

BRINGING RESPIRATORY DIAGNOSTICS TO POINT OF CARE IN REMOTE FIRST NATIONS COMMUNITIES

BC Rural Health Research Exchange

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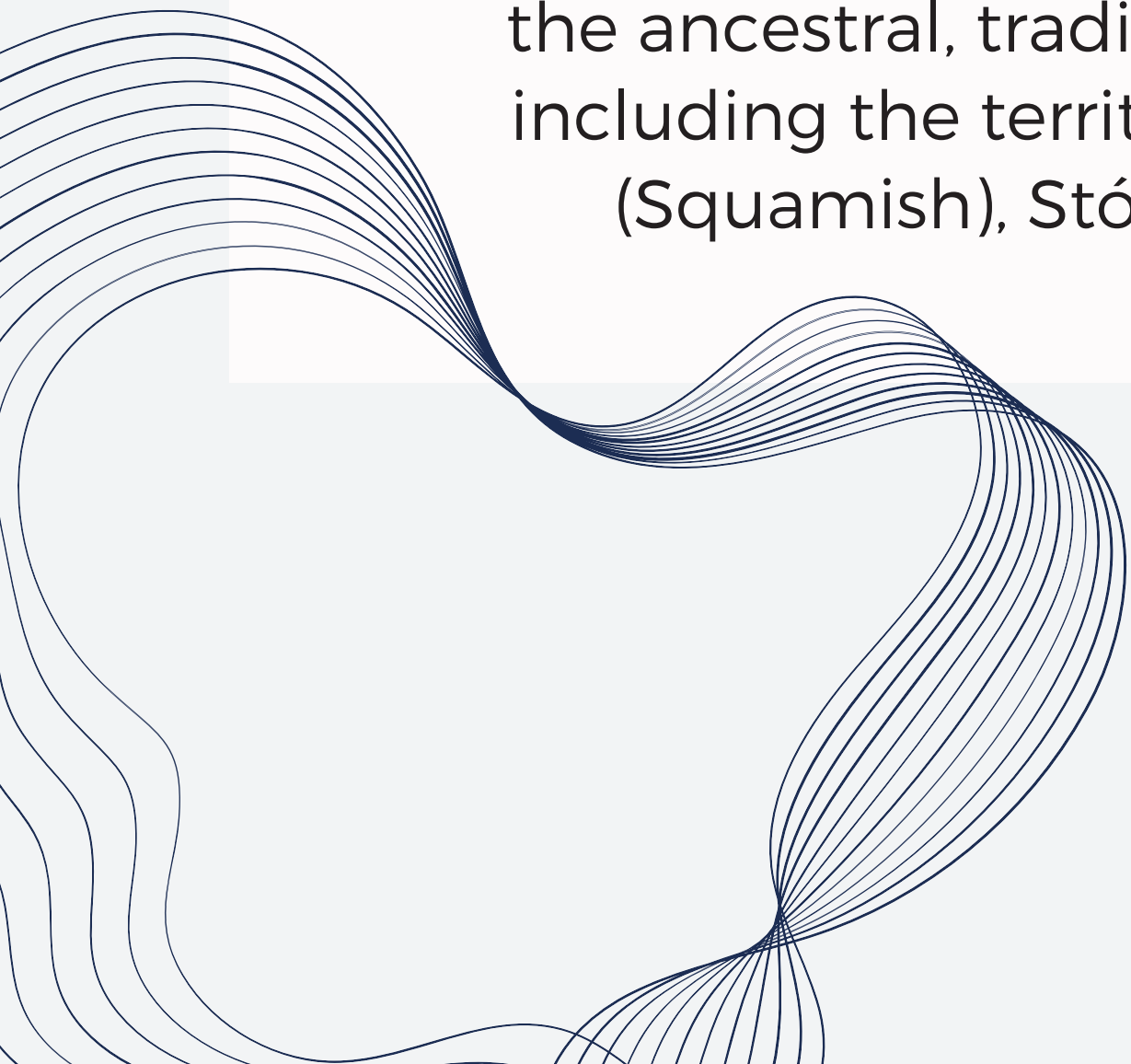
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LAND ACKNOWLEDGMENT

The research team would like to acknowledge that this work takes place within the ancestral, traditional, and unceded territory of the Coast Salish Peoples, including the territories of the x^wməθkwə́yəm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (TsleilWaututh) Nations.



