

Implementing the “*Patients’ Charter for Tuberculosis Care*” in High-incidence Communities and Across Jurisdictional Borders

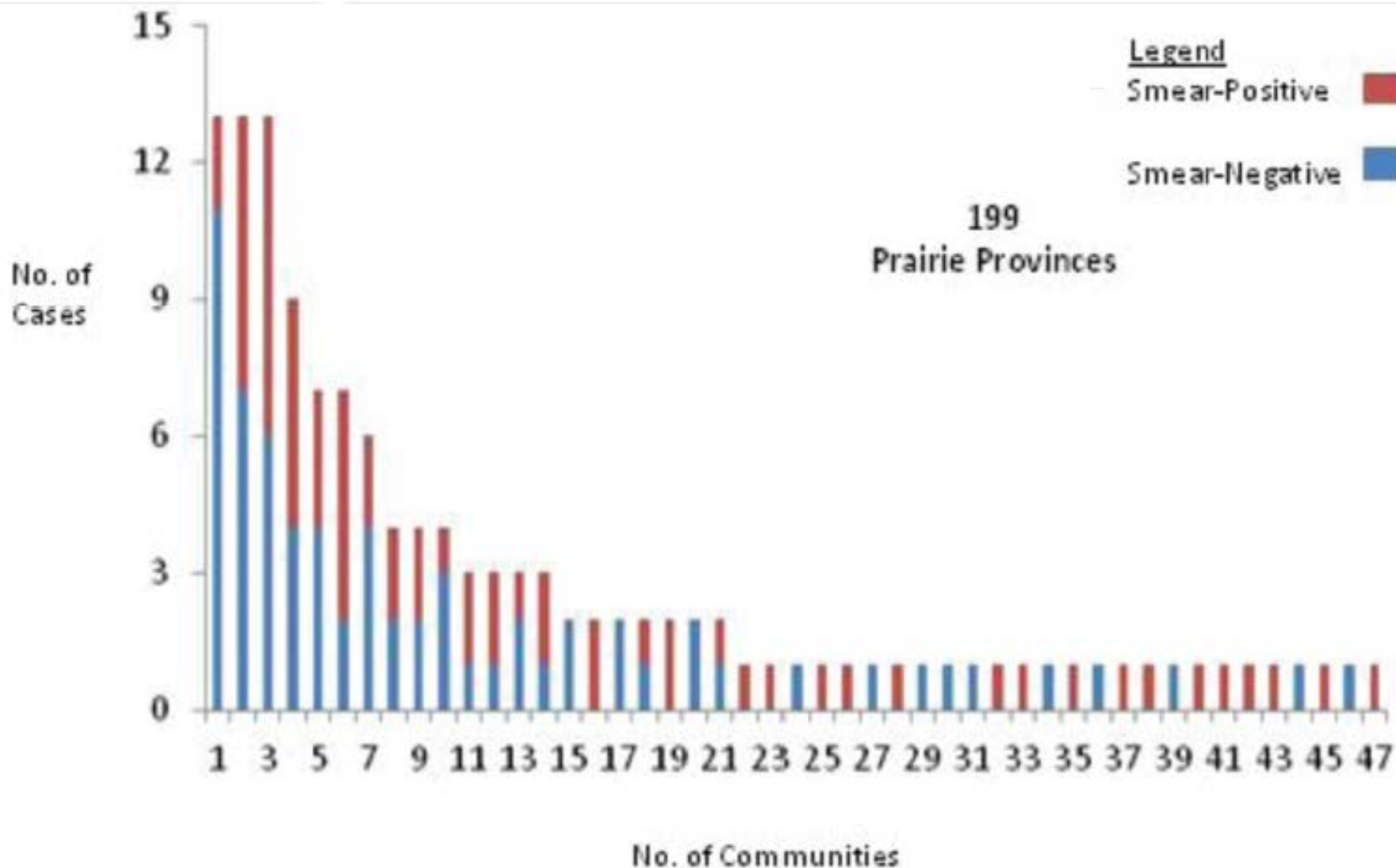
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Frequency distribution of on-reserve Registered First Nations pulmonary tuberculosis cases on the prairies, 2007-2008



Pathways Objectives and Exemplars

1. Understanding how to implement multilevel and scalable interventions to reduce health inequities facing Aboriginal Peoples;
2. Improved health of Aboriginal Peoples through adaptation and use of the interventions;
3. Better understanding of how to reduce health inequities and how knowledge can be adapted and applied to other populations and in other contexts;
4. Increased research capacity in implementation science related to the health of Aboriginal Peoples and other vulnerable populations.

