

Facilitators and barriers to the implementation of Primary Health Care Interventions for Aboriginal and Torres Strait Islander people with Chronic Diseases: A systematic review protocol

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Review question/objective

This systematic review seeks to:

1. Identify and synthesise relevant international evidence on the factors or facilitators that support the implementation of interventions aimed at improving chronic disease (CD) care for Indigenous people within the primary health care (PHC) setting; and
2. Identify and synthesise relevant international evidence on the factors or obstacles that inhibit the implementation of interventions aimed at improving CD care for Indigenous people within the PHC setting.

The specific purpose of this review is to systematically examine the scientific literature in order to examine factors that facilitate and/or inhibit the implementation of interventions aimed at improving primary health care provided to Indigenous patients with chronic disease. More specifically, to fully encompass the factors of interest, the questions asked by this review are:

- What attitudes, beliefs, expectations, understandings, perceptions, experiences and knowledge of Indigenous communities support (facilitators) or inhibit (barriers) the implementation of interventions aimed at improving CD care for Indigenous people within the PHC setting?
- What attitudes, beliefs, expectations, understandings, perceptions, experiences and knowledge of health care providers support (facilitators) or inhibit (barriers) the implementation of interventions aimed at improving CD care for Indigenous people within the PHC setting?
- What attitudes, beliefs, expectations, understandings, perceptions, experiences and knowledge of policy and decision makers support (facilitators) or inhibit (barriers) the implementation of interventions aimed at improving CD care for Indigenous people within the PHC setting?

Background

The poor health status of the Aboriginal and Torres Strait Islander population is well documented,¹ with the life-expectancy gap between Indigenous and non-Indigenous people one of contemporary Australia's most enduring health divides.² Most Indigenous populations in colonized countries experience poor health outcomes relative to their non-Indigenous counterparts.³ Among the Australian Indigenous population CDs are the largest contributors to these health disparities.⁴ For example, cardiovascular disease (CVD) is the single leading cause of death among Aboriginal and Torres Strait Islander communities,² diabetes remains at epidemic proportions,⁵ and rates of chronic kidney disease (CKD) are also disproportionately higher.⁶ Collectively, these conditions account for up to 50% of the life expectancy gap between Aboriginal and Torres Strait Islander, and non-Indigenous people in Australia.⁷

Access to appropriate, affordable and acceptable comprehensive primary health care (PHC) is critical for improving the health of Aboriginal and Torres Strait Islanders⁸ and Indigenous populations world-wide. A recent study, for example, has shown that better access to primary health care⁹ that is responsive to the needs of Aboriginal and Torres Strait Islander people,¹⁰ reduces the rates of avoidable hospitalization. Similarly, a study of a Canadian reservation-dwelling Aboriginal population showed that poor access and ineffective primary health care services were directly related to increased procedure utilization and hospital admissions.¹¹ While there are inter and intra-country differences, there are also a number of common lessons which relate to the provision of appropriate primary health care services for all Indigenous people.¹²

Specifically, the success of primary health care services does not only rely on the provision of sufficient resources. While appropriate infrastructure, sufficient funding and knowledgeable health care professionals are crucial, these elements alone will not lead to the provision of appropriate care for Indigenous people.¹³ Poor or racist treatment afforded to some Indigenous patients, for example, continues to discourage people from accessing services in all but the most serious situations.^{14, 15} Likewise, even well-meaning messages which appear overly negative and/or contradict the world-view of the Indigenous patient may discourage people from engaging with health services.^{16,17}

Instead, the success of a primary health care service depends upon health providers understanding and accounting for the beliefs, expectations and experiences of Indigenous people. Rather than solely emphasising the implementation of evidence based treatment methods, research suggests that health care providers need to also understand health from the perspective of the Indigenous patient, appreciate the importance of establishing long term relationships with the community, provide an Indigenous space where patients feel comfortable and cared for, and respect the strong ties that Indigenous people have to family and their land.¹⁸ Health care providers who do not have an awareness of these issues and an understanding of cultural norms, struggle to understand why Indigenous communities refuse to engage or re-engage with health care services.^{19, 20}

