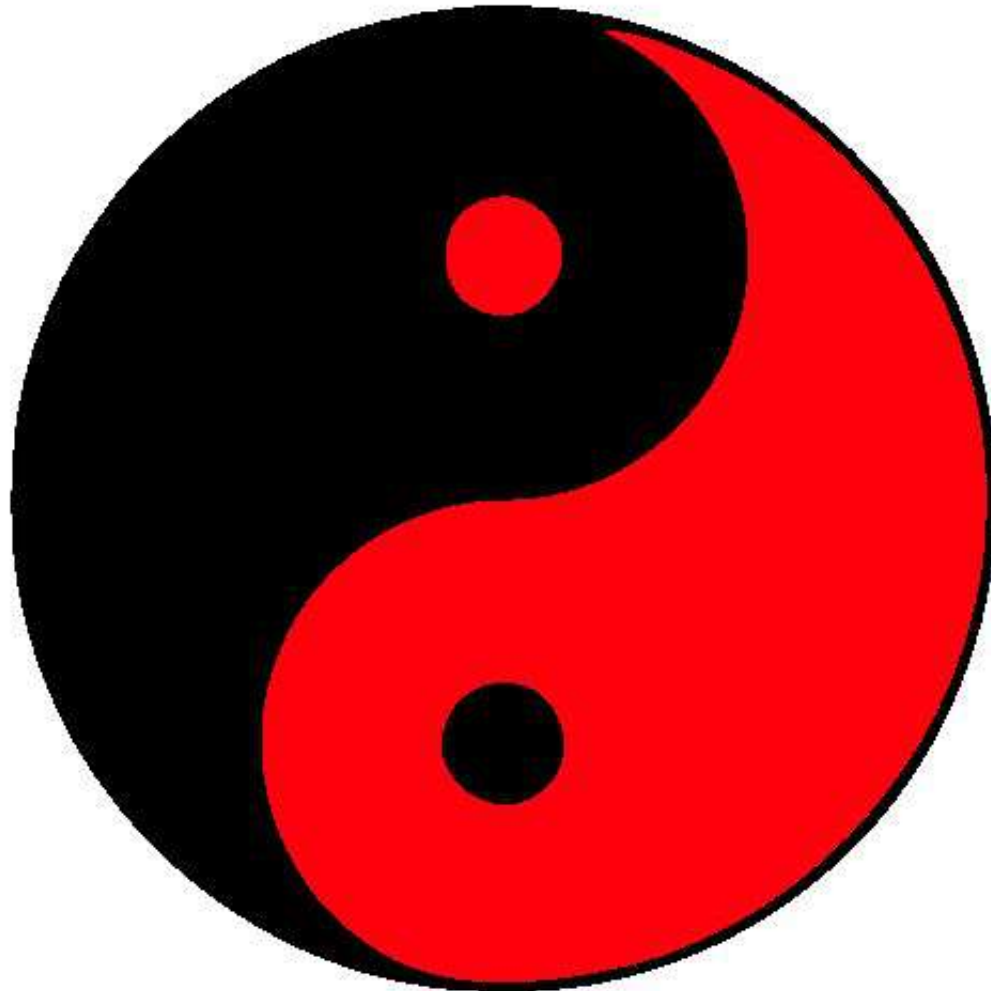
- “We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.”

