



NEWSLETTER

Transformation of Indigenous Primary Healthcare Delivery (FORGE AHEAD): Community-driven Innovations and Scale-up Toolkits

Territories of the Attawandaran (Neutral) / Algonquin / Haudenosaunee / Anishinaabe / Leni-Lunaape peoples
In proximity to: Chippewa of the Thames First Nation / Oneida Nation of the Thames / Munsee-Delaware Nation

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A MESSAGE FROM THE PRINCIPAL INVESTIGATOR



As we enter into the final phase of the FORGE AHEAD Program with our focus pivoting towards program evaluation and knowledge translation, it has given me some space to reflect on how this important research program was conceived and implemented over the past four years in partnership with First Nations communities and other stakeholders.

The impeccable work on the FORGE AHEAD Program would not have happened without the phenomenal dedication of so many people in all our partnering communities across both Waves of implementation. The Key Contacts in each community took the lead in the foundational processes of setting up the Program, and continued in their role to advise and support the Western Research Team in meeting different challenges. The Community Facilitators championed quality improvement initiatives with

both Community and Clinical QI Teams, and worked tirelessly to identify priorities with their QI Teams to implement small tests of change in diabetes prevention and care. The Community Data Coordinators were instrumental in developing their community diabetes registry, entering and tracking clinical data, and creating a data-set that could be used to support their QI initiatives. The members of the Clinical and Community QI Teams worked diligently with all the FORGE AHEAD QI Tools to develop an evidence-based knowledge set of ideas and priorities, and find creative ways to use existing community resources to plan and apply small tests of change using PDSA cycles. You are all bearers and agents of great change in your communities, and your work will keep resonating for years to come beyond the FORGE AHEAD Program.

I am truly proud of the journey that we have shared together with our partnering communities so far, and a new chapter of our relationship is just coming over the horizon. I am looking forward to the sharing of knowledge and perspectives with our partnering communities as we progress with the momentous task of program and process evaluation to understand what we have done in the FORGE AHEAD Program, and how we can improve upon it for the future. This evaluation phase will bring to light all the fantastic diabetes QI initiatives undertaken by every partnering community, and also chart a trajectory of refining the Program so that it can be available for all First Nations communities across Canada.

Thank you to all our partnering communities for inviting the Western Team and creating space to share this path of quality improvement together. I look forward to continue our learning and strengthening our relationship in the coming year.

Thank you to all our Funders, Co-Investigators, Collaborators, and Policy Makers & Knowledge Users for your guidance and advice on various elements of the FORGE AHEAD program. I look forward to your continued involvement in the coming year.

Wishes to everyone for a happy holiday season!

Stewart Harris
Principal Investigator, FORGE AHEAD Program

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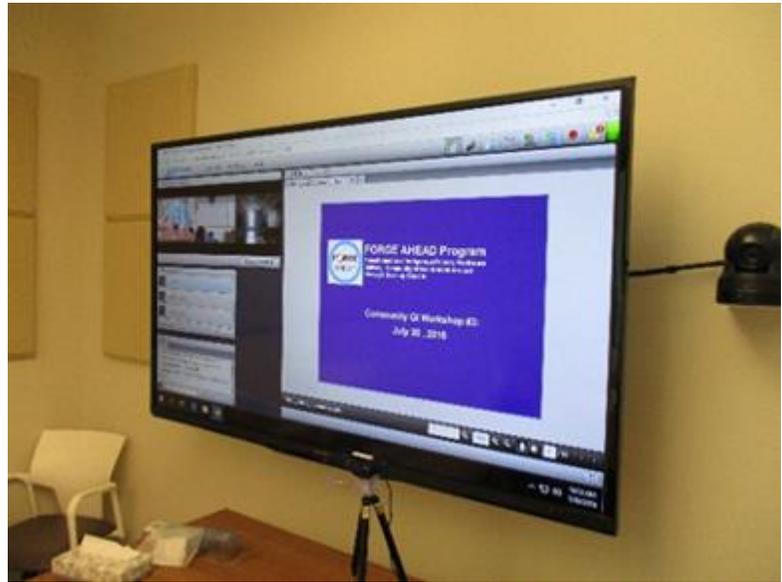
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AT THE PROGRAM IMPLEMENTATION FINISH LINE

