

Indigenous methodologies in practice through community engagement and telehealth outreach increase hepatitis C access to care in Alberta, Canada

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Background:

- Hepatitis C virus (HCV) infections represent a major public health burden in Canada, leading to more life-years lost than any other infectious disease.
- Indigenous (First Nation, Metis and Inuit) community exhibit rates up to 4 times higher than non-Indigenous populations. Conventional models of care create cultural barriers to curative therapy for remote and Indigenous communities in Canada.

Method:

- The Extension for Community Health Outcomes (ECHO) telehealth program in Alberta (Canada) increases access to HCV treatment thru a co-designed model of care.
- Incorporating Indigenous ways of knowing into all aspects of the program;
 - ✓ Building a predominantly Indigenous team
 - ✓ Following local protocol for relationships and knowledge sharing
 - ✓ Embedding the 5Rs of Indigenous Research Methodology – See Figure (Respect, Relationship, Relevance, Reciprocity, and Responsibility)
 - ✓ Foster relationships with Indigenous community healthcare team partners
 - ✓ Co-design supports local community goals
 - ✓ Develop practical tools to remove barriers while increasing awareness and screening
 - ✓ Virtual access to specialist care

Results:

- Co-designed culturally relevant HCV resources translated into local Indigenous languages
- HCV infrastructure and care pathways facilitating community sustainability
- Mitigated barriers in local HCV care pathways
- Biweekly virtual HCV case presentations expansion including other liver disease and infectious disease specialists COVID-19 Q&A
- Collaboration between ECHO+ and Indigenous community leadership, Indigenous Elders and local healthcare teams
- Improved HCV screening, de-stigmatization, increased treatment access, and supported local community healthcare providers
- Virtual knowledge sharing province-wide
- Shared living experience stories
- Monthly contact with community healthcare teams
- **Success of the framework for engagement (See Figure) focusing on relationality is evidenced by 92% of the 53 Indigenous communities in Alberta have engaged with the ECHO+ program, with the remaining 4 communities currently unstaffed or without capacity to engage.**

Conclusion: A culturally-sensitive multidisciplinary framework combining Indigenous ways of knowing with western science and clinical care approaches creates a substantial collaborative network improving access to HCV awareness and care in remote and Indigenous communities in Alberta, Canada.

This approach has increased community communication and involvement, facilitated engagement with every Indigenous community in the province, and supported relationships with community healthcare teams and provided practical support throughout the pandemic.



The ECHO+ Logo is an example of respectful co-design to create a symbol illustrating the goals of the program to work together (people in the centre) toward wellness (living tree) with respect and sharing knowledge (feathers) with compassion (hands) in the circle of healing (colors of the medicine wheel).

References

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Five R's as the foundational hub (inner circle) supporting a Community-Based Participatory Research framework in approaches surrounding HCV care as illustrated in wording reflecting funding requirement work-streams (the outermost arrows) and Western written evidence alongside community directed priorities, oral knowledge and Indigenous perspective of wellness (segments or slices of the circle).