# Partnering With Elders in Primary Care Clinics:





# The Future:



# UIH HC



# WHAT ARE WE DOING?:

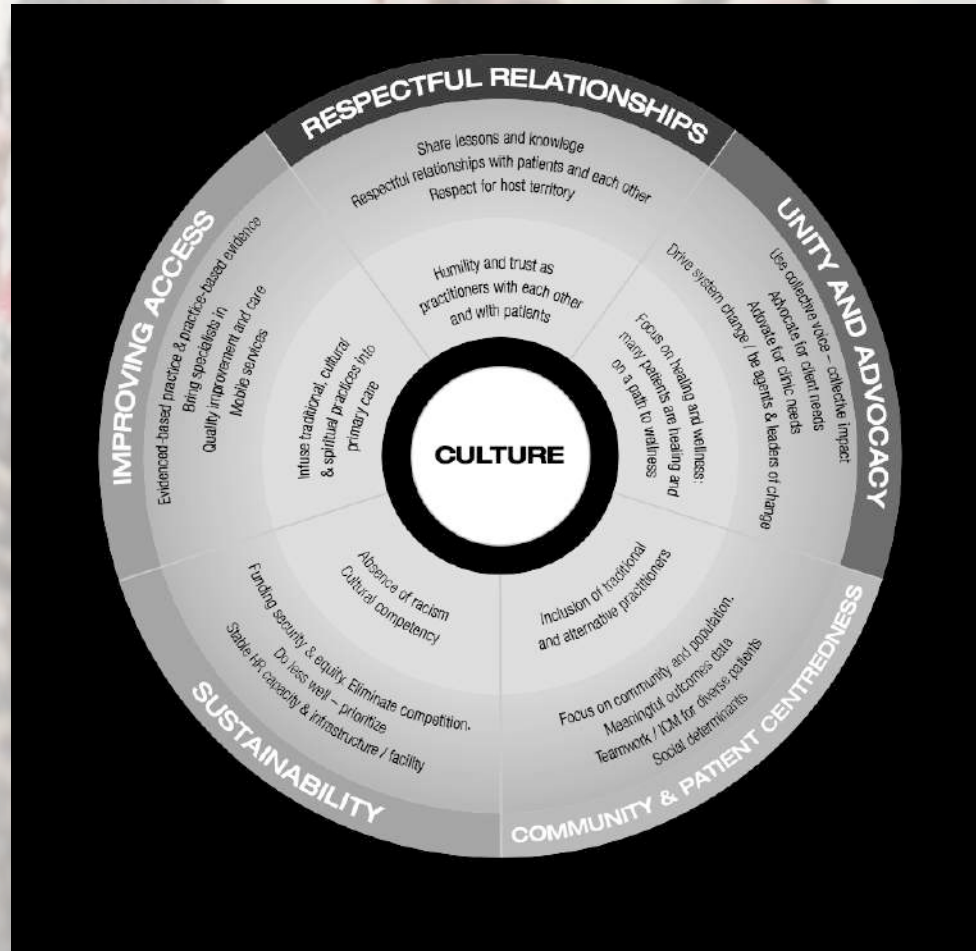
- Creating a NEW Indigenous Elder led Health & Healing Centre
- 626 Powell Street
  - 2000 Patient Panel Capacity
- Team Based Primary Care
  - Elders/Healers,
  - Physicians,
  - Nurses,
  - Therapists,
  - Social Workers
- Community Gathering / Food Security / Medication Management
- Research, Education
- Focused on Indigenous Men, Women, & Children