The proposed systematic review will focus on the attitudes, beliefs, expectations, understandings, perceptions, experiences and knowledge of both Indigenous people as well as health care practitioners, in order to better understand what supports (facilitators) or inhibits (barriers) the implementation of interventions aimed at improving CD care for Indigenous people within a PHC setting. In particular, this systematic literature review will focus on care for six CDs which have been found to be more common in Aboriginal and Torres Strait Islanders, in comparison to non-Indigenous populations – namely CVD,

CKD, chronic respiratory disease (CRD), type 2 diabetes mellitus (T2DM), depression and HIV/AIDS. While a number of literature reviews have already identified a range of factors which impact upon the implementation of care in the general community for example,^{21, 22, 23} a preliminary search of the JBI Database of Systematic Reviews and Implementation Reports, the Cochrane Library, CINAHL, PubMed and PROSPERO has revealed that there is not currently a systematic review (either published or underway) that considers this from the perspective of interventions which are designed to improve health care for Indigenous people living with a CD.

Keywords

indigenous; chronic disease; primary health care; community

Inclusion criteria

Types of participants

This review will consider studies that have included Indigenous people of any age receiving treatment for CD in the PHC setting. Participants of interest in this review include Indigenous people with chronic illness, their family or members of the community, as well as all PHC providers (e.g. doctors, nurses, administrators, health care workers) and other policy and decision makers in Indigenous health.

Further defining features qualifying the participants of interest to the review, including the setting, eligible chronic diseases and examples of interventions are detailed below.

Setting

Studies will be considered for inclusion if they identify participants as one of the above subsets receiving PHC in Australia, New Zealand, the United States or Canada. Primary health care is generally defined as first-contact, accessible, continued, comprehensive and coordinated health care provided by a single practitioner (e.g. GP, nurse practitioner) or a multi-disciplinary team of professionals in a community practice. For the purposes of this review however, PHC will also include such treatment delivered anywhere outside of the inpatient setting that patients can access directly, and therefore will also include outpatient treatment. Rural outreach services, where medical or allied health professionals attend primary health care clinics for a limited period to provide clinical services to Indigenous communities will also be included. Considering the chronic diseases of interest (see below) multiple practices within the PHC sector will be considered beyond general practice, including dentistry, psychology, podiatry, optometry and nursing.

Chronic disease

Studies must include participants that are receiving care management in the primary health setting for one or more of the following:

1. CVD;
2. CKD;
3. CRD;
4. T2DM;

5. Depression; and

6. HIV/AIDS

Interventions/strategies

The types of interventions of interest may include any strategies that are designed to specifically improve the effectiveness or accessibility of clinical care in the PHC setting for Indigenous people with one of the six CD's listed above. Examples may include: Quality improvement strategies, patient centred care, evidence based practice, use of health care guidelines and standards and also interventions and initiatives directed at improving both access to health care services and the delivery of health care services.

Phenomena of interest

The phenomena of interest are barriers and/or facilitators expressed as attitudes, beliefs, expectations, understandings and knowledge arising from participation in CD preventative or management interventions.

Context

The context of the review is the provision of health care in the PHC/community/outpatient setting.

Types of studies

This systematic review will focus primarily on qualitative studies including ethnography, phenomenology and grounded theory studies. Program evaluations that support quantitative data collection with some qualitative inquiry or descriptive studies, such as surveys that report on interventions and strategies used in PHC, will also be considered.

Search strategy

The search will seek published and unpublished studies written in the English language. Electronic databases will be searched from January 1998 to present date (2013).

A three-step search strategy will be utilized:

1. An initial limited search of PubMed will be conducted. This will be followed by analysis of the text words contained in the title and abstract, and of the index terms used to describe the article
2. A second search using all identified keywords and index terms across all included databases will be conducted
3. Third, the reference list of all identified reports and articles will be searched for additional studies

Databases to be searched:

The electronic databases that will be searched include:

EBSCO CINAHL

Embase

ATSIHealth via Informit Online

OVID Medline

Web of Science

PsychInfo

Australian Indigenous Health InfoNet

Primary Health Care Research & Information Service (PHCRIS)

A search for unpublished studies will also be conducted using Mednar and Trove.

