



Réseau-1 Québec

Session 1 :

Equity of care through participatory research

June 17, 2022 10:15 to 11:15 am

Join us for the Réseau-1 Québec 2022 Annual Day!

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From action research to a clinical outreach innovation, accessible and adapted to vulnerable populations

Lara Maillet, PhD, associate professor, École nationale d'administration publique (ENAP)

Stéphanie Charest, PCNP, CIUSSS Estrie CHUS

June 17, 2022, 10:15–11:15 am

Following an initial action research project conducted by Maillet and Desjardins (Réseau-1, 2017-2018) in Sherbrooke on integrated primary care outreach interventions in a multicultural context, the results, based on the needs expressed by refugees, service providers, managers, and decision-makers in the health and social services network (RSSS) and its partners, showed that it is a priority to set up an integrated outreach network for refugees that facilitates access to and continuity of medical care. In response, an intersectoral outreach network pilot project (Fondation OIIQ 2019-2022) was implemented, focusing on the optimal roles of clinical nurse specialists (CNS) and primary care nurse practitioners (PCNP). Preliminary analyses indicate that optimal use of CNS practice addresses a wide range of needs among the refugee population in these settings. The triad made up of CNS, PCNP, and social workers is complementary and can meet most of the health needs of this population, resulting in a substantial decrease in the use of emergency services.

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An experiment with citizen participation in a study on access and quality of health care for marginalized people

Shelley-Rose Hyppolite, MD, MSc, FRCPC, physician advisor, Department of Public Health, CIUSSS de la Capitale-Nationale; associate professor, Faculty of Medicine, Université Laval

Sophie Lauzier, PhD, full professor, Faculty of Pharmacy, Université Laval

Geneviève Olivier d'Avignon, research professional

Nicolas Shink, citizen user, Clinique SPOT

Maxime Robert, peer helper

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Significant social inequalities in health exist between different social groups in Quebec, as elsewhere. The *Clinique communautaire de santé et d'enseignement* (SPOT-CCSE, a community health and education clinic), the *Maison du Père* clinic in Montreal, and the Trois-Rivières outreach team are among the few innovations implemented in Canada to offer adapted and accessible care and services to marginalized people. We conducted a study to identify innovative practices aimed at improving access and quality of care for marginalized people that were implemented in these three clinics. A participatory approach was used, which involved setting up an advisory committee composed of research team members, SPOT-CCSE clinic staff, and users of the clinic, and ensuring their participation in the various stages of the research. This presentation will focus on the drivers, facilitating factors, challenges, and advantages of the participatory approach we used from the perspectives of the different actors involved.

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Urban Indigenous communities and chronic illness: proof of concept for a primary care learning community

Marie-Eve Poitras, PhD, RN, assistant professor, Department of Family Medicine and Emergency Medicine, Université de Sherbrooke

Sharon Hatcher, MD, MSc, FCMF(C), family physician, Centre Mamik Saguenay; full professor, associate dean at Saguenay-Lac-Saint-Jean, Université de Sherbrooke

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A working group made up of members of the *Centre Mamik Saguenay*, the *Groupe de médecine de famille-Universitaire de Chicoutimi*, and our research team started its activities at the beginning of 2020. The goal of this group was to analyze the needs of members of Indigenous communities in relation to health and social service provision at the *Centre Mamik Saguenay*. By integrating Indigenous and Western visions and by adopting a co-leadership approach, we successfully concluded this study. The benefits for the members of the *Centre Mamik Saguenay* were observed in real time, since services were put in place as the data were collected and analyzed. Spurred by the working group's enthusiasm and interests, we continued this collaboration by conducting a scoping review to identify culturally safe primary care interventions for chronic disease management among Indigenous people living in urban settings. Despite differences in perceptions, working methods, and culture, the members of our working group developed a sense of mutual trust and close collaboration. Everyone has been learning deep lessons, both personally and professionally, demonstrating that this group is an exceptional opportunity for sharing.

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