The Budzey Building

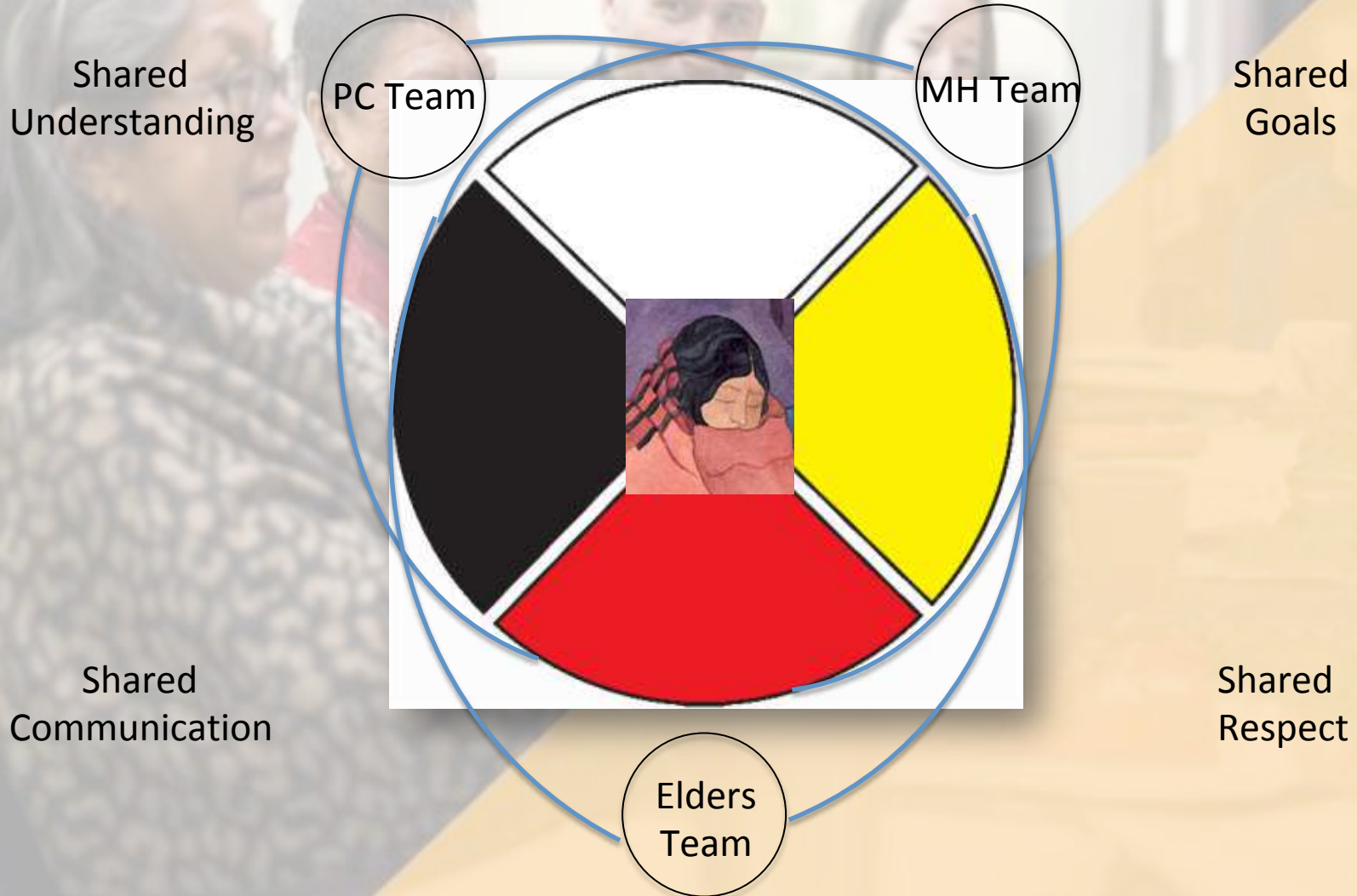


# Structure of Care: Six Core Principles of Service Provision-- FIRST NATIONS & ABORIGINAL