

Evidence Brief

Enablers and barriers to implementation of primary health care interventions for Indigenous people with chronic disease: A systematic literature review

Gibson, O., Lisy, K., Davy, C., Aromataris, E., Kite, E., Lockwood, C., Riitano, D., McBride, K., and Brown, A.

<http://www.biomedcentral.com.proxy.library.adelaide.edu.au/content/pdf/s13012-015-0261-x.pdf>

Access to appropriate, affordable, acceptable and comprehensive primary health care (PHC) is critical for improving the health of Indigenous populations. Whilst appropriate infrastructure, sufficient funding and knowledgeable health care professionals are crucial, these elements alone will not lead to the provision of appropriate care. This systematic literature review synthesised international evidence on the factors that enable or inhibit the implementation of interventions aimed at improving chronic disease care for Indigenous peoples in Australia, New Zealand, Canada and the United States.

This review identified a number of elements that must be considered during the design of a chronic disease (CD) intervention in order to provide a solid foundation for successful implementation and sustainability. These included community engagement, the policy and funding environment, leadership, staff approach to change and sufficient resourcing.

In addition, this review found a number of characteristics that are important for successful implementation and ongoing sustainability. These related to:

- **Chronic disease workforce** – overcoming workforce issues, include recruiting and retaining staff, suitable workforce training and development, dedicated CD positions with clear roles and responsibilities, including Indigenous Health Workers in the decision making process, and the need to support staff well-being.
- **Patient/provider partnerships** - the role of the provider extends beyond their professional and technical skills. Valued qualities of a CD health worker include being understanding, supportive and empowering, being able to communicate sensitively and allowing patients to be partners in their care.
- **Clinical care pathways** - adequate electronic support systems and clear referral pathways facilitate a service provider's ability to deliver comprehensive CD care.
- **Access** - access to CD care is facilitated by providing consistent services and coordinated care and embedding culturally safe work practices by, for example, employing local Aboriginal and Torres Strait Islander people, providing care in respectful spaces and being influenced by patient perspectives related to beliefs and experiences regarding health care and family support.

Three features further clarified the findings. First, each characteristic could be both a barrier and an enabler dependent on the degree to which they are addressed. Second, some characteristics were more amenable to change by Indigenous healthcare services. For example, health services have more control over choosing to employ Indigenous healthcare workers, as opposed to increasing the amount of core funding they receive from the government. Third, all of the identified elements were inter-related. However, the extent to which they impacted on each other was not entirely clear.

Recommendations from the Systematic Review

Genuine collaboration between the intervention team, service providers, Indigenous patients, the community and policy makers is essential in the design, implementation and sustainability of interventions.

In addition, findings from this review also suggest that primary healthcare services:

- confirm that the intervention is sufficiently funded and consider partnering in future funding applications;
- request an evaluation framework and plan for adequate workforce is built in during the design phase;
- employ Indigenous health workers in decision making roles which includes ensuring they contribute contextual knowledge to the development and sustainability of an intervention;
- ensure that providers focus on building trusting relationships with Indigenous patients and communities;
- identify clear clinical care pathways within and between services, and
- encourage access to interventions by providing care in safe spaces and accepting the supportive role of family in a patient's care.