The final Wave 2 Quality Improvement (QI) Workshops were held via video/teleconference on July 20 and 21, 2016 with members of Seabird Island Band (BC), Cowichan Tribes (BC), and Miawpukek First Nation (NL) attending. The Community and Clinical Teams had an opportunity to discuss sustainability with Roger Boyer II, a respected leader in quality improvement in Canada from the N'Mninoeyaa Aboriginal Health Access Centre (AHAC). Other guest presenters shared their knowledge on priority topics selected by the QI Team members: Dr. Mervat Bakeer shared her expertise on ulcers and foot exams; Lloy Wylie discussed the impact of colonialism in the clinical context; and Alex McComber presented on the impact of colonialism on chronic disease.



The second round of Community and Clinical Readiness Consultation Reports were distributed prior to the final workshop so that the QI Teams could discuss the findings of the Readiness Reports during the Workshops' Breakout Sessions. The Workshops also provided an opportunity for Clinical and Community Teams to come together to plan their QI PDSAs for the final Action Period and beyond. These Wave 2 Community and Clinical Teams have wrapped up their diabetes QI activities in the final Action Period #3 (July – October, 2016).

Opaskwayak Cree Nation (MB) participated in a modified joint Community and Clinical QI Workshop on November 3, 2016, and is scheduled to complete their final Action Period in December. Saugeen First Nation (ON) has been working with the Western Team to move forward with their QI activities.

Three Wave 2 partnering communities chose to implement the diabetes registry and surveillance system component of the FORGE AHEAD Program. Surveillance data entry will be completed by March 2017. The Western Research Team will continue to provide support for Community Facilitators and Community Data Coordinators through the wrap-up phase including local knowledge exchange activities in partnering communities, and post-period data collection.



WAVE 1 HIGHLIGHTS

Maskwacis

This is a picture of some of the Maskwacis interdisciplinary health care team members who are working with FORGE AHEAD Clinical Team members to expand their quality improvement efforts.



(Maskwacis photo from left to right - Kayla Ward, Joanne Siemens, Doreen Quenneville, Dr. Ellen Toth, Gloria McKnight)

Waskaganish First Nation

Emilie Dufour (FORGE AHEAD Community Facilitator) and Ivan Kimble McComb (Key Contact) have provided steadfast leadership in their relatively remote community near James Bay to do diabetes quality improvement work.



(Waskaganish First Nation photo – From left to right - Ivan Kimble McComb, Emilie Dufour)

STEERING COMMITTEE 2016

Thank you to all FORGE AHEAD Program Team members who attended our annual Steering Committee meeting via tele/video conference on September 7, 2016. It was a great turn-out with 41 people, including Co-investigators, Collaborators, Policy and Knowledge-users, representatives from partnering First Nations communities, and Western Research Team staff. Highlights of the Steering Committee meeting were presentations sharing evaluation feedback from the Wave 2 QI Workshops and examples of diabetes PDSAs initiated by Wave 2 Clinical and Community QI Teams, ranging from small tests of change in patient self-management, foot and nutrition screening, exercise programs, and enhanced diabetes care decision support tools.

The Progress Update for Year 3 shared several important lessons learned that emerged from the two Waves of the community-based intervention. Anecdotal information from the Western Research Team suggested the value of remote training modules that were developed to assist in training new members when there was turnover in the roles of Community Facilitators and Community Data Coordinators. Another highlight shared was how Waves 1 and 2 partnering communities have been leveraging locally available resources in their health centers and communities.

The FORGE AHEAD Program Team members also had an opportunity to review and discuss a draft of the proposed Logic Model, draft Data Analysis Plan, and Results Consultation Process to support planning for the program and process evaluation, and knowledge translation activities. In Years 4 and 5 the Western Research Team will work closely with Working Groups, partnering communities, and key stakeholders collaboratively to implement evaluation activities and progress with knowledge translation initiatives. We are planning on organizing an in-person meeting in fall 2017 to bring everyone together to advance the interpretation of results, and knowledge translation plans.

FORGE AHEAD WORKING GROUPS

Our Working Groups have contributed substantially to the planning, implementation, and evaluation activities over the past four years. Since the inception of the program, they have provided advice and supported work on the Community Profile Survey, Community and Clinical Readiness Tools, evaluation methods and design, drafting community engagement documents, and mentoring students. In the evaluation and KT phases, the Methods & Analysis Working Group, the Participatory Research Working Group, and the KT & Policy Working Group will expand to include partnering community representatives.