Oral Health

**Suicide
Prevention**

Diabetes/Obesity

Tuberculosis

Objectives of Component 2

- To strengthen the **effectiveness or scalability** of interventions in the **four exemplar areas** through **community informed** enhancements or adaptations using an implementation science approach, and;
- To support teams to study the enhancement and/or adaptation, and scale-up of **population health interventions across at least 4 diverse communities**

THE PATIENTS' CHARTER FOR

Tuberculosis Care

PATIENTS' RIGHTS AND RESPONSIBILITIES



We are particularly interested in the rights under “Organization”

The right to join, or to establish organizations of people with or affected by tuberculosis and to seek support for the development of these clubs and community-based associations through the health providers, authorities, and civil society.

The right to participate as “stakeholders” in the development, implementation, monitoring, and evaluation of tuberculosis policies and programs with local, national and international health authorities.

Other Rights-Based Support:

- Article 23 of the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*
- Call to Action 18 of the *Truth and Reconciliation Commission (TRC) Report*



Local Level Intervention 1

To shift from a centralized approach, in which local data are deposited into national databases for aggregated analyses, to a bidirectional one in which local partners have the capacity to collect and analyze data and then use those data to design locally responsive interventions.

Local Level Intervention 2

An expanded program of outreach that has as its primary focus community wellness. Rather than focusing narrowly on the diagnoses and treatment of those patients with TB who manage to access care on their own, outreach aims to aggressively find all cases of TB, prevent the disease in those at highest risk and focus on populations and places of highest transmission.

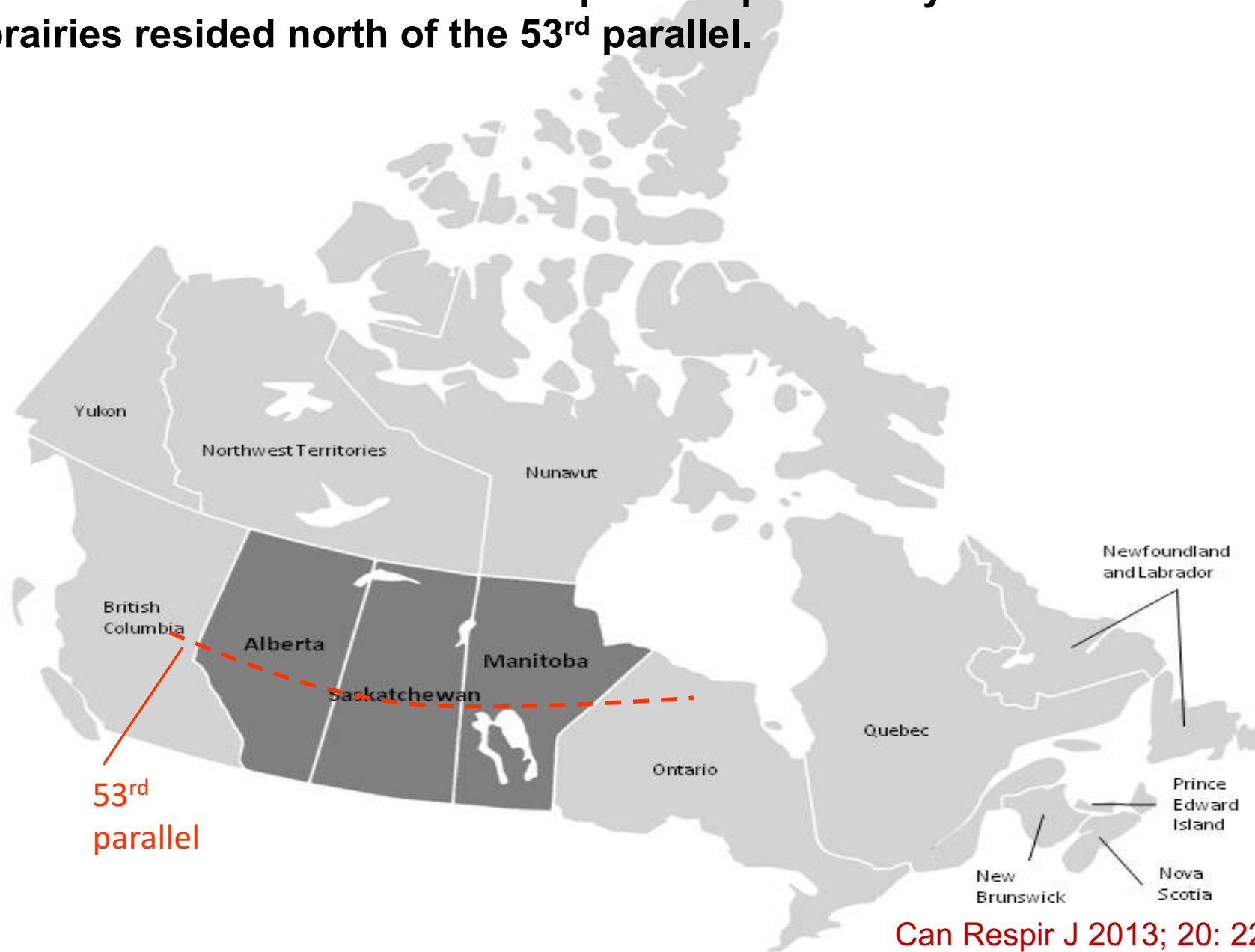
Acknowledgements

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Questions?



