

EMPOWERING NORTHERN INDIGENOUS COMMUNITIES TO ENSURE EQUITABLE, APPROPRIATE AND COMMUNITY-BASED ACCESS TO MUSCULOSKELETAL CARE USING VIRTUAL TECHNOLOGY

PROJECT DESCRIPTION

Nearly 36% of Saskatchewan residents live in rural and remote areas.¹ In addition, according to the 2016 Census, 16.3% (175,015) of Saskatchewan residents are Indigenous, with 65.5% of those (114,570) identifying as First Nations, and 33.1% (57,880) identifying as Métis.^{2,3} Eighty five percent of Northern Saskatchewan dwellers are Indigenous.² It is well understood that methods and approaches to health service models that work for urban settings are not necessarily the best options for rural and remote regions. Furthermore, models of care designed for western health systems are also not necessarily culturally relevant or meaningful for Indigenous populations.

The **purpose** of this project is to collaborate with three remote Indigenous communities to develop and evaluate culturally responsive musculoskeletal management programs using teams and remote presence robotics. This project will first translate research findings from an [innovative team and technology model of virtual back pain care](#) initiated through a partnership of the MHAC research team, the community of Pelican Narrows and the Peter Ballantyne Cree Nation, to broader musculoskeletal care in Pelican Narrows, La Loche and Waterhen Lake.

In collaboration with each community, the research team will:

1. Expand on successful virtual program planning and back pain research in Pelican Narrows to other musculoskeletal conditions.
2. Develop relationships with La Loche and Waterhen Lake First Nation to prioritize community needs and preferences for musculoskeletal care;
3. Develop and implement pilot virtual musculoskeletal service models and culturally responsive outcomes measures for each community.

This research will provide a better understanding of barriers to access and provision of culturally responsive care for chronic musculoskeletal conditions in remote Saskatchewan Indigenous communities, as well as describe experiences that highlight the consequences of access challenges. For access to be appropriate, it must be culturally responsive. This research project will determine community-specific outcome measures and will collaborate with communities to identify their priorities and definitions of successful rehabilitation healthcare access.



Our diverse research team includes 2 members, Deanna Larson and Marie Custer, who are from rural and Indigenous communities and will provide unique knowledge based on their lived experiences.

Other research team members include: Stacey Lovo, Brenna Bath, Jaris Swidrovich, Scotty Butcher, Ivar Mendez, Rachel Johnson, Veronica McKinney, Rochelle Yelland, Tayah Zhang and Samantha Black.

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Bath B, Gabrush J, Fritzler R, Dickson N, Bisaro D, Bryan K, et al. Mapping the Physiotherapy Profession in Saskatchewan: Examining Rural versus Urban Practice Patterns. Physiotherapy Canada. Physiotherapie Canada [Internet]. 2015 August [cited 2020 November 7]; 67(3):221–231. Available from <http://web.a.ebscohost.com.cyber.usask.ca/ehost/detail/detail?vid=0&sid=6c92affc-cd5c-4731-9974-efc69dca5a12%40sdc-v-sessmgr02&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=113392203&db=rzh>

2 Statistics Canada. Focus on Geography Series, 2016 Census. Aboriginal Peoples, Province of Saskatchewan. Ottawa, Ontario. Data products, 2016 Census. 2017 [cited 2020 November 12]. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=47>

3 Statistics Canada. Saskatchewan Aboriginal Peoples 2011 National Household Survey. Ottawa, Ontario. Data products. 2011 [cited 2020 November 13]. Available from <http://www.stats.gov.sk.ca/stats/pop/2011Aboriginal%20People.pdf>

