INDIGENOUS HEALTH AND CULTURAL SAFETY

Dr. Darlene Kitty and Dr. Sheldon Tobe
Disclosures

Dr. Darlene Kitty - None

Dr. Sheldon Tobe - None
Acknowledgments

• We pay our respects and give thanks to the Mississaugas of New Credit, First Nations in Toronto area
Objectives

• Define cultural awareness, sensitivity, competency and focus on cultural safety and state the importance of reconciliation through learning and experiential activities.

• Understand how Indigenous cultures, demographics, contextual factors and residential school experiences of survivors and their families impact current health and social issues and barriers to care, including racism and stereotyping.

• Identify higher risk of heart disease and stroke in Indigenous populations

• Appreciate differences in personality, attitude, values and communications and learn strategies that will help to effectively engage with Indigenous patients and families, to give culturally safe care and contribute to reconciliation.
Definitions

- Cultural awareness – acknowledgement of difference in cultures
- Cultural sensitivity – recognition to respect this difference
- Cultural competency – focus on knowledge, skills and attitudes of practitioners

Definitions

• **Cultural safety** goes beyond...
  
  – Recognize and interrupt the power differential, inequities
  
  – Expose social, political and historical context of health care
  
  – The aboriginal patient defines what ‘safe service’ means to them
    
    • Ask patients what matters most in their experience of illness and treatment

Definitions

- Learning continuum

Cultural safety = the outcome of culturally competent care
- lifelong learning
- continuing competence

Cultural Safety defined...

• An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Source: First Nations Health Authority www.fnha.ca/wellness/cultural-humility
Cultural Humility defined...

- A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.

Source: First Nations Health Authority  www.fnha.ca/wellness/cultural-humility
Reconciliation defined...

• Establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country...**awareness of the past, acknowledgement of the harm that has been inflicted, atonement for the causes, and action to change behaviour.** (pg. 113)

• TRC mandate: “reconciliation” as an ongoing individual and collective process, and will require commitment from all those affected including First Nations, Inuit and Métis former Indian Residential School students, their families, communities, religious entities, former school employees, government and the **people of Canada.** Reconciliation may occur between any of the above groups (pg. 121)

The Big Question – WHY?

• Need effective communication skills, attitudes and values that enable cultural competence and safety
• To help Indigenous patients, their families and communities
• Why? Because...
The Big Question – WHY?

• Poorest health status and social issues
• Impoverished communities
• Mental health and social problems
• **Residential school experiences**
• Lack of knowledge of health care professionals, administrators, politicians
• Social, moral and ethical responsibility of health professionals to learn, understand and contribute to reducing health inequities
Indigenous Cultures in Canada

• Almost 1.4 million people, 4.3%
• First Nations, Inuit and Métis
• 12 linguistic groups, over 60 languages
• FN communities ‘reserves’, 50.7% off-reserve
• Median age: Aboriginal 28 yrs, 41 yrs Cdn
• You will see and treat many Indigenous patients, no matter where or what you practice

Indigenous Cultures in Canada

• All 3 groups have unique cultures, traditions, languages and spirituality, but similar in many ways
  – Living off the land
    • Hunting
    • Fishing
    • Trapping
    • Farming
Cultural Values and Beliefs

- Community, family and especially children highly regarded
- Show respect for parents, elders
- Helping, sharing and giving
- Native spirituality
  - Ceremonies
  - Legends
  - Storytelling
  - Medicine Wheel
Definition of Health

- Holistic approach to achieve balance:
  - Medicine Wheel
    - Physical health
    - Mental health
    - Emotional health
    - Spiritual health
The Difference in Medicine

• **Western:**
  - Disease model
  - Formal health care system, medical training, licensure
  - Scientific

• **Traditional:**
  - Balance and wellness
  - Informal
  - Oral
  - Metaphysical
How many First Nations communities are located in Ontario?

