

# Building Capacity for Culturally Safe Primary Care for Indigenous Patients

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# Conflict of Interest Disclosure

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# Acknowledging the Land



I acknowledge that we are on traditional territories in Alberta of the many First Nations, Métis, and Inuit whose footsteps have marked these lands for centuries.

The land is our teacher. The Elders who carry knowledge from time immemorial have generously shared teachings on world views, values, and interconnected ways of knowing.

Teachings from Elders have greatly enhanced our understanding of broader conceptions of wellness and the role of the land in promoting our health and wellness.

# Presenters



## **Dr. Stephanie Montesanti**

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Associate Professor, University of Alberta  
School of Public Health  
Canada Research Chair in Health Systems  
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## **Shannon Berlinguette**

Indigenous Wellness Coordinator,  
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# The CARE Research Lab

Collaborative Appplied Research for Equity in Health Policy and Systems (CARE) Lab is an applied health policy and systems research program that provides practical evidence to support people-centred integrated care.

## **CARE works across four research areas:**

- 1) Integrated health systems, programs, and services;
- 2) Primary health care transformation;
- 3) Strengthening the Indigenous health workforce; and
- 4) Patient, public, and community engagement.



# Workshop Objectives

Today, we'll work with the emerging Indigenous Support Hub model to:

1. Understand how Indigenous Support Workers (ISWs) can enhance culturally safe primary care.
2. Explore how a resource model for collaborative learning can strengthen clinician capacity for culturally safe care.
3. Identify behaviour change techniques for developing and applying structural competencies in primary care.

Learning from this workshop is bi-directional as your insights will help to shape the evolving design of this model.

# Scenario - Diabetes Care



- Indigenous peoples with diabetes experience inequity through multiple and interdependent pathways involving social and economic resource disparities, accumulative adverse life experiences, and systemic healthcare violence.
- For the Indigenous person with diabetes, these complex adverse social realities add an overwhelming burden, influencing the distress of diabetes and ultimately outcomes.
- Indigenous people with diabetes and their healthcare providers make decisions aimed at optimal outcomes. They base these decisions on varying mental models influenced by different social and cultural contexts.

# What are Structural Determinants of Health?

- Macro-level systems, policies, and institutions that shape the distribution of power, resources, and opportunities.
- Root causes of health inequities—often the 'causes of the causes.'
- Structural factors determine who gets sick, who gets care, and who gets well.

## Thinking about patients accessing primary care:

- What structural factors influence their health?
- How do these structural factors impact them?

Metzl & Hansen. *Soc Sci Med* (2014)



# What is Structural Competence?

The ability to...