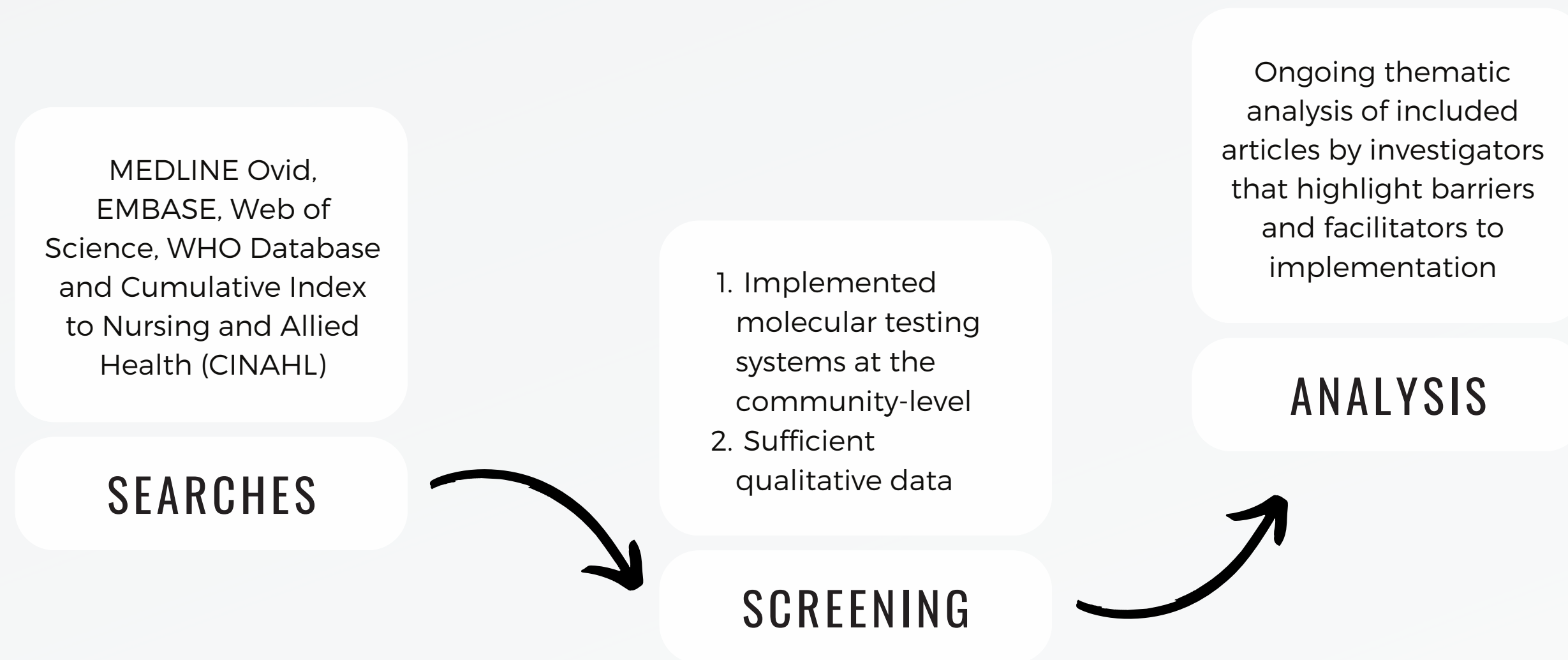
BACKGROUND



- High burden of respiratory viruses among First Nations populations, particularly in northern and remote settings
- Canadian guidelines recommend that Indigenous Peoples should have access to influenza therapeutics, which requires effective and timely diagnostics
- The First Nations Health Authority (FNHA) implemented molecular diagnostic testing for COVID-19 in rural and remote First Nations communities
- Our project compiles lessons learned from implementing community-based COVID-19 testing to inform the expansion to RSV/Influenza testing in the community

OUR RESEARCH: THE REVIEW

A Qualitative Systematic Review of the Barriers and Facilitators to Implementation of Community-Based Molecular Testing



CHECK OUT OUR PROTOCOL

REVIEW RESULTS

4797 Studies Screened --> **6 Studies included**

Reports from South Africa, Zimbabwe, Papua New Guinea, Australia, Kenya, and one study examining lessons learned in 18 countries



Limited internet access, unstable electrical supply need to install AC and a generator, and insufficient space

INFASTRUCTURE



Backlog of testing which left an impact on other services, and disruptions to workflow due to the lack of personnel to run the device