Other specific sources that will be searched include:

Australian Institute of Aboriginal and Torres Strait Islander Studies

Australian Indigenous Health Bulletin

Initial keywords to be used include:

Indigenous, Aboriginal, Torres Strait Islander, Inuit, Maori, American Indian, Native American, patient, family, primary health care, ambulatory care, outpatient, community care, general practice, chronic disease, cardiovascular disease, kidney disease, respiratory disease, diabetes mellitus, depression, HIV, AIDS.

Assessment of methodological quality

Papers selected for retrieval will be assessed using the standardised critical appraisal instruments from the Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information package (SUMARI; QARI for qualitative studies MASTARI for quantitative studies; see Appendix I). Two reviewers will independently assess the retrieved titles and abstracts of selected titles, by assessing the relevant papers for inclusion against the predetermined selection criteria. Any disagreements will be resolved by discussion and if necessary discussed with a third reviewer.

Data collection

The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives. The descriptive data of interest that will be extracted will include:

- Study type;
- Countries and setting where studies were conducted (geographical and cultural);
- Primary healthcare practice (e.g. general, dentistry, podiatry etc);
- Participants (number, baseline demographics, age group, ethnicity);
- Intervention (focus, type, year, duration, intensity, delivery and format, description of implementation);
- Phenomena of interest (where applicable); and
- Findings from qualitative research/program evaluations/surveys.

Data will be extracted from primary studies included in the review using the standardised data extraction tool from the JBI SUMARI Program provided in Appendix II (SUMARI; QARI for qualitative studies; MASTARI for quantitative studies).

Data synthesis

Qualitative research findings will, where possible, be pooled using JBI-QARI. This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings rated according to their quality, and categorizing these findings on the basis of similarity in meaning. These categories will then be subjected to a meta-synthesis in order to produce a single comprehensive set of synthesized findings that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form. Abstracted quantitative data will be presented in narrative form including tables and figures to aid in data presentation where appropriate.

Conflicts of interest

None to declare.

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Appendix I: Appraisal instruments

QARI Appraisal instrument

JBI QARI Critical Appraisal Checklist for Interpretive & Critical Research

Reviewer Date

Author Year Record Number

	Yes	No	Unclear	Not Applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there congruity between the research methodology and the research question or objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there congruity between the research methodology and the methods used to collect data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there congruity between the research methodology and the representation and analysis of data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there congruity between the research methodology and the interpretation of results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement locating the researcher culturally or theoretically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the influence of the researcher on the research, and vice-versa, addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are participants, and their voices, adequately represented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info.

Comments (Including reason for exclusion)

MAStARI Appraisal instrument

JBI Critical Appraisal Checklist for Descriptive / Case Series

Reviewer Date

Author Year Record Number

	Yes	No	Unclear	Not Applicable
1. Was study based on a random or pseudo-random sample?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the criteria for inclusion in the sample clearly defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were confounding factors identified and strategies to deal with them stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were outcomes assessed using objective criteria?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If comparisons are being made, was there sufficient descriptions of the groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was follow up carried out over a sufficient time period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were the outcomes of people who withdrew described and included in the analysis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were outcomes measured in a reliable way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was appropriate statistical analysis used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

Appendix II: Data extraction instruments

QARI data extraction instrument

JBI QARI Data Extraction Form for Interpretive & Critical Research

Reviewer Date

Author Year

Journal Record Number

Study Description

Methodology

Method

Phenomena of interest

Setting

Geographical

Cultural

Participants

Data analysis

Authors Conclusions

Comments

Complete

Yes

No

MAStARI data extraction instrument

**JBI Data Extraction Form for
Experimental / Observational Studies**

Reviewer Date

Author Year

Journal Record Number

Study Method

RCT Quasi-RCT Longitudinal
 Retrospective Observational Other

Participants

Setting _____

Population _____

Sample size

Group A _____ Group B _____

Interventions

Intervention A _____

Intervention B _____

Authors Conclusions:

Reviewers Conclusions:

