

Case Study of an Integrated People-Centred Health Service: INDIGENOUS PRIMARY HEALTHCARE ORGANIZATIONS

Summary

Without a trusted primary care relationship, people often struggle to investigate symptoms and receive a timely diagnosis followed by needed treatment and support. Structural and social determinants of health compound this situation, such as is the case for Indigenous populations. Integrated primary health care teams that address medical and social needs through co-design with patients and communities are a solution that delivers Quadruple Aim outcomes. Indigenous Primary Healthcare Organizations (IPHCOs) are examples of such organizations, focusing on providing culturally appropriate and wholistic health services to Indigenous peoples. They do so in a way that is a unique, integrated and coordinated model that blends Western best practices with Indigenous healing. [1]

While the delivery of primary health care in Indigenous communities across Canada varies, this case study focuses on the **Indigenous Primary Healthcare Organizations (IPHCO)** model in Ontario. Formerly known as Aboriginal Health Access Centres (AHACs), Indigenous Interprofessional Primary Care Teams (IIPCTs), Indigenous Community Health Centres (IHCs) and Indigenous Family Health Teams (IFHTs), IPCHO is a term referring to all Indigenous-governed and culture-based primary health care organizations that address the physical, spiritual, emotional, and mental wellbeing of First Nations, Inuit, and Métis (FNIM) peoples and communities. [1]

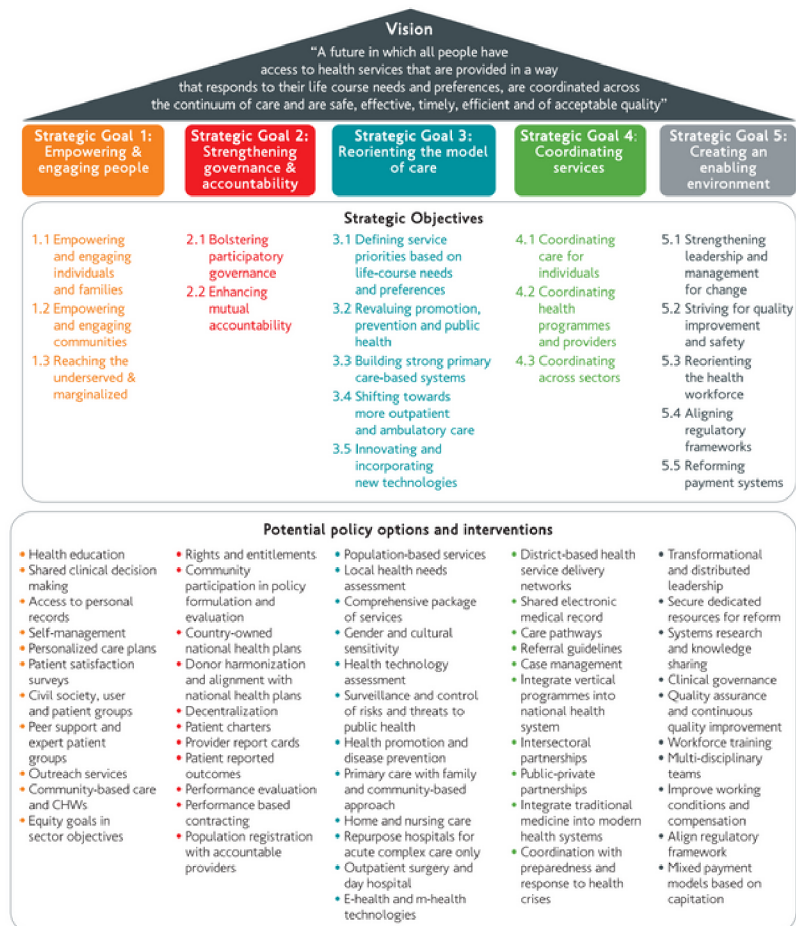


Figure 1. WHO global strategy on integrated people-centred health services: an overview

Challenges

Indigenous people in Canada face a range of challenges when accessing healthcare, often due to structural and social determinants of health that disproportionately affect their well-being and access to quality care. These determinants are deeply rooted in historical, cultural, and systemic factors. Foundational are colonial legacy and cultural disconnect, including the historic and ongoing harms caused by the healthcare and other Canadian systems; and the fact that Traditional Indigenous worldviews and healing practices are often disregarded or misunderstood by the healthcare system and providers, leading to mistrust and reluctance to seek medical care at all. The following are structural and social determinants of health that compound Indigenous peoples' challenges accessing healthcare and achieving good health outcomes:

- self-determination
- jurisdictional clarity
- impacts of colonization, including but not limited to cultural retention, racism and discrimination
- lack of culturally appropriate services and limited cultural competency of providers, which can lead to misdiagnoses, inappropriate treatments, and overall dissatisfaction with care
- trauma and mental health issues, including intergenerational trauma and lateral violence, including but not limited to firsthand or family trauma related to the residential “school” and child welfare systems, forced assimilation, and loss of agency and culture that has resulted in substance use and increased rates of suicide
- language barriers
- socioeconomic disparities, such as higher rates of poverty, unemployment, and inadequate housing
- geographic isolation
- limited or absent infrastructure
- inadequate and disproportionate funding and resources.



Solution

Indigenous Primary Health Care Organizations (IPHCOs) are community-based healthcare organizations in Ontario that focus on providing culturally appropriate and wholistic health services to Indigenous peoples. These centres are places of healing and belonging for clients, marginalized with complex histories of racism, trauma and stigma; and play a crucial role in addressing the unique healthcare needs and challenges faced by Indigenous communities, aiming to improve health outcomes and reduce health disparities.

IPHCO is an umbrella term that includes Aboriginal Health Access Centres (AHACs), Indigenous Interprofessional Primary Care Teams (IPCTs), Indigenous Community Health Centres (ICHCs) and Indigenous Family Health Teams (IFHTs). IPHCOs are status-blind, serving First Nations, Inuit and Métis individuals, families and communities. In 2023, 50% serve Inuit clients, 88% serve Métis clients, and 100% of them serve First Nations clients. IPHCOs can be found across Ontario in service of Indigenous populations both on and off reserve. You can see a map of existing IPHCOs in Ontario here. [\[2\]](#)

Indigenous Primary Health Care Organizations (IPHCOs) take an Indigenous-led and community-centred wholistic approach to improve the mental, emotional, physical, and spiritual health and wellbeing of Indigenous peoples. Traditional knowledge, traditional healing practices, and self-determination underpin Indigenous primary health care and are central to restoring balance at the individual, familial, community, and nation levels.

Implementing Two-Eyed Seeing (see Figure 2), Indigenous primary health care encompasses distinct Indigenous models of care inclusive of traditional healing and existing Western knowledge and practices. Indigenous peoples are free to choose a mode of care or one that blends both, in order to best facilitate and enhance their health.

Taking a Two-Eyed Seeing approach, Indigenous primary health care encompasses distinct Traditional and culture-based programming and Western knowledge and practices.

According to B'Saanibamaadsiwin (Aboriginal Mental Health Program), "Two-Eyed seeing is understood as a guiding principle and teaching that directs attention toward the importance of learning to see from one eye the strengths in Indigenous knowledge and ways of knowing, and from the other eye the strengths in Western approaches. Two-Eyed Seeing implies that we work from an Indigenous worldview as the foundation of our knowing and then utilize that as our foundation for utilizing and accepting ideas from other world views based on our knowledge base." Indigenous peoples are free to make self-determined choices over their health and, through this model, are able to choose a preferred mode of care or one that blends both.

Excerpt from the IPHCC Factsheet on Two-Eyed Seeing.

