INDIGENOUS HEALTH, HEALING, AND RESEARCH: COVID-19 CHALLENGES & STRATEGIES FOR MOVING FORWARD

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Territorial Acknowledgement

Six Nations of the Grand River and Mississaugas of the New Credit First Nation
RESEARCH TEAM

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Overview

- COVID-19 and Indigenous Peoples in Canada
- COVID-19 current issues for Indigenous Peoples
- Urban Indigenous response to COVID-19
- Rationale for Urban Indigenous response to COVID-19
- Research question and objectives
- Two aims of the research
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COVID-19 and Indigenous Peoples in Canada

Indigenous peoples are already highly marginalized within health and social services. Thus, COVID-19 will have a greater impact on this population in these and other ways:

- Economic impact of COVID 19 is deepening
- Social isolation
- Self-isolation
- Health care
- Water
- Travel
- Precarious employment
All Indigenous populations are more vulnerable to COVID-19 community spreading.

Urban Indigenous peoples are being ignored by government and health care responses.

Indigenous communities are not getting direct messages from the governments.

Misinformation is being circulated in Indigenous communities.

Indigenous healers and Elders are not being consulted by the government or biomedical systems.

Government is continuing to impose colonial models of health care and public health on both reserves and Indigenous urban settings.
WAAKEBINESS- BRYCE INSTITUTE AT THE UNIVERSITY OF TORONTO, DR. SUZANNE STEWART AND WELL LIVING HOUSE AT ST. MICHAEL’S HOSPITAL, DR. JANET SMILEY ARE DEVELOPING AN:

URBAN INDIGENOUS RESPONSE TO COVID-19
Rationale for Urban Indigenous response to COVID-19

- Despite efforts to enhance culturally competence and culturally based services, prior research has shown a generally poor experience of health services for Indigenous people.

- This is particularly critical in the current context of the COVID-19 pandemic, where Indigenous populations are extremely vulnerable to higher levels of community spreading and fatal outcomes due to the social determinants of health.

- Further, none of the current COVID-19 assessment or treatment services have been adapted for Indigenous Peoples with this critical context in mind. No pandemic assessment and treatment models have been evaluated or developed through evidence-based Western or Indigenous research methods and there has been no proposed follow up with patients to determine outcomes.
Rationale for Urban Indigenous response to COVID-19 continued

- Indigenous services and interventions are difficult to ethically and accurately measure from Western paradigms and currently there are no evidence-based Indigenous evaluation frameworks.

- Indigenous traditional healers have been reluctant, due to historical and ongoing colonization of health services and research, to engage with universities to evaluate their work.

- Health services in health care systems for the Indigenous Peoples focus exclusively on Western biomedical health interventions, with little or no emphasis on culturally safe or culturally based models, and the services in the city of Toronto are no exception.
Research Question and Objectives

Question:
How do urban Indigenous Peoples access and use health services for COVID-19, and what culturally-based health information and services are most effective at preventing and ending COVID-19?

Objectives:
This project responds to the need for culturally-based and safe health information and interventions in the current COVID-19 pandemic that are both evidence-based and evaluated from an Indigenous knowledges framework to prevent Indigenous community spreading and increase successful Indigenous assessment and treatment of the disease to save lives.
Two Aims of the research:

- **Aim One: Database of Indigenous information on COVID-19**
  
  Aim One is to immediately develop a clearinghouse of evidence-based information on COVID-19 for community members, patients, Indigenous health and social service organizations, and mainstream hospitals and health care providers to be available within the first week of funding.

  The goal of Aim One is **Indigenous Community Spreading Prevention** through information sharing, resources, and services, and the creation of an urban Indigenous community network.

  The process and products of Aim One will be informed by Traditional Knowledges Keepers (Elders, Healers, Teachers)

- **Aim Two: Indigenous Assessment and Treatment in the Health Care System**
  
  Aim Two will create and evaluate a safe, culturally-based Indigenous health COVID-19 assessment and treatment model for use in clinical settings that both prevents infection and supports successful treatment.

  **The goal of Aim Two is to Prevent Mortality** by supporting Indigenous Peoples who may otherwise not access services, in accessing COVID-19 assessment and treatment by creating a community-based, culturally-based, and culturally safe model for services.
Research Design

- **Indigenous knowledges** will be used as both a conceptual and operational framework for the proposed project.
- This project will operationalize **Indigenous knowledges through**:
  1) Community collaboration that centers community partners (confirmed as Seven Generations Midwives, Toronto Aboriginal Social Service Services Council, Native Men’s Residence, Inner City Health Associates, and Native Women’s Resource Centre of Toronto) as collaborative decision makers throughout all phases of the project;
  2) Meaningful and on-going engagement and guidance from Traditional Knowledge Keepers (Elders and healers); two Traditional Knowledge Keepers (Elders, Healers) will be employed on the project and be “in-residence” on the research team.
  3) Engaging in Indigenous ceremony as part of research procedure; there will be an opening naming ceremony and closing one.
- The depth and detail of the research question requires a **mixed methods evaluation** design that uses a quantitative methodology to identify significance and trends and a qualitative methodology that emphasizes co-construction and meaning-making in context.
- **Indigenous Narrative Inquiry**
Steering Committee

Dr. Stewart and the research team will immediately establish a Steering Committee comprised of Indigenous policy makers, Indigenous community partners and their patients, health care workers, Traditional Knowledge Keepers, and youth representatives.