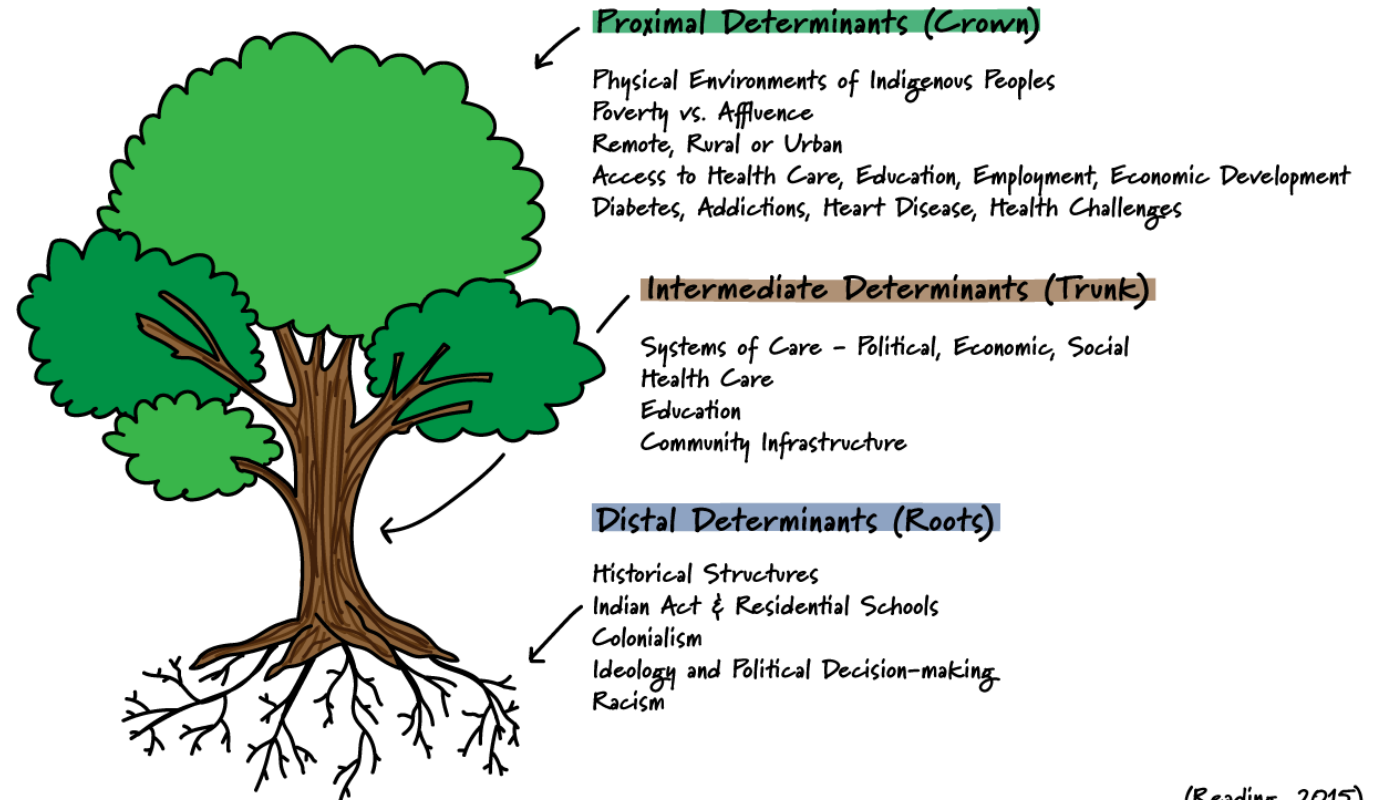
- Recognize and respond to structural influences on health.
- Move beyond individual or cultural explanations of health.
- Understand how structures shape Indigenous patient complexity.
- Support culturally safe care by addressing structural factors of inequity.

Metzl & Hansen. *Soc Sci Med* (2014); Curtis et al. *Lancet* (2019)

# Structural Competence Helps Clinicians:

- Understand patient contexts
- Advocate for systemic change
- Design equitable care models

## Structural Determinants of Indigenous Peoples' Health



(Reading, 2015)