- 133 (126 bands)
- 301,340 Aboriginal persons, 2.4% Ontario population (2011 NHS)
- Major urban centres: Thunder Bay, Sault Ste. Marie, Sudbury, Toronto, Ottawa
HEALTH STATUS OF FIRST NATIONS, INUIT AND MÉTIS PEOPLES

Learn about the epidemiology of Indigenous communities at or near your workplace.
Diabetes

• 21.6% of First Nation adults have been diagnosed with diabetes

• The most common types of treatment to control diabetes are prescription medication (pills; 73.9%), diet (67.7%) and exercise (50.6%). The most common type of diabetes management including insulin (21.4%), traditional medicines (11.1%) or traditional ceremonies/healer (6.1%).

• The most prevalent impacts of diabetes reported by First Nation adults are vision (e.g. retinopathy, 37.7%), affected kidney function (23.2%) and infections (14.3%).
Obesity in Indigenous Communities

- Obesity often a precursor for diabetes and associated with hypertension
- The prevalence of overweight
  - BMI 25-29 is 1/3
  - BMI 30+ is 1/3
  - BMI 40+ is 5.4%
- Overweight and obesity account for up to 75% of the risk for essential hypertension
- Factors contributing to obesity:
  - high birth weight,
  - sedentary lifestyle,
  - substituting convenience foods for traditional foods
- Physical activity levels in Native American adults were lower in the 2000’s compared to the 1990’s

Tobe SW, CJC, 2015: Preventing CVD in Indigenous Communities
Cardio-Renal Disease in Indigenous Populations

- Diabetes at a younger age = more years of exposure and risk for heart and renal disease; young Aboriginal women appear to be at greatest risk
- Incident admission for heart failure 62.6 years vs 75.4 years for non-Aboriginal
- Albertans and adjusted mortality rates 40% higher three years after the incident heart failure admission
- Less access to specialist follow up care after the incident heart failure admission.
- Approximately 50% with diabetes have albuminuria

- Interventions should be community-directed, culturally appropriate, and designed in the context of local traditions, language, and culture, considering current clinical guidelines
- Multidisciplinary and interprofessional teams with culturally appropriate programs and collaboration between communities and providers.

Tobe SW, CJC, 2015: Preventing CVD in Indigenous Communities
Smoking

• First Nations (Mitchell, 2007)

<table>
<thead>
<tr>
<th>British Columbia Populations</th>
<th>12 – 18 Years</th>
<th>19 – 24 Years</th>
<th>25 – 44 Years</th>
<th>45 + Years</th>
<th>65 + Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Peoples</td>
<td>41%</td>
<td>61%</td>
<td>49%</td>
<td>29%</td>
<td>21%</td>
</tr>
<tr>
<td>General Public</td>
<td>16%</td>
<td>31%</td>
<td>27%</td>
<td>21%</td>
<td>11%</td>
</tr>
</tbody>
</table>

Figure 3. Rates of commercial tobacco use by Aboriginal peoples and the general public in B.C. from 1997.

• Inuit highest, Métis ?prevalence

• Population pattern
  – Youth smoke most; adults quit later; few cigarettes/day

History

• Pre-contact: lived on the land, nomadic

• Colonization:
  – European explorers and settlers 17th century, fur trade
  – Government and churches
  – Reserves established and treaties negotiated
  – Acculturation and assimilation into white society
    • Legislation, 1763 Royal Proclamation, Indian Act
    • Residential schools
The Residential School Experience

• 130 schools 1831 – 1998
• Government, Roman Catholic, Anglican, other churches late 1800’s to early 1980’s
• FN, Inuit and Métis
  – Children taken from their families
  – Put into schools by law, forbidden to speak their language, carry out traditional activities, see their family
  – Stripped them of their basic human right to maintain their cultural identity and traditions
The Residential School Experience

• Government ➔ church control ➔ back to government, some schools came under band control
• 60’s Scoop
• 1986-94 Churches apologize
• 1996 Royal Commission of Aboriginal Peoples report
• 1998 government reconciliation, AHF $350 million
• 2006 IRS settlement – financial compensation to survivors
• June 2008 Prime Minister Stephen Harper apologized
• October 2017 Fed govt $800M to 60’s Scoop survivors
• November 2017 Trudeau apologized to Innu in NL
Trauma, Loss and Unresolved Grief

- Loss of traditional lifestyle, lands, values and language, parenting skills
- Loss of family to illness, violence, alcohol and substance abuse, urbanization
- Repeated losses over the generations unresolved, lead to high rates of suicide, homicide, domestic violence, abuse against women and children perpetuated = unresolved grief and multigenerational trauma
- Complicated by SDH eg poverty, food insecurity, etc
## Negative impact of residential school on health and well-being

Question 168: Of the following possibilities, which do you feel contributed to the negative impact of your health and well being? (n=58) [Source: First Nations Regional Health Survey (RHS) Phase 2 (2008/10) Ontario Region Final Report (Table 34)]

<table>
<thead>
<tr>
<th>Possibility</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation from family</td>
<td>82.7</td>
<td>56.6</td>
<td>71.7</td>
</tr>
<tr>
<td>Separation from community</td>
<td>74.2</td>
<td>39.9(^E)</td>
<td>59.8</td>
</tr>
<tr>
<td>Verbal or emotional abuse</td>
<td>61.4(^E)</td>
<td>49.5</td>
<td>56.4</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>76.1</td>
<td>F</td>
<td>52.8</td>
</tr>
<tr>
<td>Loss of language</td>
<td>52.7(^E)</td>
<td>51.4</td>
<td>52.1</td>
</tr>
<tr>
<td>Loss of cultural identity</td>
<td>64.0</td>
<td>31.6(^E)</td>
<td>50.4</td>
</tr>
<tr>
<td>Harsh discipline</td>
<td>62.2</td>
<td>31.4(^E)</td>
<td>49.3</td>
</tr>
<tr>
<td>Witnessing abuse</td>
<td>57.6(^E)</td>
<td>29.2(^E)</td>
<td>45.7</td>
</tr>
<tr>
<td>Loss of traditional religion or spirituality</td>
<td>64.9</td>
<td>F</td>
<td>45.1</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>46.7(^E)</td>
<td>F</td>
<td>39.6(^E)</td>
</tr>
<tr>
<td>Bullying from other children</td>
<td>54.1</td>
<td>F</td>
<td>39.6</td>
</tr>
<tr>
<td>Harsh living conditions (i.e. lack of heat)</td>
<td>27.9(^E)</td>
<td>F</td>
<td>26.3(^E)</td>
</tr>
<tr>
<td>Poor education</td>
<td>33.7(^E)</td>
<td>F</td>
<td>22.9(^E)</td>
</tr>
<tr>
<td>Lack of proper clothing</td>
<td>30.8(^E)</td>
<td>F</td>
<td>20.3(^E)</td>
</tr>
<tr>
<td>Lack of food</td>
<td>22.7(^E)</td>
<td>F</td>
<td>16.6(^E)</td>
</tr>
</tbody>
</table>
Consider yourself in their mocassins...

Can you imagine being taken away from your parents and everything you know and love? What if your children were taken away from you?
Today, Indigenous people are vibrant and thriving...

But consider the history and social context of our communities and you will understand...what you see, what you hear, what you will learn...
Truth and Reconciliation
Commission of Canada

For the child taken,
For the parent left behind.
Truth & Reconciliation Commission

- Launched 2009: Report on the residential school experiences (RSE) historically and currently affecting First Nations, Inuit and Métis survivors and their families; 60’s scoop
- Seven national events to record survivor testimonies / statements
- Over 150,000 Aboriginal children were taken from their families, attempted assimilation, many survivors, trauma and abuses, over 8,000 deaths in those schools
- 80,000 survivors, with families – over 370,000 affected today = Intergenerational survivors
Truth & Reconciliation Commission

• Final recommendations made: 94, 7 in Health
  – Increase number of Aboriginal health professionals
  – Ensure retention of Aboriginal health providers in communities
  – Provide cultural competency training for all HCP
  – Medical and nursing schools to teach Aboriginal health including RSE, UN Declaration on Rights of Indigenous Peoples

Other Events

• Other FN and Inuit communities recently moved (urgent social crises, hydroelectric development)
• Idle No More
• Missing / Murdered Indigenous Women Girls (MMIWG)
• Suicide crises
• Racist incidences
The Social Determinants of Indigenous Health

- Culture
- Self-determination
- Land, Environment, Environmental Stewardship
- Poverty
- Education
- Gender
- Housing
- Family & Child Welfare

Aboriginal Status? Residential Schools? Racism?

