**Rapid Review Protocol: Examining the Role of Indigenous Primary Health During a Public Health Crisis**

**Review Questions:**

1. How does Indigenous primary health care (PHC) mobilize to address patient needs during a public health crisis and what are the components (organization, systems, programs, providers, communities)?
2. What do we know about innovative approaches to Indigenous primary health care (PHC) that can inform service delivery and meet the needs of Indigenous peoples during a public health crisis?

**Timeframe:** January 30, 2021-April 30, 2021

**Relevance of this Review:** Primary healthcare (PHC) is the foundation of health and wellbeing at every stage of life. In the midst of a public health crisis or emergency response, we cannot afford to ignore people’s broader health needs – including reproductive, maternal and child health care; mental health; and treatment for chronic diseases. Research evidence shows that when health systems are overwhelmed during outbreaks, deaths caused by lapses in routine care can increase dramatically. Indigenous PHC services arose in many countries (e.g., Canada, Australia, New Zealand, U.S) from the inability of mainstream health services to adequately meet the needs of Indigenous communities. By Indigenous PHC services, we are referring to services designed and controlled by local communities and underpinned by the values and principles of the communities. Indigenous PHC can include a range of comprehensive programs that incorporate treatment and management, prevention and health promotion, as well as addressing the social determinants of health (SDOH) and a focus on redressing health inequities. Therefore, given the important role of Indigenous PHC we will examine how Indigenous PHC mobilizes during a public health crisis or emergency to address patient needs, including the broader SDOH, as well as innovative approaches to Indigenous PHC delivery (e.g., service adaptations, new organizational models of service delivery) that emerge during a public health crisis in order to respond to patient’s health needs.

**Outcomes of interest:**

* Impact(s) on Indigenous health outcomes;
* Impact(s) on service delivery;
* Impact(s) on health policy;
* Impact(s) on incidence rates/epi data
* Impact (s) on resource allocation
* Impact (s) on organization of care

**Methodology:** Rapid Review

Resource: National Collaborating Centre for Methods and Tools – Rapid Review Guidebook:

https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf

**PICO Details to Guide Search and Source Appraisal Development**

* **Population:** Indigenous peoples impacted during a public health crisis
* **Intervention:** PHC programs, services, or interventions that address Indigenous patients’ health needed or improve health outcomes. We are looking for *Indigenous-focused* programs/services/interventions based on the adoption of western programs/services/interventions for an Indigenous context AND *Indigenous-led* referring to programs/services/interventions that are driven by Indigenous peoples (i.e., designed, delivered and implemented by and for an Indigenous community or population)
* **Comparator:** NA.
* **Outcomes:** Indigenous peoples’ well-being, informed by access to necessary PHC services during a public health crisis; and related to equity and social determinants of health.
* **Study Design:** Primary empirical studies (qualitative, quantitative, or mixed-methods), theoretical studies; reviews of empirical studies; implementation studies
* **Other:** Full text available; English language.

**Considerations will be given to publications that that focus on:**

* Equity
* Culturally sensitive services
* Community-based approaches to health and wellness
* Indigenous focused initiatives/examples and/or Indigenous-led

**Journal Databases:** CINHAL,MEDLINE,Embase

*\*Covidence will be the review manager used for screening and reviewing articles*

**Criteria for Inclusion and Exclusion:**

|  |  |
| --- | --- |
| **Inclusion** | **Exclusion** |
| Publications included in the review if they are:   * Focused exclusively on Indigenous peoples in Canada (First Nations, Métis, and/or Inuit) and other Indigenous populations across the globe * Focused on pandemics or epidemics involving influenza like infections (e.g., Coronaviruses [MERS, SARS], H1N1,H2N2, Spanish flu) see <https://www.cdc.gov/flu/pandemic-resources/basics/past-pandemics.html> and <https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/pandemic-influenza/past-pandemics)> * Focused on the primary healthcare (PHC) response during the public health crisis in Indigenous communities * Identifies how core PHC functions were mobilized during the public health crisis examined, including collaboration and coordination between community departments (e.g., housing, health, family and social services, etc.) and addressing the social determinants of health * Focused on Indigenous models of health and wellness, including the role of culture and Indigenous ways of knowing * Focused on innovations in Indigenous PHC as it relates to the crisis or emergency response (e.g., service adaptations, new organizational models of care, new relationships and collaborations forged, allocation of new funding and resources) | Publications excluded if they are:   * Focused on the non-Indigenous population * Focused on non-communicable disease-specific epidemics, and sexually transmitted disease, food borne illness, and other non-influenza like infectious diseases |
|  |  |
|  |  |

**Grey Literature to be conducted following peer reviewed full text screening.**

**Outputs from the scoping reviews:**

* A review of responses/models (setting; type of model of care, process, implementation, evaluation etc.)
* Evidence summary shared with providers, policy and decision-makers