

Anika Sehgal – University of Calgary

Project: *Complexity among Indigenous patients: Developing and validating a clinical assessment tool to address the broader determinants of health*



Biography

Anika completed a Master's degree in Industrial and Organizational Psychology where she examined barriers to employment, workplace experiences, and causes of turnover in the workforce among Indigenous populations, grounded on Call 92 which engaged Canada's corporate sector.

Her findings determined that one of the primary reasons behind the employment inequity was due to Indigenous peoples having limited access to healthcare and greater health problems, preventing them from obtaining and retaining employment. Based on this, she was inspired to change career paths and pursue research aimed at improving both health outcomes and healthcare access for Indigenous peoples.

Currently Anika is a PhD candidate in the Department of Community Health Sciences, specializing in Health Services Research. Based on the Truth and Reconciliation Commission's Final Report, her research aims to address the health legacy Calls to Action through promoting health equity and transformations in current frameworks of healthcare.

Project Summary

Indigenous peoples in Canada continue to have overall poorer health than their non-Indigenous counterparts. This discrepancy in health status can be linked back to the social determinants of health, such as income, social status, and physical environments, rooted in the legacy of ongoing colonialism. As such, disease complexity among Indigenous patients can often arise from factors that may not be directly related to health, but still play a role in their disease outcomes. Therefore, the purpose of Anika 's study is to develop an assessment tool that can be used by healthcare providers to better understand the physical, social, and psychological factors that play a role in the health of Indigenous patients.

Current tools that are used to assess patient complexity are unable to consider factors unique to Indigenous patients such as intergenerational trauma, perpetual racism, and historical loss. This tool will be centred on the lived experiences of Indigenous peoples and will be used to better inform healthcare providers regarding the impact of the broader determinants of health and how they shape health outcomes.

By using a tool developed with Indigenous patients, for Indigenous patients, current systems of healthcare can be decolonized to improve both access and care, and in turn, improve patient outcomes. Consistent with the guidelines of the TRC which described reconciliation as “an ongoing process of establishing and maintaining respectful relationships,” this research rests on developing sustainable relationships with Indigenous patients to close current gaps in health equity.