Source: An Overview of Current Knowledge of the Social Determinants of Indigenous Health (Commission on Social Determinants of Health, WHO)
Social Conditions

• Poverty / lower SES
• Housing
• Risky behaviour
  – Substance abuse
  – Crime, incarceration
• Violence
  – Assault
  – Family dispute
  – Physical, sexual and emotional abuse
• Education

• Unemployment / lower income
• Stress with urban living
• Racism, prejudice and stereotyping
• Lack of knowledge of Indigenous people, their culture and health status
• Recent events eg. MMIWG, suicide crises
Name some barriers to culturally appropriate care:

- Lack of knowledge – culture, traditions; beliefs, values and attitudes
- Language – complex explanation, interpreter
- Administrative – power, funding, treaty
- Access to health care – transport, specialist care, diagnostic tests, treatments, NIHB
- Off-reserve or community / urban Indigenous population
- The R word – racism, stereotyping, prejudice, one’s own values, beliefs and attitude
- Length of time staying in Indigenous community
The Indigenous Patient

• Consider sociocultural context
  – Demographics
  – History
  – Social factors
  – Culture
  – Family
  – Community
The Indigenous Person

- Name some qualities that describe the personality and attitude of Indigenous persons.
  - Quiet, shy, modest
  - Stoic, tough
  - Jolly, smiling, friendly
  - Lazy, always late
  - Dumb, stupid
  - Addicted, abusive
  - Dirty, negligent
  - Resilient, strong, surviving and thriving

- Stereotyping
THE PERSONALITIES, ATTITUDES, VALUES AND BELIEFS OF INDIGENOUS PATIENTS VARY...

SELF-REFLECTION IS NEEDED.
Aboriginal Ethical Values

- Holism
- Pluralism
- Autonomy
- Family and community-based decision making
  - Situational
  - Contextual – depends on values

- Quality of life
- Balance and wellness
  - Physical
  - Mental
  - Emotional
  - Spiritual

Culturally Sensitive Treatment

• Respect the individual – respect own health and healing journey, elders and those with certain status
• Practice conscious communication – listen well, verbal and non-verbal body language, intonation
• Use interpreters prn to explain, advocate
• Involve family – decisions, beliefs and wishes of patient, immed vs extended family

Culturally Sensitive Treatment

• Allow traditional medicine: foods, healers, medicines, ceremonies

• Physicians are encouraged to learn and participate in these traditional activities

Culturally Sensitive Treatment

- Recognize alternative approaches to truth-telling
  - future illness may bring it on
  - bad news
  - uncertain progression or prognosis often accepted
- Practice non-interference
  - respect their decision, based on culture or personal identity
  - they show respect and trust the ‘healer’

Listening to Native Patients

• Consider community context

• Communication:
  – Nonverbal - respect, listening, patience, silence, body language, eye contact
  – Verbal - interpreter, language, concepts, story-telling, social desirability

• Increased humour, trust, fewer misunderstandings, better relationships

• Silence, non-verbal behaviour, expectations re: time and schedules

• Led to more trust, acceptance and more effective medical care

Case 1

- 45 y o First Nations Man with Diabetes
- Poor control HbA1c 11.3
- PHx HTN, nephropathy, obesity
- Meds: Janumet, Glicazide once daily
- Diet – high carb
- Construction, seasonal
- Drinks on weekend

- Comes into community health clinic complaining of chest tightness on exertion, numbness in feet and has an ulcer on left heel

- What other info is needed?
- Treatment plan?
Case 2

- 34 y o First Nations woman with Diabetes
- Good control HbA1c 7.2
- PHx mild obesity, G3 P3
- Meds: Metformin
- Diet – mod carb
- Janitor, full-time day/evenings at school
- This woman is experiencing palpitations when coming to work
- What other info is needed?
- Treatment plan?
Case 3

- 67 y o Métis man with pre-diabetes
- HbA1c 5.7
- PHx HTN, afib
- Meds: Norvasc, Fosinopril, Coumadin
- Diet – ‘usual’
- Retired, walks sometimes, goes to cabin every weekend