# Conscious Competence Model

*Applying structural analysis into clinical reasoning*

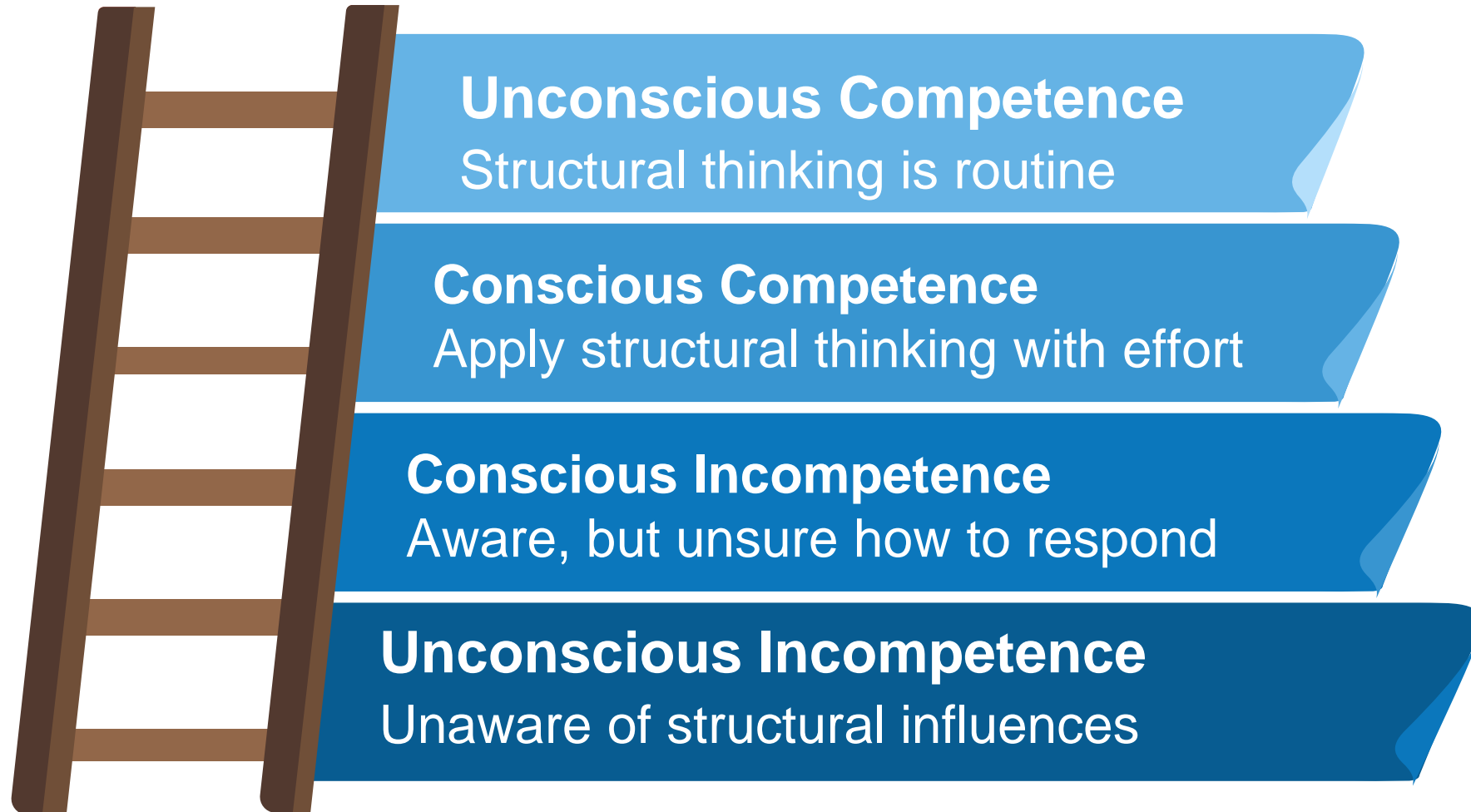


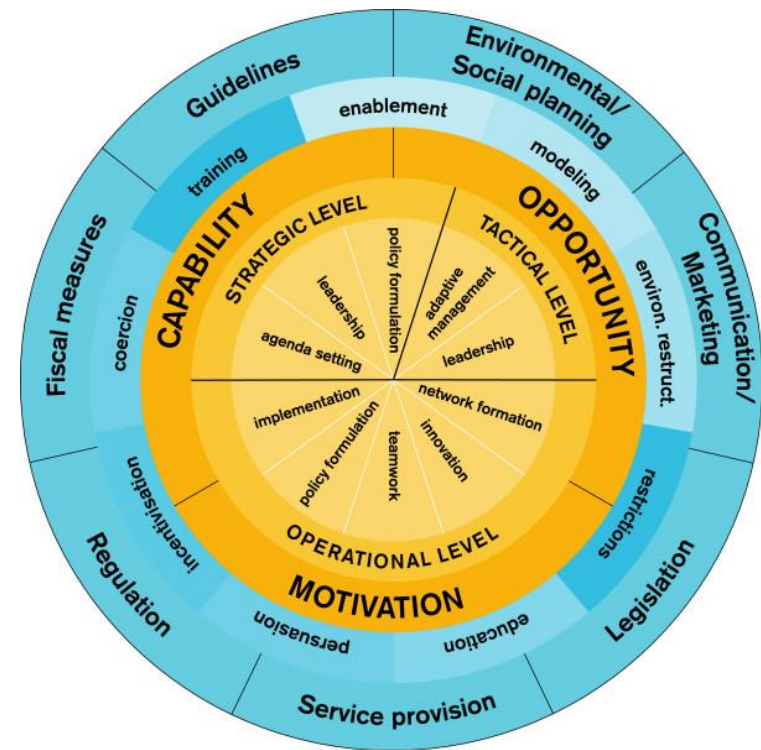
Figure adapted from M. Broadwell's conscious competence framework (1969)