WORKLOAD



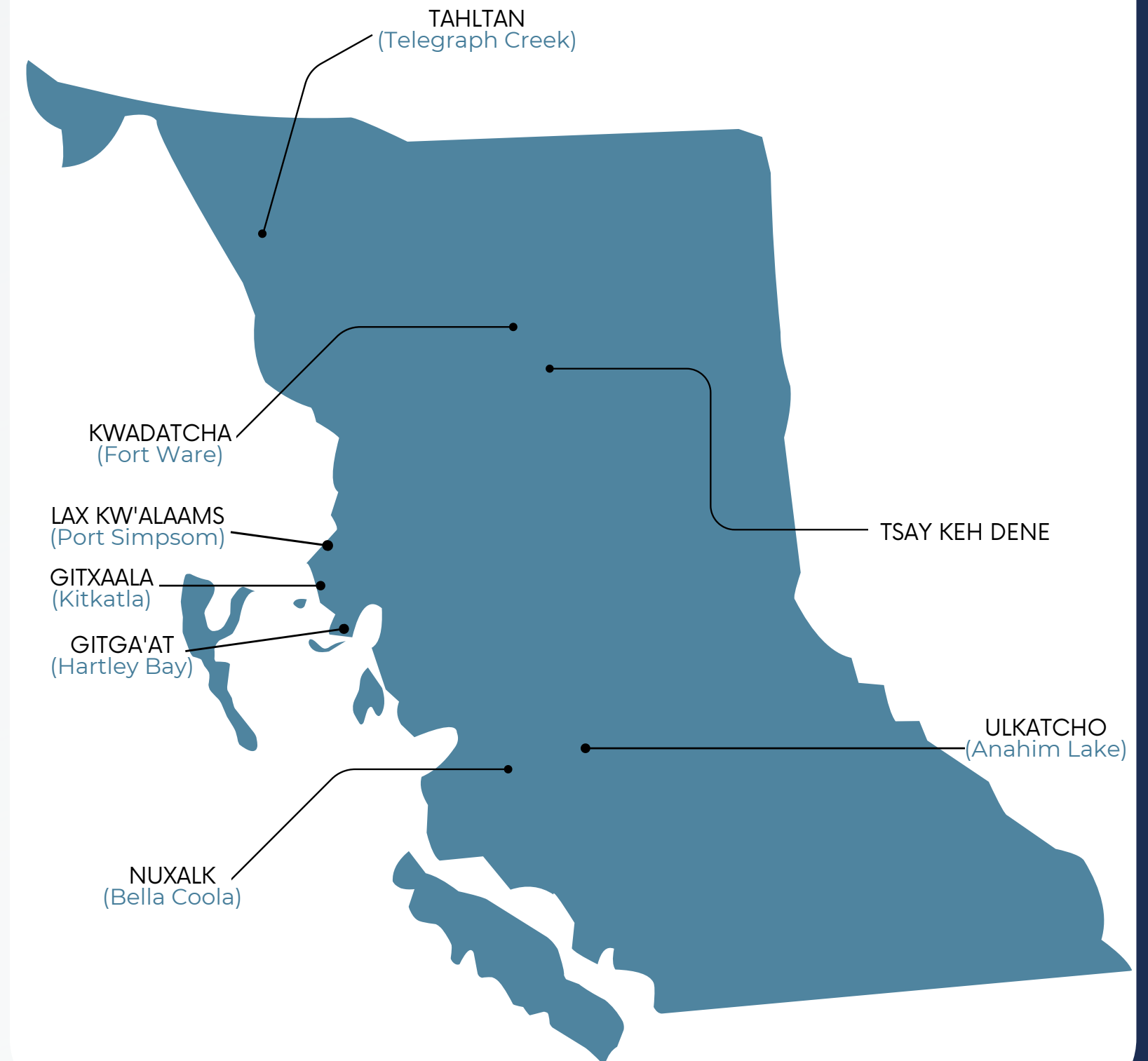
Staff empowerment, increased awareness of illnesses, sufficient training, but also frustration due to inconclusive results

ATTITUDES

OUR RESEARCH: QUALITATIVE METHODS

8 in-depth semi-structured interviews with nurses (January 2023- June 2023)

- All interviews were recorded, transcribed verbatim, and thematically analyzed



QUALITATIVE RESULTS

Thematic areas	Illustrative quotes	Action points
Workload burden	“We're providing... these testing apparatuses, but they don't have the money or personnel to man them ...it takes regular staff... The other nurses trained on it is leaving today. So then I'll be the only one ... [When] you're just focused on the testing, [you] can't really run or do anything else other than that.”	Development of micro-credentials to strengthen community capacity
Process paradigm shifts	“I think the reality of what the expectations were for tracking and for running the machine were not aligned with the reality of the day to day here...”	Simplifying lab processes where possible
Community acceptance	“When people started finding out that, you know, we've got the machine and you can get your result within about an hour ... Everybody got like really excited, and it's just kind of made people not, I guess- not as anxious, you know...”	Support for further scale up and expansion
Increasing options	“People just like, they would want to come in and get the saline gargle because they didn't want anything going up their nose”	Strengthening self-collected sample collection

NEXT STEPS

“All around like good, like we've got nowhere to go but up with this [laughs].”

- Findings led to a successful co-application with FNHA for a BC Ministry of Health Innovation Grant to validate and implement non-invasive self-collected sample types for diagnostics in these communities
- Working with the FNHA community-based testing team in the development of infographics and educational materials
- Supporting potential expansion to other tests in community



BC Centre for Disease Control

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THANK YOU

Any questions?

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