HEALTH CANADA SCALE-UP TOOLKIT

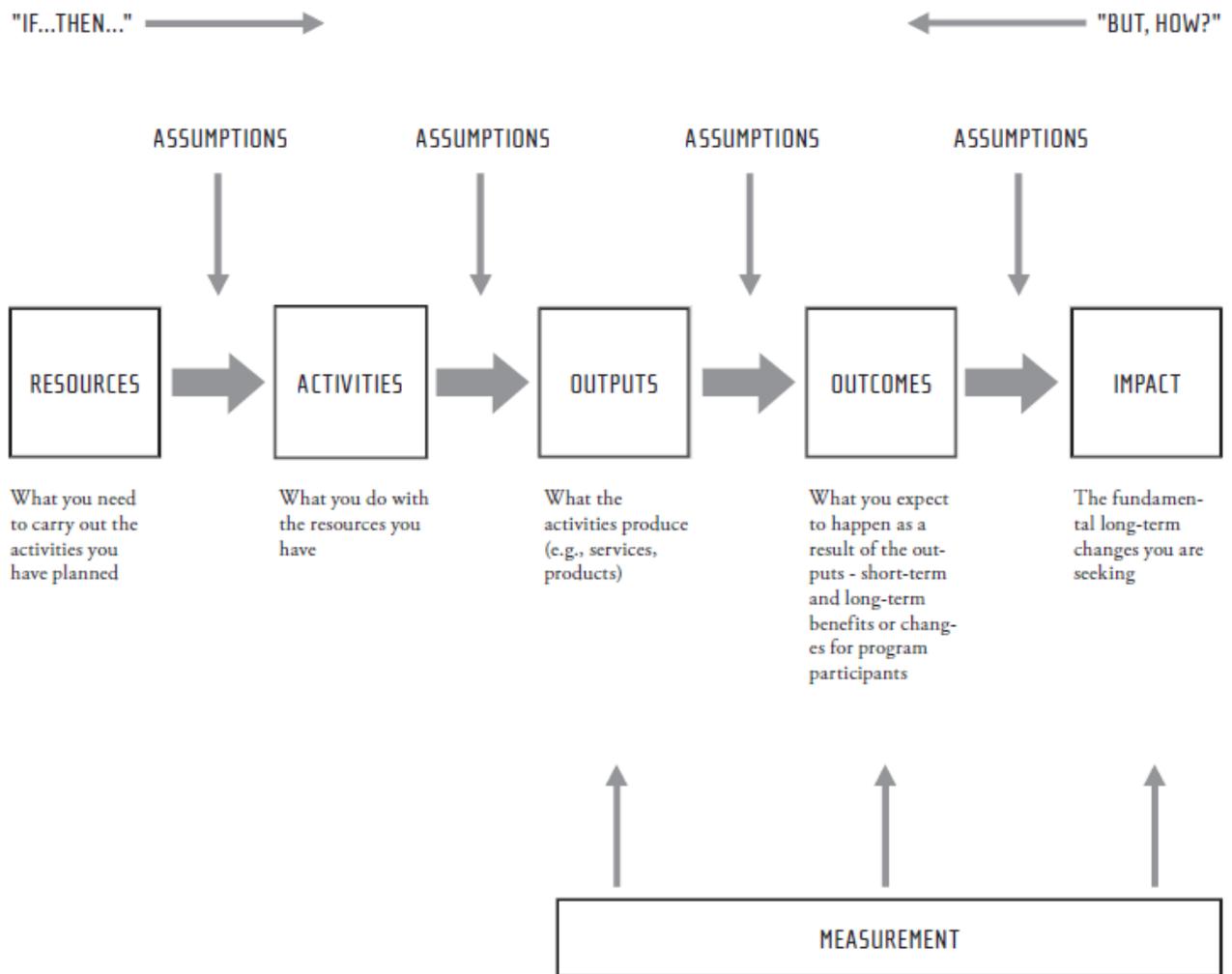
We are well underway in Phase II of the Health Canada Scale-Up Toolkit Project in partnership with First Nations and Inuit Health Branch (FNIHB). Members from some Wave 1 partnering communities have provided timely and valuable feedback on the QI Tools and processes implemented during FORGE AHEAD. We are currently working with some members of Wave 2 partnering communities to gain their perspectives to inform the Scale-Up Tools. The Indigenous QI Train-the-Trainer self-learning modules will be piloted in Ontario in early 2017. At the end of March 2017, the Scale-Up Toolkit will be hosted on the FORGE AHEAD website with a Dissemination and Knowledge Exchange Plan developed in partnership with FNIHB.

