Walking Together: Indigenous Community Voices for Co-designing an Indigenous Patient Navigator role in Primary Care

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Background

- Canada's colonial history, policies and anti-Indigenous racism in health care have resulted in substantial health inequities among Indigenous Peoples.
- Indigenous patient navigators (IPN) have been included in cancer care, but little research has examined design and implementation of an IPN in primary care.
- Innovations for Community Resilience, Equity and Advocacy (I-CREAte) is a community based participatory action research (CBPAR) team, comprised of academic and community researchers, that conducts meaningful and action-oriented research to improve health in the Kingston region

Objective: To co-design, implement, and evaluate an IPN role at an academic primary care team in Kingston, Ontario

Methods

- To ensure Indigenous data governance, the project is co-designed using community based participatory research methods by Indigenous and non-Indigenous academic and community researchers, and an Indigenous community oversight circle
- Community research circles including self identified Indigenous people living in the Katarokwi region were conducted to better understand unmet needs of the Indigenous community, important qualities, values, priorities for the IPN role, and perspectives on self-identification to help inform the co-design of the IPN role.
- Circles were led by experienced Indigenous Elders or Knowledge Keepers, preceded by community meal and started with smudging
- Inductive thematic analysis

Results

- 7 circles and 1 individual interview completed between *Aug – Dec 2025, 28 participants*
- Selected themes include:

1. Challenges and Barriers
2. Culturally Safer Care
3. Scope of Work
4. Self-identification

Theme 1: Challenges and Barriers

- The IPN should have a deep understanding of the challenges and barriers that Indigenous Peoples face in health and social systems

> *"I have so many friends who go to the hospital because they're ill and they're not seen because people say – oh you're just high or you're an alcoholic. So having a person who's going to make sure that people are not being biased [toward Indigenous people] - just because a person is a doctor doesn't mean that they, well, we've all got biases." (Circle 5)*

Theme 2: Culturally Safer Care

- Approaches to culturally safe care described as being wholistic, rooted in culture and relationship based
- IPN could act as a bridge between the Indigenous community, western medicine and colonial social systems to help Indigenous People feel safe, welcomed, and included.

"a lot of us understand the trust that's been broken and we're not going to speak about that trust to anybody, especially not a navigator to start. So, you got to figure out, maybe you help them out for a little bit and then trust is built and you get a little bit more… so much can come out of that relationship building piece because you're really assisting them through a specific thing." (Circle 7)

Theme 3: Scope of work

- Advocacy – could include accompanying patients to appointments
- Strong grasp of community support networks
- Excellent knowledge of Indigenous specific services such as Non-Insured Health Benefits and Jordan's Principle and community, cultural and spiritual supports

"I would say the Indigenous patient navigator should have knowledge of the resources that are there. Because I'm sure there is a Jordan's Principle worker. And I'm sure there are people that can help with Indigenous housing or status. As long as they have the resources to help point that person in the right direction. They may not necessarily need to walk them through all the steps if there's already a resource in the community that can do that, but I think understanding all the other areas and being able to help them navigate, that would be important." (Circle 5)

Theme 4: Self-Identification

- Mixed views on whether IPN needs to be an Indigenous person
- Participants reported previous challenges regarding being asked to self-identify, including worry that self-identification may negatively impact their care.
- Self-identification process should occur in a confidential, respectful and safe manner and should be appropriately contextualized.

> " My son is having some health issues right now ..... And he was asked at intake if he identified as Indigenous. And he said- Mom I didn't know if that meant I was going to get good healthcare or worse." (Circle 3)

Conclusions

- An Indigenous patient navigator in primary care whose role includes support in accessing health and social services, cultural care and advocacy for patient needs can help improve cultural safety and trauma informed care but needs autonomy to fully establish the role.

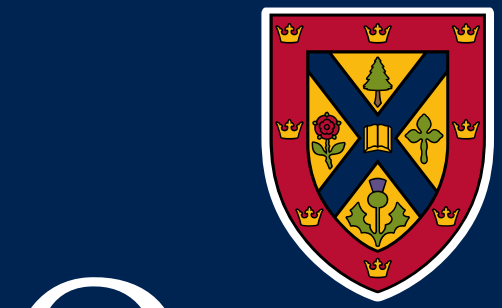
Next Steps:

- Hiring of the IPN at Queen's Family Health Team is underway
- A welcoming ceremony will be held to introduce the new IPN to the Indigenous community
- Evaluation process will be co-designed with input from the Oversight Circle, IPN and research team

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