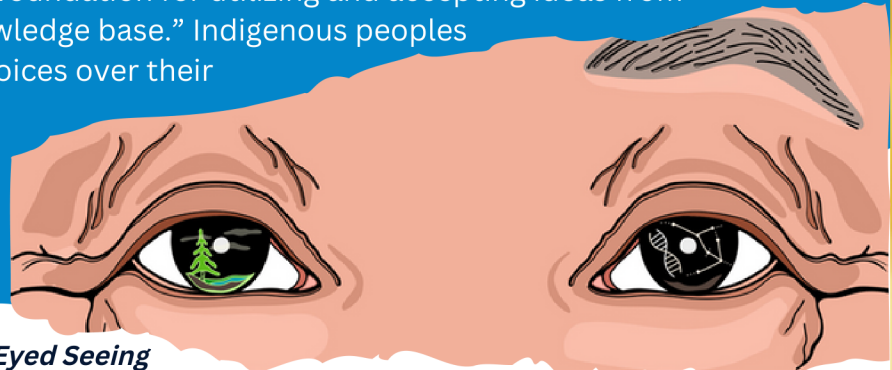


Figure 2. Two-Eyed Seeing

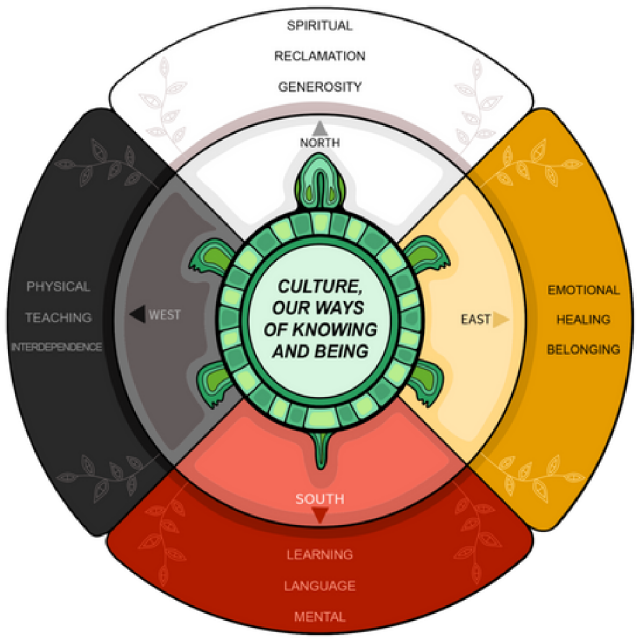


Figure 3. Model of Wholistic Health and Wellbeing

These teams promote high-quality care provision through the **Model of Wholistic Health and Wellbeing** (MWHWB) (see Figure 3). The model is rooted in a population needs-based approach to health care planning and delivery for the Indigenous population. It incorporates physical, mental, emotional, and spiritual elements of wellbeing, aiming for all elements to operate in harmony.

At the core of the model are culture, and Indigenous ways of knowing and being, which are central to treatment and healing. The MWHWB of care embodies a strong self-identity so that self-determination is fostered, and positive health outcomes are advanced. This model of care promotes and celebrates the diversity of Indigenous peoples across Turtle Island so that all voices are elevated and the power to oversee their destiny lies with communities. [2]

Key Components of the IPHCO Model

It's important to note that IPHCOs are community-specific and may operate under various names and structures depending on the region and the Indigenous communities they serve.

- Cultural Safety
 - IPHCOs prioritize cultural safety in their service delivery. They recognize and respect the cultural traditions, beliefs, and practices of Indigenous communities, integrating them into healthcare programs and services.
 - Cultural Safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances in the healthcare system. Cultural safety is a dynamic and ever-changing process; and one that is defined by those who receive care, not by those who provide it. [3]
 - To learn more about the cultural safety continuum, from competency to sensitivity to awareness to humility, [see this factsheet](#) and the [Indigenous Health Systems Transformation Booklet](#)
- Comprehensive Primary Health Care and Beyond
 - These centers offer a wide range of healthcare services, including primary care, preventive care, mental health support, addiction treatment, maternal and child health, chronic disease management, health promotion, and traditional healing. Many will also offer additional services along the care continuum and may be the only health service provider in their community.
- Wholistic Approach
 - IPHCOs take a wholistic approach to health, recognizing the interconnectedness of physical, mental, emotional, and spiritual wellbeing. This approach is rooted in Two-Eyed Seeing (see Figure 1) and reflected in the Model of Wholistic Health and Wellbeing (MWHWB) (see Figure 2).
 - Staff such as traditional healers, counsellors, medicine people, Elders, and traditional teachers provide traditional healing. [1]. These providers incorporate traditional healing practices, including land-based healing and ceremonies, Indigenous languages, and community-specific health knowledge.
- Community Governance and Co-Design
 - The community and clients are central in IPHCO decision-making processes, ensuring that healthcare services are tailored to the specific needs and preferences of the local Indigenous population.
 - This includes community governance, where the board is made up of local Indigenous community members, as well as via an array of co-design and engagement approaches.
- Collaboration and Partnerships
 - IPHCOs collaborate with other healthcare organizations, government agencies, and Indigenous organizations to improve coordination of care, access to resources, and funding opportunities.