EVALUATION TIPS

Logic Model

The Logic Model is a key tool that will guide the evaluation of the FORGE AHEAD Program. When completed, it will describe main components, activities and outputs, process and program outcomes, key contextual factors that have influenced the effectiveness of the FORGE AHEAD Program, identify evidence needed to build knowledge about successful intervention activities and implementation strategies, and capture how these elements work across multiple settings. The following graphic illustrates in a simple and concise manner how information in Logic Models can be organized.

Evaluation of Quality Program: Logic Model Development



SUSTAINABILITY TIPS

Sustainability is – when a new way of doing things takes root and continues with permanency; when the new way of doing things has replaced the old way of doing things, and has become the new normal.

For example, PDSAs can become a routine part of a Healthcare Team’s work – approaches to identify gaps in care, use available resources in chronic disease services and programs, and part of onboarding training for new staff.

Sustainability Plans can include:

- Identifying goals and developing a plan for sustainability
- Developing next steps for leadership buy-in and identifying QI champions
- Identifying possible roadblocks and strategies to overcome them
- Communicating the benefits of the improved process to leaders, staff, clients, and community
- Integrating the improved process into the organizational routine
- Integrating ongoing measurement/checks/evaluation and successes

The following template was shared with QI Teams during Workshop # 3 and can be a useful planning document to continue diabetes QI initiatives and identify QI champions.

<p>Sustainability Plan Date:</p>	
<p>Objective of the Plan: Our Community Health Program will sustain QI work as an ongoing and integral part of operations for continuing improvement to community services. To monitor this process we will put in place a continual review of our QI work and also a review of community programming to ensure we meet our goals.</p>	
<p>Goals: Our QI goals include maintaining weekly QI team meetings, testing at least 2 QI ideas every week, and continuing to modify our programs and services based on our successful QI work. Our community programming review will focus on increasing community knowledge about our programming, and also to increase attendance at all of our programs.</p>	
<p>Primary Leadership: (list primary leaders, e.g., Executive director, CEO, etc)</p>	<p>What we plan to do: (How will they provide a mandate to community programs? How will they make it a normal and integral part of program operations? How will they ensure staff have the appropriate resources? How will they integrate volunteers and staff to work together? How can they ensure that successful QI work becomes fully implemented to enhance patient care? How can they encourage and reward staff participation and successes?)</p>
<p>Identify possible roadblocks and strategies to overcome them:</p>	
<p>QI champion and staff: (List staff or senior leadership that will directly lead and facilitate the QI work. Then list all staff that will be working on QI)</p>	<p>What we plan to do: How will you develop a QI process for community programs? How will you develop a storing and filing system for QI documentation? How will you develop a system to evaluate QI? How will you distribute information about QI? How will you develop a process to train new staff, QI champions, or volunteers? How will you encourage staff and volunteers to take on ownership of the QI work? How can they ensure that successful QI work becomes fully implemented to enhance programs and services for community members?</p>
<p>Identify possible roadblocks and strategies to overcome them:</p>	
<p>When we will review the sustainability plan next: (identify date)</p>	

PUBLICATIONS

Our knowledge translation initiatives are expanding this year! Based on Stewart Harris' FORGE AHEAD presentation at the 2015 IDF World Diabetes Congress in Vancouver, he was invited to develop a manuscript on the evolution of diabetes and associated risk factors in Indigenous populations globally for publication in *Diabetes Research and Clinical Practice*. FORGE AHEAD is noted as an example of a quality improvement initiative to address gaps in primary healthcare for Indigenous peoples in Canada.

