

Social Innovation Competitor #4

Wellness Wheel

Presented by Dr. Stuart Skinner, MD

Video: <https://w21cinnovationacademy.com/competitors/#Competitor4>

Authors: Dr. Megan Clark, MD, Adam Clay, Dr. Mamata Pandey, MD, Susanne Nicolay, Valerie Desjarlais, Dr. Bonnie Richardson, MD, Dr. Stuart Skinner, MD

Healthcare providers from Regina partnered with patients and health directors in four southern Saskatchewan First Nations communities to develop a unique, community-based, culturally informed care model. Wellness Wheel outreach clinics are offered monthly since fall 2016. Family doctors and infectious disease, nephrology, dermatology, and internal medicine specialists offer clinics out of the communities' health centres. Nurse coordinators support the physicians during the clinics, collaborate with the communities to plan clinics and HIV/Hepatitis C testing days, and coordinate patient follow-up. Clinical services include phlebotomy, confidential HIV, Hepatitis C and STI testing, collaboration with communities' homecare and community health nurses, and minor procedures.

The 2016 census found that 98,315 Saskatchewan residents identify as Aboriginal, 55,945 of whom live on reserve. Indigenous people living on reserve have worse health outcomes, health utilization, and access to care. This is multifactorial, including colonization, geography, lack of transportation, loss of culture/language, and abuse and discrimination. The HIV rate in Indigenous people is estimated to be 3.5 times higher than in non-Indigenous people. Wellness Wheel is guided by Truth and Reconciliation Call to Action of working with Aboriginal Peoples to establish specific and measurable goals to close the health gap between Aboriginal and non-Aboriginal communities.

Wellness Wheel outreach clinics are evidence informed and are designed to increase uptake and minimize barriers to care. The hub-and-spoke model addresses inadequate transportation to urban centres and a lack of healthcare expertise within Indigenous communities. In regions with shortages of primary-care doctors, non-physician clinicians have a leading role in preventing and managing chronic diseases; interventions that increase the role of nurses are more likely to be beneficial. Wellness Wheel has a nurse coordinator who coordinates care for those with complex care needs. There is a common perception that Western-based health services introduce Western cultural bias onto Indigenous health issues, focusing on shaping client behaviours and conflicting with cultural ways of knowing, health and healing. Socially and economically disadvantaged communities are less likely to respond positively to solutions suggested by external experts. Partnership between providers and communities helps increase the cultural appropriateness of care and promote a positive response from community. Further, effectiveness of prevention and educational programming can be enhanced through the process of Indigenization of health and healing, and by delivering services through culturally relevant channels of communication. Healthcare professionals are often not cognizant of the ways in which colonization and intergenerational trauma translate into poor health outcomes for Indigenous people living with HIV (PLHIV). As a result, Wellness Wheel is particularly well suited for the delivery of care to PLHIV. The nurse coordinator can help manage complex medication regimens, coordinates primary medical care and assists with referrals to housing, mental health, and substance use disorder services. Case management has been shown to be an effective tool to improve linkage to care, medication adherence

and CD4 counts. Outcomes for Indigenous PLHIV residing on reserve are more likely to improve when services are delivered by community members in a culturally safe manner.

Wellness Wheel is unique in its level of partnership with patients and communities. Wellness Wheel works closely with the four communities' health directors and had supporting Band Council Resolutions in each of the four communities passed before starting clinical operations. Healthcare providers engage with the communities through health fairs, HIV and Hepatitis C testing days, and even participate in traditional ceremonies in the communities. Our hub-and-spoke model using nurse coordinators, on-the-spot specialist referrals and outreach phlebotomy is unprecedented in Canadian First Nations communities.