In 2007-2008, 131/157 (83.4%) of the on-reserve Registered First Nations and in-settlement Métis culture-positive pulmonary cases on the prairies resided north of the 53rd parallel.



249
First Nations Reserves and Métis Settlements on the Prairies
(199 FN Reserves; 50 Métis Settlement)

11
High Incidence Communities
(10 FN Reserves; 1 Métis Settlement)

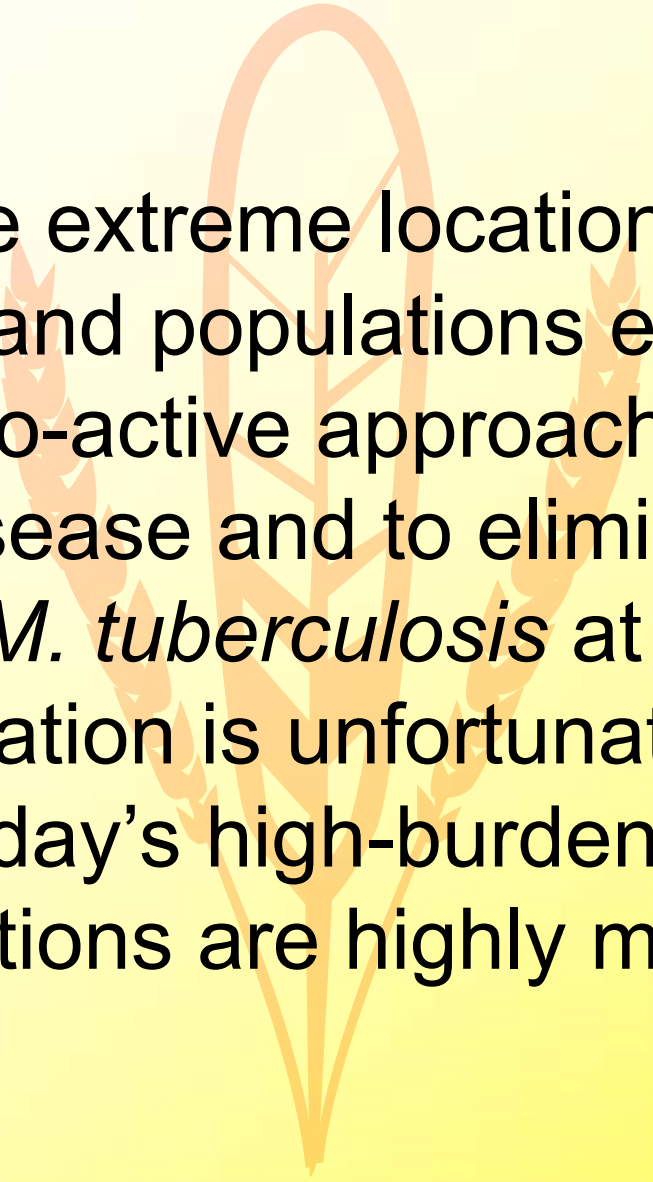
73
Aboriginal PTBs w/ Pediatric Contacts from High Incidence Communities

646
Pediatric Contacts
(27 Secondary cases; 119 LTBI Infections)

238
Low Incidence Communities
(189 FN Reserves; 49 Métis Settlement)

47
Aboriginal PTBs w/ Pediatric Contacts from Low Incidence Communities

434
Pediatric Contacts
(21 Secondary cases; 102 LTBI infections)



In the past the extreme location of some communities and populations enabled an aggressive pro-active approach to “stomp out” active disease and to eliminate all reservoirs of *M. tuberculosis* at the same time. The situation is unfortunately far more dynamic in today’s high-burden settings where populations are highly mobile.

The *Charter* makes the relationship with health care providers a mutually beneficial one

Patients' Rights	Patients' Responsibilities
You have the right to:	You have the responsibility to:
1. Care	1. Share information
2. Dignity	2. Follow treatment
3. Information	3. Contribute to Community Health
4. Choice	4. Show solidarity
5. Confidence	
6. Justice	
7. Organization	
8. Security	