# Can Behaviour Change Theory Help?

## Structural competence involves clinician behaviours

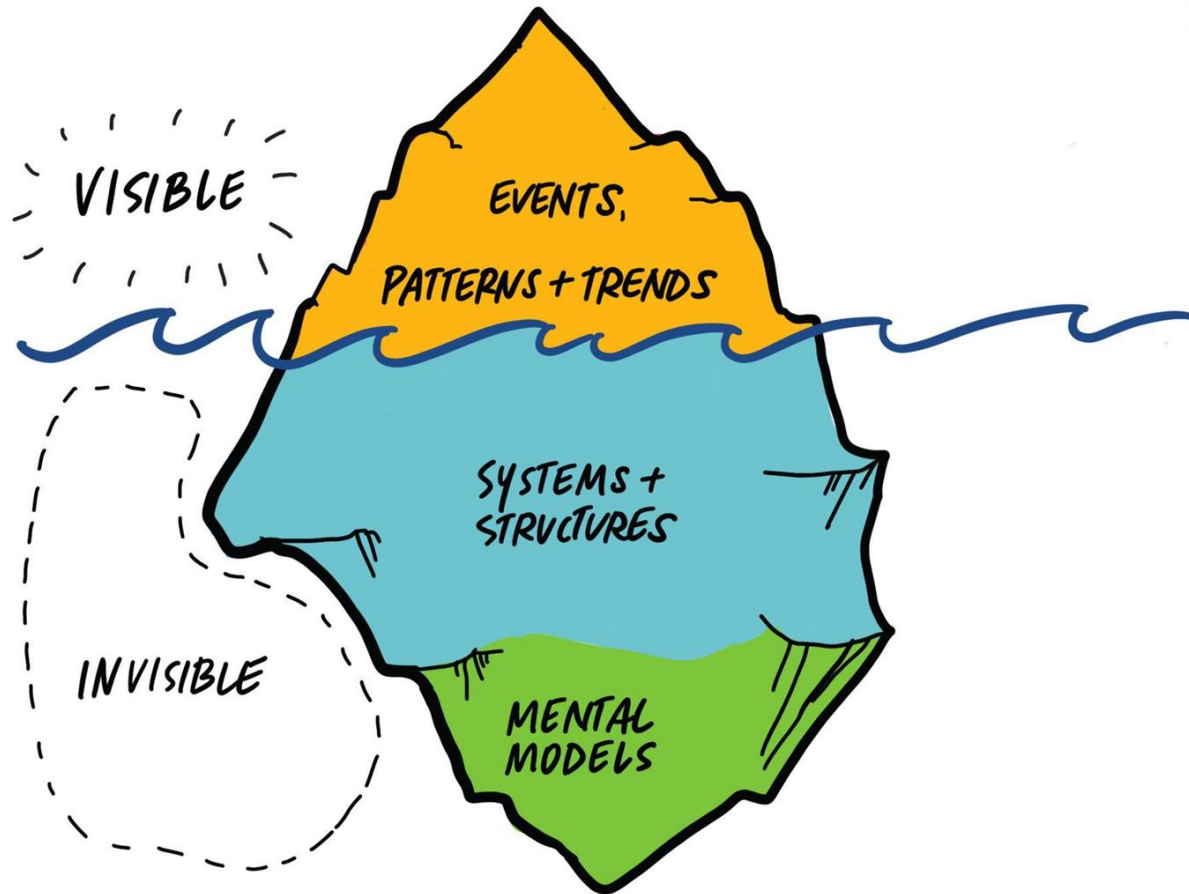
Behaviour change theory helps us:

- Understand what influences clinician behaviours
- Identify key behavioural barriers (e.g., Theoretical Domains Framework (TDF))
- Design effective strategies



Michie et al. *Imp Sci* (2011); Cane et al. *Imp Sci* (2012)

# Challenge #1: Knowledge and Understanding about Structural Determinants



- Training prioritizes biomedical explanations.
- Structural causes are often excluded from clinical reasoning.

**Linked TDF Domains:**  
**Knowledge, Identity, Beliefs**  
**about Consequences**

# Challenge #2: Organizational Culture



- Clinical environments prioritize efficiency over critical reflection.
- Few opportunities for real time structural inquiry.

**Linked TDF Domain: Environmental Context and Resources**

# Challenge #3: Beliefs about Causes of Events or Outcomes

- Individualistic or deficit-based assumptions.
- For example, “They keep missing appointments” or “They didn’t follow up on their referral.”

**Linked TDF Domain:** Re-attribution  
(changing beliefs about causes of events)



# Challenge #4: Self-Awareness

- Unconscious bias and assumptions.
- Discomfort discussing racism or colonization.
- Limited understanding of power and privilege in clinical encounters.

**Linked TDF Domain:** Self-monitoring of behaviour and outcomes



# Roundtable Discussion: Determinants

In small groups, identify a challenge that resonates with you and discuss why your selected challenge is important to you in your work.

## **Key barriers include:**

1. Lack of structural knowledge
2. Organization culture/climate
3. Beliefs about causes
4. Self-awareness
5. *Something else?*

# Evidence Informed Methods

## Cultural Consultation Services (CCS) (Kirmayer et al., 2003):

- Expert insight on cultural and systemic factors in care.

## Project ECHO (Sockalingam et al., 2018):

- Virtual, case-based learning to support practice change.

## The Hub:

- Combines both with Indigenous leadership to build structural competence and cultural safety.

