

# Culturally Safe Interventions in Primary Care for the Management of Chronic Diseases of Urban Indigenous People: A Scoping Review

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## Background

- Indigenous people are more likely to live with chronic diseases (CD) such as cardiovascular diseases and diabetes, than Non-Indigenous people.<sup>1-2</sup>
- Lack of self-management programs, support for chronic health conditions and difficulty in accessing care, often result in poor health and ultimately, death.<sup>1,3</sup>
- Over the last years, an increasing number of Indigenous People have chosen to live in cities, whether it is to study or for work.<sup>4-5</sup>
- Indigenous view of health refers to holistic wellness and may conflict with western primary cares.<sup>6</sup>

## Objective

Our goal was to review the literature to identify and describe culturally safe interventions available to urban Indigenous people who suffer from chronic diseases.

## Methods



### Protocol

- Use of PRISMA-ScR
- Research question : "What are the culturally safe interventions (Concept) for the management of chronic diseases in primary care (Context), for Indigenous people living in an urban area (Population)?"



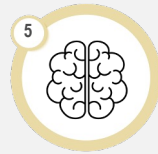
### Selection of sources of evidence

- Two reviewers screened the titles and abstracts
- A third reviewer was asked when the first two were undecided



### Eligibility criteria (for articles)

- Peer-reviewed original research articles published by October 27th 2020 in English or French
- All study designs except scoping and systematic reviews



### Data charting process and items

- Excel data-charting developed and validated by the research team
- Data extracted: article, population, settings, intervention, barriers, facilitators



### Information sources and search strategy

- Databases : EBSCO, PsycArticles, SocINDEX, MEDLINE and PsycInfo
- Research concepts: "Indigenous population", "Chronic disease", "Primary care" and "Cultural safety"
- The first five pages of Internet search hits were reviewed
- EndNote X7 and Excel spreadsheets



### Synthesis of results

- Narrative synthesis of interventions based on the expertise and needs of urban Indigenous community members

## Results

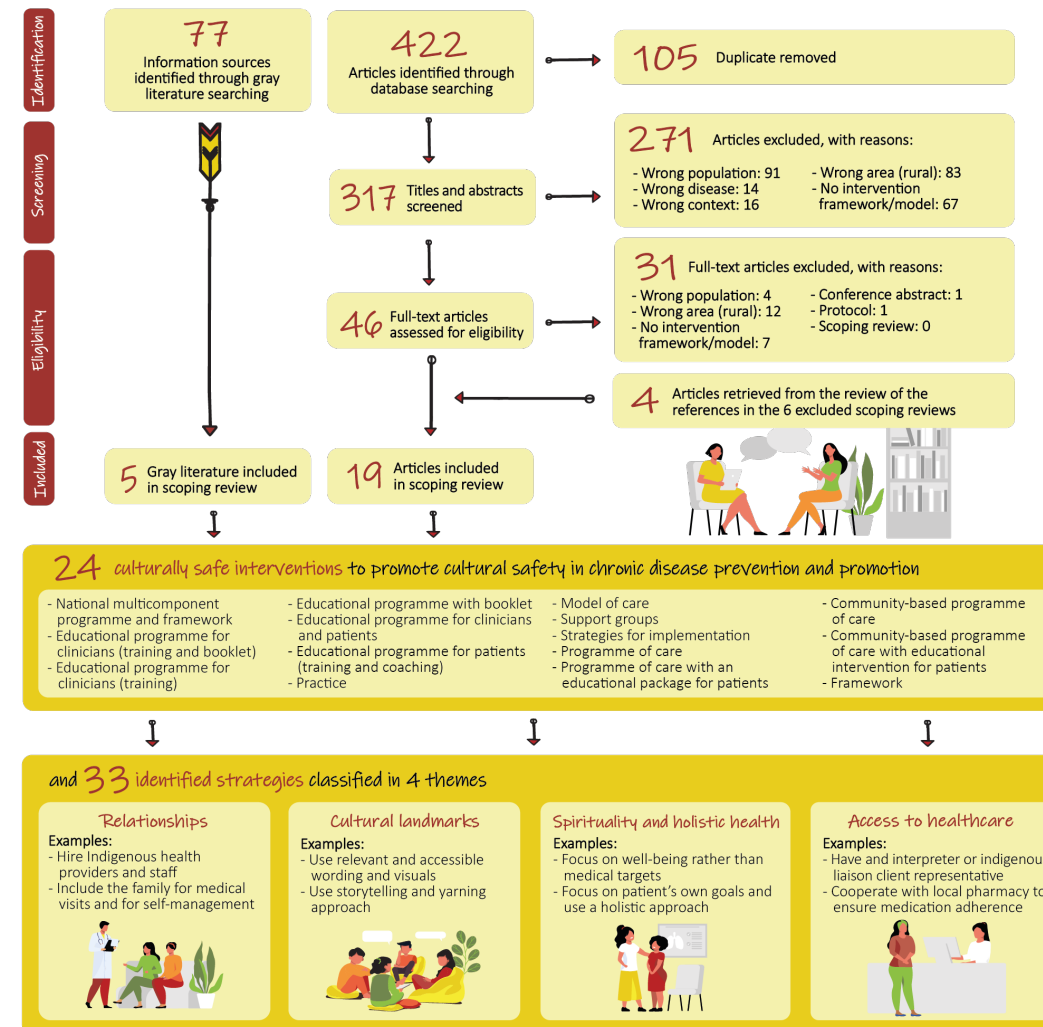


Fig. 1 Flow chart for the selection of sources of evidence and results

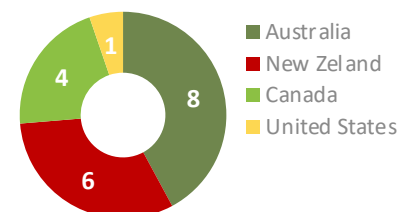


Fig. 2 Geographic distribution of studies

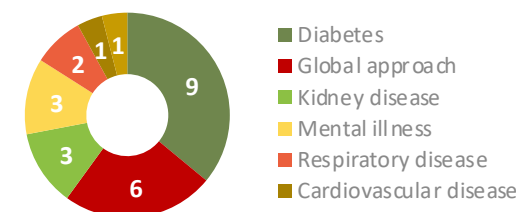


Fig. 3 Diseases targeted by studies

## Barriers and facilitators to implement interventions for both clinicians and Indigenous patients

- Barriers**
- Competing priorities<sup>7</sup>
  - Low food budget makes difficult to develop realistic and manageable goals<sup>8</sup>
  - Language barriers<sup>9</sup> and excessive use of medical jargon<sup>10</sup>
  - Inconsistent levels of care after initial contact<sup>8</sup>
- Facilitators**
- Recognition of culture<sup>10-11</sup>

## Discussion

- The development of cultural competency of caregivers is a key aspects of improving cultural safety in the delivery of care and services in primary care.<sup>11</sup>
- Cultural competency increases the equity and quality of delivered care and reduces broader healthcare inequities between Indigenous and non-Indigenous people.<sup>12</sup>
- Elders can be key player in implementing culturally safe practices, but their involvement is not promoted and recognized in several countries.
- Despite a similar history and social determinants of health of Indigenous population, literature differs between countries.

## Limits

- Research terms and data base selected
- Limited to the first 5 web pages of results
- Indigenous people transmit their knowledge orally

## Conclusion

- Culturally safe interventions are essential to provide access to appropriate and quality health care
- Decision makers should promote these interventions and provide resources to achieve it

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