Harris, S.B., Tompkins, J., Te Hiwi, B. *Call to Action: A New Path for Improving Diabetes Care for Indigenous Peoples, a Global Review*, published in *Diabetes Research and Clinical Practice*. In Press, Accepted manuscript (unedited version) now available online <http://dx.doi.org/10.1016/j.diabres.2016.11.022>

HIGHLIGHTS OF KEY PRESENTATIONS

2016 CDA Conference. Stewart Harris gave an oral presentation – *Assessing Clinical Readiness for Chronic Disease Management in Canada's First Nations: Baseline Data from FORGE AHEAD Clinical Readiness Tool*. The published abstract in the *Canadian Journal of Diabetes* - [http://www.canadianjournalofdiabetes.com/article/S1499-2671\(16\)30315-X/pdf](http://www.canadianjournalofdiabetes.com/article/S1499-2671(16)30315-X/pdf)

4th Global Symposium on Health Systems Research. Stewart Harris and Derek Thompson representing Cowichan Tribes were invited to participate in a challenge panel titled – *Examining the role of community based primary health care models in addressing health equity and disparities in Canadian Aboriginal Communities*. Stewart and Derek discussed the FORGE AHEAD Program as a diabetes quality improvement initiative within the broad discourse of Indigenous self-determination, reconciliation, and Indigenous practices. They shared the panel with representatives from two other CIHR-funded primary healthcare research programs that are doing research in partnership with First Nations communities.

Health Canada (FNIHB) Presentations. Harsh Zaran gave a presentation to the FNIHB Home and Community Care Nurses from different regions on the FORGE AHEAD Program and the Scale-Up Toolkit. He was also invited to meet with the Regional Leads from different FNIHB programs to present the development of the FORGE AHEAD Scale-Up Toolkit and testing the FORGE AHEAD program components and tools with the draft First Nations Chronic Disease Prevention and Management Framework.



Lawson Foundation Presentation. Harsh Zaran was invited by The Lawson Foundation, one of the partners providing funding to the FORGE AHEAD Program, to present recent Program updates and discuss linkages between the research initiative and the Canadian Truth and Reconciliation Commissions' (TRC) 'Calls to Action'. Harsh also included important information on Indigenous self-determination, UNDRIP, and Assembly of First Nations 2016 resolutions.

FORGE AHEAD PROGRAM TEAM NEWS

Dr. Stewart Harris was reappointed as the Ian McWhinney Chair of Family Medicine Studies for the Schulich School of Medicine & Dentistry effective July 1, 2016 to June 30, 2021.

Dr. Braden Te Hiwi recently joined the Kinesiology Department at Lakehead University as an Assistant Professor in August. Braden's recent research explores how the benefits of sport and physical activity can be made available to all Canadians. We are happy to announce that Braden will continue to be involved as a Co-investigator in FORGE AHEAD.

Meghan Fournie (Masters Candidate) continues to assist the Western Research Team with various Program activities. She started her second year of studies in Masters of Health Information this fall. In 2017, her Masters research will be commencing and she will be conducting data analysis of FORGE AHEAD's Clinical QI initiative using a qualitative case study methodology. Her research will be focusing on Clinical Teams' knowledge exchange processes and local QI strategies.

We are also happy to welcome three new members to the FORGE AHEAD Research Team.

Megan Carlson draws on her background in clinical healthcare and global health research to work effectively as a Research Assistant with the Diabetes Research Program Team. She collaborates with the Team to develop and implement project activities, manage data, and prepare for knowledge dissemination. Key projects with which she is involved include: the Health Canada's Scale-Up Toolkit Project; and Cardiovascular, Vascular, and Cognitive Dysfunction Cohort Alliance – a population health study collecting data on risk factors for chronic disease among First Nations communities.

Sherry Coulson joined the Western Diabetes Research Team in January 2016 as a Research Assistant. Sherry draws on her diverse experience working in healthcare research in various institutional settings to support evaluation research activities. Sherry recently joined FORGE AHEAD and will continue her work in data analysis.

Kristina Miller has recently joined the Western Diabetes Research Team as a Research Assistant while also working towards her PhD at Western University. She comes with experience in chronic disease self-management, qualitative research and community-based participatory research. In 2017, Kristina will be assisting the FORGE AHEAD team with data analysis.



from left to right - Sherry Coulson, Kristina Miller, and Megan Carlson

HOLIDAY OFFICE HOURS:

We will be closed from December 23, 2016 – January 2, 2017. Please note that the Western FORGE AHEAD Research Team will not be available during that time.

WISHES TO EVERYONE FOR A JOYFUL AND SAFE HOLIDAY SEASON!!

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