Attention to the inclusion of specific Indigenous identities, including First Nations, Metis, Inuit, and Two-spirited, and transgendered individuals on the Steering Committee will be made.

The Steering Committee will advise on all phases of the research, from design through to dissemination, and will have community partner leaders as co-Chairs.

The research plan will be subject to Steering Committee and community partners final and ongoing approvals.

A scoping review will synthesize academic and Indigenous knowledges and be created by the research team to underpin subsequent procedures and will have input and approval from the Steering Committee.
Participants

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Health care providers</th>
<th>Patients</th>
<th>Traditional Knowledge Keepers</th>
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<tbody>
<tr>
<td>Participants</td>
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<td><strong>120</strong></td>
<td><strong>340</strong></td>
<td><strong>40</strong></td>
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Table 2 Data Collection Instruments and Participants

There will be 500 participants in total (see Table 2. Data Collection Instruments and Participants). Health care providers may or may not be Indigenous. All patients who participate will be self-identified, First Nation, Metis, or Inuit ancestry who have accessed services of the community partners during the COVID-19 pandemic.
**Individual Indigenous Narrative Interviews** will be conducted with 40 health care providers, including midwives, nurses, doctors, counsellors, social workers, who may or may not be Indigenous, and 40 Indigenous patients who have or are currently accessing any health services for COVID-19 to generate in-depth narrative details regarding the needs of culturally-based interventions and services for COVID-19 in Toronto.

**A survey** will be designed in collaboration with the community partners at monthly Indigenous Knowledges research workshops and steering committee meetings in the first six months and be delivered in the second six months of the project. It will be designed to carry out three levels of evaluation: process evaluation; patient satisfaction evaluation, and economic evaluation of Indigenous services. The survey will be administered online to 100 health care professional providers who provided Indigenous specific COVID-19 services within the products and services delivered from Aims One and Two, including midwives, nurses, doctors, counsellors, and social workers, who may or may not be Indigenous, and 300 Indigenous patients who accessed their Indigenous products and services for COVID-19.

**Indigenous Circle Focus Groups** will be held for Indigenous Traditional Knowledge Keeper participants near the end of project (pending the end of the pandemic; and if it continues and group meetings are not permitted, will occur online). Two groups with 10 participants each will be conducted for a total of 20 participants. These group interviews will provide an opportunity for participants to reflect together on their stories and experiences (Stewart 2009, 2011) of the COVID-19 pandemic for the urban Indigenous population, from Indigenous knowledges perspectives.
Data Analysis

Quantitative data analysis of the survey will be descriptive and correlational, specifying demographic characteristics of participants and their responses to Indigenous cultural needs and COVID-19 health interventions and needs.

All group and individual interviews will be recorded and subsequently transcribed by the research team.

Observations, field notes, and other artefacts will be reviewed and analyzed by the research team and in consultation with participants and Indigenous community partners.

The research team will adapt coding structures and themes identified in previous research (Marshall, Guenette & Stewart, 2008; Stewart, 2009, 2010) relevant to all the data.
The data will be used to develop pandemic health interventions and evaluation models that will be specifically framed for urban Indigenous social services and health provider contexts and for Indigenous communities.

The research team will develop and refine a database of Indigenous health information, models, and practices, share significant research results, and gather additional input from health service users (patients), community members, and Indigenous health workers and policy makers to further refine pandemic health interventions/models, reports, and toolkits.
Knowledge dissemination and transfer are important goals of this project and will target three main audience groups.

1) For academic colleagues and graduate students, the research team will write peer-reviewed papers for publication in journals and presentations at scholarly conferences locally (Year 1 and after the project), nationally (Year 1 and after the project), and internationally (after Year 1).

2) A second audience group is policy makers, health service providers, and educators, who need professional publications, in-service workshops, hands-on resources, curriculum packages, implementation manuals, policy briefs, and executive summaries.

3) The third important audience is the urban residents themselves—the Indigenous participants, youth, families, adults, Traditional Knowledge Keepers, health workers, administrators, and social service support people—will receive posters, newsletters, and community workshops.
Native Women’s Pandemic Hotline in partnership with Waakebiness-Bryce Institute for Indigenous Health

- The purpose of the hotline to provide existing and new NWRCT clients direct access through referrals to internal NWRCT services and external community resources for both ongoing services and new services that have been created at NWRCT to meet emergent client needs created by COVID-19. The goals of the hotline are to provide clients with:
  - Accurate and immediate referrals for services
  - A culturally safe space for dialogue about access to resources and advocacy
Mahsi cho!

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