Figure 4.
Cultural Safety Continuum

- Health Promotion and Education
 - They emphasize health promotion and education, empowering Indigenous individuals to make informed decisions about their health and wellbeing. They may offer workshops, seminars, and community events to raise awareness about health issues.
- Addressing Social and Structural Determinants of Health
 - IPHCOs work from a health equity approach to address the social and structural determinants of health that impact Indigenous communities.
 - These determinants are the “conditions in which people are born, grow, live and work,” such as education, employment, housing, water, food security, geography, income security, and are key aspects to everyone’s wellbeing. For Indigenous peoples, there are additional determinants beyond those specified by Western scholars and practitioners, which include: language, culture, and place; geography and location; strong self-identity; racism free environments; colonization and systemic racism; intergenerational trauma and legacy effects; access to health services.^[4]
- Advocacy and Policy Development:
 - Many IPHCOs are involved in advocating for policy changes that address the systemic barriers and challenges faced by Indigenous people in accessing quality healthcare. This is also one of the main roles of the [Indigenous Primary Health Care Council \(IPHCC\)](#) in Ontario, the provincial association representing IPHCOs.
 - The sector is actively breaking down jurisdictional barriers by working with First Nations, Inuit and Métis (FNIM) communities and provincial health systems to integrate federal and provincial health resources. This enables high levels of innovation in delivering comprehensive services focused on improving health outcomes, accelerating Indigenous health gains and community wellness. ^[1]

Quintuple Aim Achievements

Indigenous Primary Health Care Organizations (IPCHO) play a significant role in working towards health equity and improving the overall wellbeing of Indigenous individuals and communities in Canada. They achieve all aspects of the quintuple aim: enhancing the care experience, improving population health outcomes, reducing costs and improving the value to the overall health system, fostering positive care-team/provider well-being, as well as advancing health equity.



Figure 5.
The Quintuple Aim for health care improvement

Notably, according to the 2016 practice profile study conducted in partnership with the Institute for Clinical Evaluative Sciences (ICES), the clients seen by AHACs and Aboriginal CHCs require, on average, 30%-50% more primary care compared to the average Ontarian. It was also found that AHAC clients are predicted to require greater health care generally compared to the average population. This study predicted that 40% of the AHAC population requires higher health care overall, compared to 16% of the Ontario population.

IPHCOs also have cancer screening rates that are higher than the provincial average, and keep people out of emergency rooms by providing wholistic preventative and primary care.

Integrated Care for Indigenous Populations

As Ontario moves along the integrated care continuum, the Indigenous Primary Health Care Council has developed a [Health Systems Transformation model](#), which strengthens the dimensions of the Wholistic Model of Health and Wellbeing (MWHWB) for an enhanced and effective integrated health systems that improves Indigenous health. The following text is from the [model document](#).

Population Health Management

Population health management applies “population health concepts and measurements” to a specific patient population to shift the “whole population curve from unhealthy to healthy ... in a way that respects each person’s autonomy.” In the context of IPHCOs, this means a wholistic and strategic approach to managing Indigenous health and wellbeing. This refers to a community-driven approach based on strong & trusting relationships. This population health management approach (as represented in *Figure 4*) proactively addresses the accessibility and availability of services that account for and address geography, jurisdictional issues, infrastructure, and communications. It also includes how health delivery systems and services embrace Two-Eyed Seeing, cultural safety, traditional healing services and medicines, and other promising practices for providing care within Indigenous populations. The approach to successful population health management must also incorporate and embed Indigenous measures and indicators within the health systems’ performance framework for all providers. These measures are crucial for accountability and improving system performance and outcomes. [4]