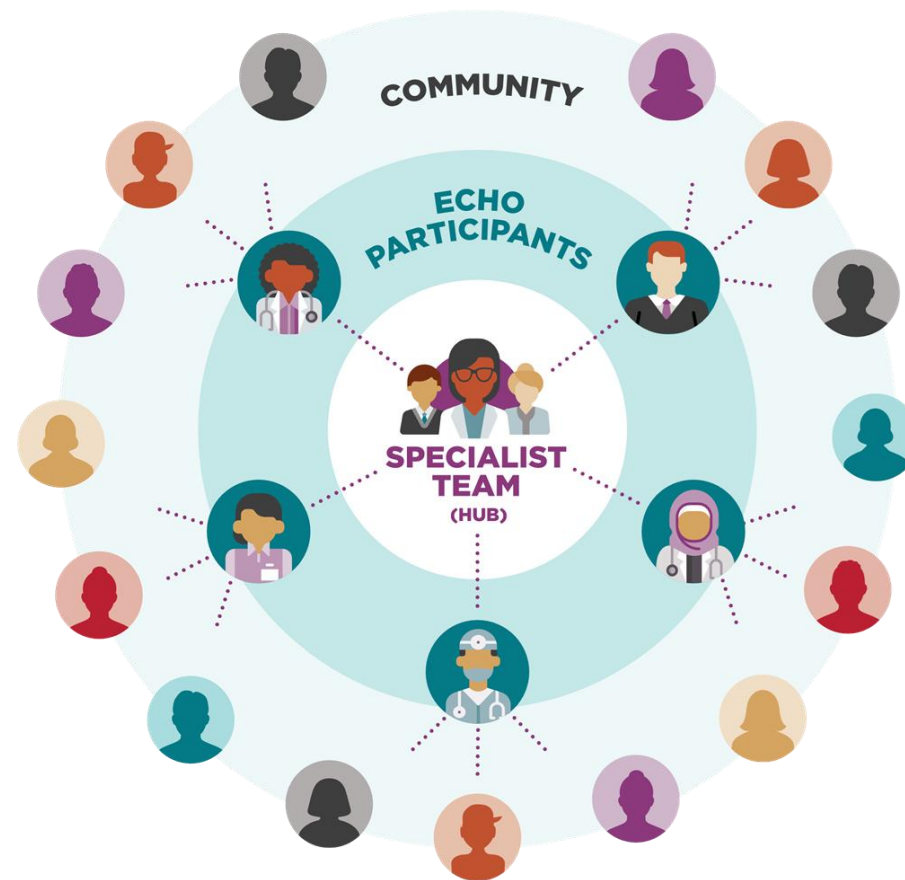


Image from Project ECHO University of New Mexico

# How Can the Hub Help?

<b>TDF Barrier</b>	<b>Hub Strategy</b>	<b>Example BCTs</b>
<b>Knowledge</b>	Indigenous-led cultural and structural case consultation	Information about social and environmental consequences
<b>Environmental Context and Resources</b>	Physician champions; cultural consultation tools or prompts in EMRs	Adding objects to the environment
<b>Changing beliefs about causes</b>	ISW-facilitated learning environment; Helps to reframe problematic beliefs	Re-attribution
<b>Self-monitoring of behaviour and outcomes</b>	Feedback from Indigenous support workers to reshape practice; identify implicit bias	Feedback on behaviour; Physician reflection guided by prompts (self-monitoring)

# The Indigenous Support Hub

- A shared, evidence-informed resource model for PCNs.
- Hub-and-Spoke structure connects clinicians with ISWs.
- Virtual cultural consultations and collaborative learning.
- Draws on Project ECHO and Cultural Consultation Services.



## Example Strategy: Cultural Case Conferencing

### How it Works

1. Physician identifies the need for support with an Indigenous patient case.
2. Intake form is submitted.
3. Hub coordinator reviews anonymous case and assigns ISW(s).
4. Virtual case conference is scheduled and held.
5. ISW provides cultural, social, and system-level guidance.
6. Collaborative learning informs the physician's ongoing care plan.
7. 3 and 6 month follow-up

# What we have done to date to design

- Engage with Indigenous Support Workers

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- Engage with Indigenous-focused PHC providers

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- Review the evidence base

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- Establish a Research Advisory Committee for guidance

# Hear from an Indigenous Support Worker

Shannon Berlinguette is among several ISWs in Alberta helping to inform the design of the Indigenous Support Hub Model.

- Serving a critical role in promoting health equity by addressing unmet social needs and supporting culturally safe care.
- Bringing knowledge grounded in community, culture, lived experience, and social context.
- Sharing a vision for fostering a culturally safe environment for Indigenous patients in primary care.

# Discussion: The Model

In small groups, take a few minutes to discuss the Indigenous Support Hub model presented.

We value your feedback in the co-designing process!

- What do you think about the model?
- Have we identified the right objectives and determinants of change?
- What might be the challenges with the model's implementation, and how do we mitigate those challenges?

# Sharing Insights and Solutions

- Share a Miro board

# Next Steps

- Piloting the Indigenous Support Hub in select PCNs.
- Using implementation science to evaluate and refine the model and its implementation.
- Ongoing adaptation based on real-world and real-time feedback.

*Let us know if you want to get involved!*

# Key Takeaways

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Indigenous patient complexity extends beyond medical factors and addressing this complexity requires collaborative, relational approaches.

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Indigenous Support Workers are critical yet underused partners in supporting culturally safe primary care.

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Collaborative models like the Indigenous Support Hub can effectively build clinician capacity, improve patient experiences, and enhance care outcomes.

Thank  
YOU!



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