PRIMARY CARE NETWORK

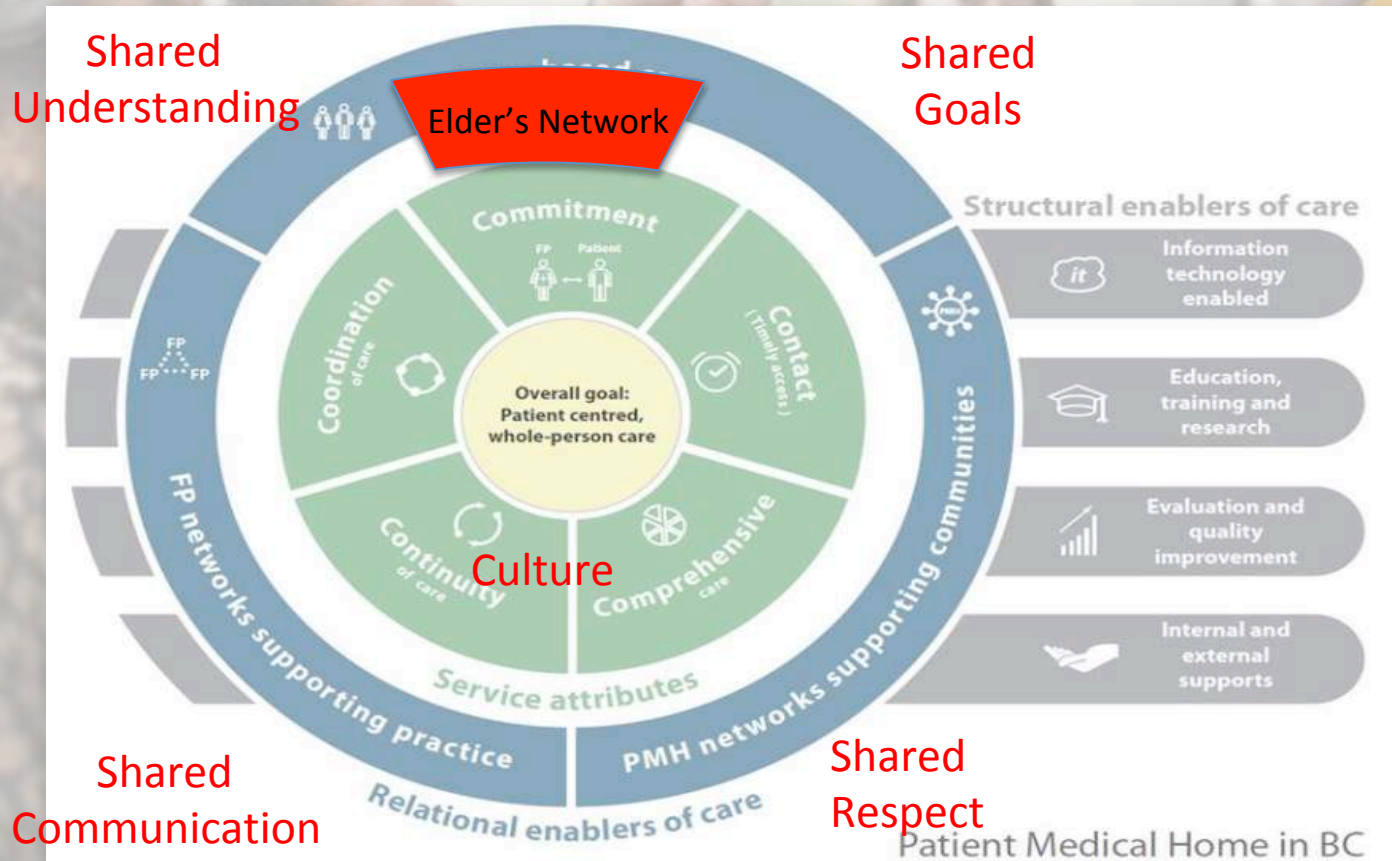


([www.vch.ca/your-care/aboriginal-health](http://www.vch.ca/your-care/aboriginal-health))