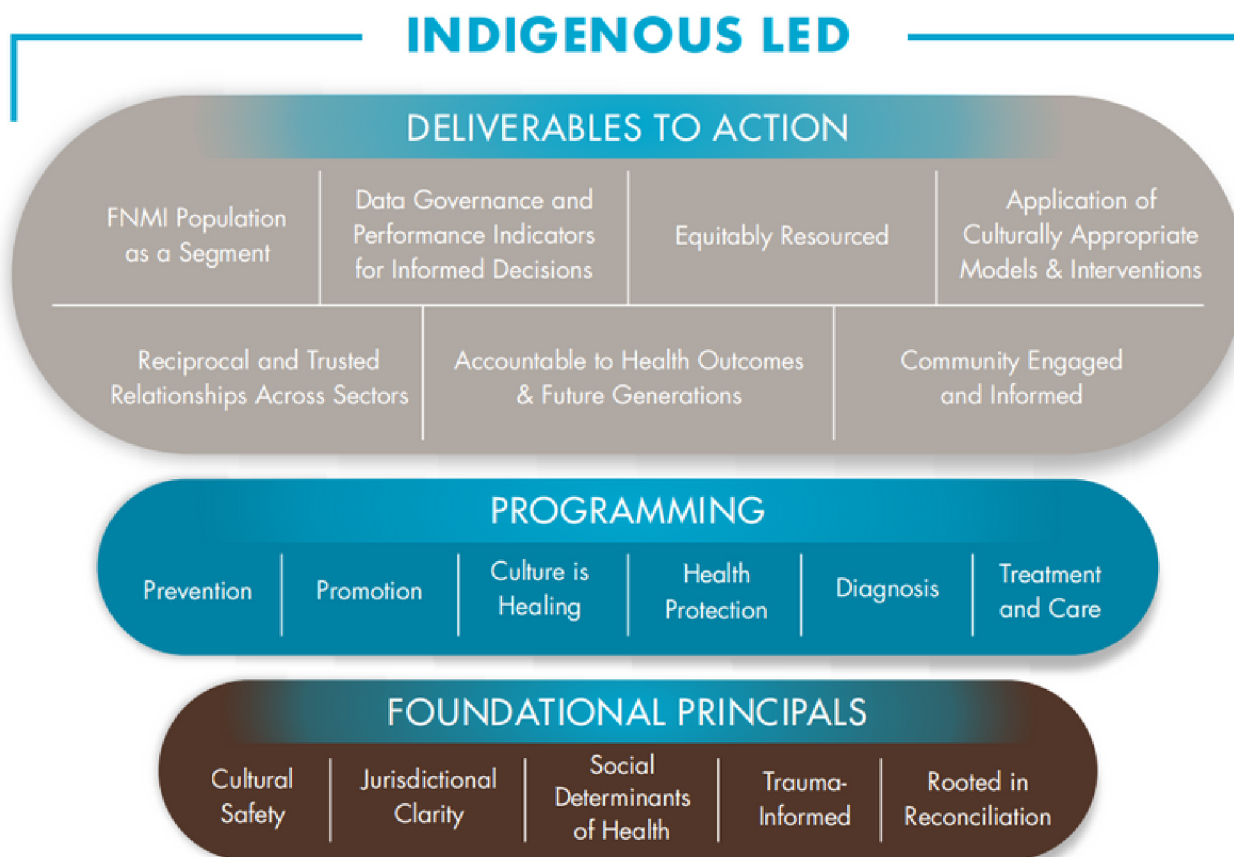


Figure 6. IPHCC Population Health Management Implementation Model

Continuum of Care

The continuum of care “is a concept involving an integrated system of care that guides and tracks patient[s] over time through a comprehensive array of health services spanning all levels of intensity of care.”

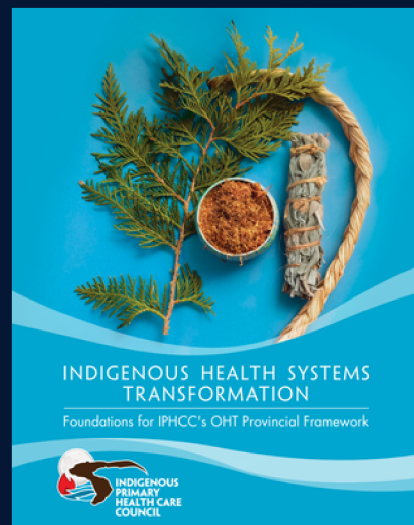
An Indigenous continuum of care requires additional attributes, including:

- Understanding where people live and grow and addressing the Indigenous determinants that impact health (self-determination, jurisdictional clarity, impacts of colonization, trauma-informed, cultural retention, language);
- Providing the cultural, social, spiritual, and emotional supports to maintain a healthy inner re and balance;
- Integrating traditional healing and wellness services and medicines throughout health systems; and
- Embracing a long view or Seven Generations approach.

The Seven Generations Principle is an Indigenous concept to think of the seven generations coming after you in your words, work and actions, and to remember the seven generations who came before you. "It serves not only as a reminder of the wrongs of the past but also the hopes and aspirations of the future seven generations." - Tawera Tahuri

LEARN MORE

- [Indigenous Health Systems Transformation Booklet](#)
 - *includes the IPHCC Population Health Management Implementation Model*
- [Resources from the Indigenous Primary Health Care Council](#)
 - [Tools of Resiliency](#): Addressing the Wellbeing Needs of Indigenous People by Honouring Culture as Treatment
 - [Protocols for Non-Indigenous Health Care Organizations](#) Seeking to Work with Indigenous Knowledge Keepers
 - [How to develop a meaningful Land Acknowledgement](#)
 - [NE IIKAANIGAANA \(All Our Relations\) Toolkit](#): Guidance for creating safer environments for Indigenous people
 - [Understanding Unconscious Bias](#)
 - [Mental Health Supports for Indigenous Peoples](#)



With thanks to the Indigenous Primary Health Care Council (IPHCC) of Ontario for their knowledge and cooperation in the development of this case study



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