# Partnership Model Approach:



# Patient Medical Home +



<http://www.gpscbc.ca/sites/default/files/PMH%20graphic%20%2020160920.pdf>



# Processes of Care:

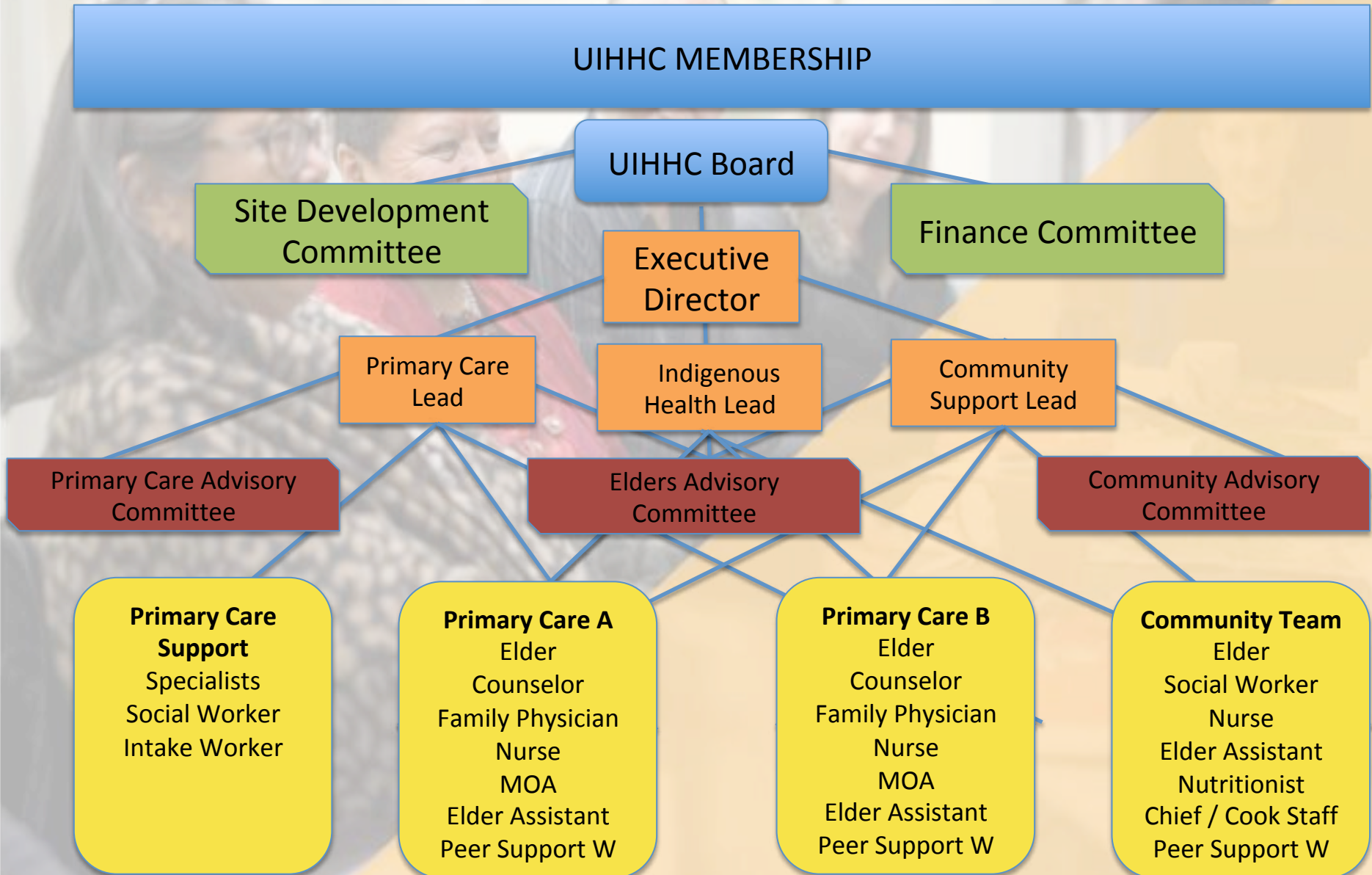
- Shared Understanding:
  - Education sessions
  - Mentorship
  - Ceremony
  - Advisory Committee meetings
  - Training of students/residents
- Share Goals / Shared Respect:
  - Patient discussions
  - Team based Care of patients

# Processes of Care:

- Shared Communication:
  - Shared electronic medical record
  - Elder's assistants to assist with documentation
  - Shared work space
  - Informal and formal patient discussions



# UIHHC Organogram – May 2018



# Topics of Conversation:

1. Why do we need to change in the structure and processes of the primary care system for Indigenous Peoples?
  - The current system is not addressing health disparities
  - Partnering with Indigenous Elders/Healers seems like a better way.
2. What is a “Patient Medical Home” and can this model work for Indigenous Elders & Healers?
  - PMH Model is an improvement on the status quo; has been endorsed by MOH; can be adapted to make space for Indigenous Elders and the central role of Culture and Identity
3. How can we “bring to life” the Truth and Reconciliation’s Commission’s 22<sup>nd</sup> Call to action in Health -- to bring Indigenous healing practices and Indigenous Elders & Healers into the Canadian health-care system?
  - Shared Understanding, Goals, Respect, Communication
  - Education, Patient Discussions, Team Based Care, Community Advisors

# QUESTIONS??



# “Thank you” & “Hychka O' Siam”

## Acknowledging Our Generous Funders

Community Action Initiative

CIHR

Vancouver Coastal Health – Aboriginal Health

Vancouver Native Health Society

## Acknowledging Our Supporters

VIP Project Staff / VNHS Staff

Elders & Community Advisory Committees



**UIH  
HC**

# Closing Reflections:

- Encounters with Indigenous Elders, as part of routine primary care, was associated with a clinically and statistically significant reduction in depressive symptoms and suicide risk
- Research supports the proposition that Indigenous Elders can play an important role in the mental health of Indigenous peoples, especially as part of the key process of regaining positive cultural identity.
- Primary Care Structures need to make space for Indigenous Elders – the patient medical home is a promising model that can be adapted
- Primary Care process need to change to make space for shared education, communication, and community input.