- This patient comes to the ER feeling light-headed and short of breath on/off

- What other info is needed?
- Treatment plan?
Case 4

- 54 y o Inuit man, smoker with COPD
- PHx remote MVA/trauma, osteoarthritis knees, alcohol and cocaine abuse
- Meds: ibuprofen prn
- Diet – likes traditional food
- Seasonal work as labourer in community

- Patient comes to walk-in clinic requesting medical marijuana as he heard it’s good for pain and complains of chronic cough

- What other info is needed?
- Treatment plan?
Any cases to share and discuss?
RESIDENTIAL SCHOOLS AND CULTURALLY UNSAFE CARE NEGATIVELY IMPACT THE HEALTH STATUS OF INDIGENOUS PEOPLES
Smoking Cessation Programs in Canada

• Literature review of BC, Canadian and Australian smoking cessation programs, tools
• Community aspects of cessation and metrics of success are quite different than clinically-based model of cessation
• Limited success of group counselling
• Better success with:
  – Individual counselling
  – Pharmacotherapy
  – Incentive-based smoking cessation programs
  – Appropriate community-based, holistic approach in counselling Aboriginal clients

Smoking Cessation Programs in Canada

• Comprehensive, grounded in community, culturally relevant, flexible and responsive to needs of community
• Community leaders as ‘champions’
• Capacity building and empowerment – training for those who will counsel patients, carry out community activities
• Include traditional activities, knowledge and values, and Western components (not all Aboriginal people do not lead traditional lifestyles)
• Work with existing community resources, develop partnerships and bring new resources
• Public health campaign – cancer and CVD prevention

Approach to Smoking Cessation

• Focus on benefits of quitting rather than risks of smoking or telling someone to quit
• Sports or athlete as role model
  – Famous or local hero or youth
• Elders or traditional healers use tobacco in pipe and other ceremonies – ask about this
• Smoking in pregnancy
  – Young women having babies

Source: www.camhcrosscurrents.net/archives/autumn2008/sacred_smoke.html
Sitting is the new ‘smoking’

• Encourage positive ways to increase physical activity
  – Family time
  – Spend time with your partner
  – Housework, shovelling snow, walking, snowshoeing, cutting/carrying wood → other activities eg. Gym, playing sports
  – Going out in the bush
Helping Indigenous People

• Knowledge, respect for culture, traditions and personal characteristics.
• Learn about social problems and the residential school experiences.
• Be aware of higher risk of depression, suicide and other mental health problems.
• Think of your own values, beliefs and attitudes.
Helping Indigenous People

• Traditional healing (sweat lodges, sharing circles, ceremonies, healer)
• Individual, family and community
• Target Indigenous youth - self-esteem, peer groups, coping skills, positive reasons for living, decision-making, connection to land, culture
What can HCP’s Do?

• Advocacy role to improve health outcomes
  – Access to primary care and community clinics
  – Access to specialty care
  – Access to diagnostic tests and imaging
  – Collaborate with multidisciplinary HCPs
  – Learn and help to address poverty and health resources in Indigenous communities
Key Messages

• Historic and current policies have had major impacts on First Nations, Inuit and Métis health
• Indigenous people have a disproportionate burden of disease and lower access to health care services
• Learn about cultures, demographics, health status
• Traditional medicine, traditional healer
Key Messages

• Differences in ethics, communication and mental status exam
• Explain, teach, use language appropriate for level of education
• Observe, listen, be patient, be silent
• Not all Indigenous patients are ‘traditional’ – rural, remote, urban
• Some Indigenous people, families and communities do well, others struggle – diversity in Indigenous cultures
• Avoid stereotyping, making assumptions, prejudice and racism
A true story...

- 50 year old First Nations man, agitated, restrained to bed, diaphoretic
- I approached him, got his attention, tried to calm him
- He divulged he is a residential school survivor
- I asked him if remove restraints, will he stay calm – yes
- Quick assessment: CP, SOB, 80/50, P 162, R 32, sat 88%, afebrile, few crackles, ECG rapid afib, IV O2
- Diagnosis Unstable rapid afib → electrical cardioversion, stabilized, admitted to ward.
Start your journey to reconciliation

• Gain knowledge about Indigenous health and social issues
• Indigenous patients, families and communities want the same as all Canadians – a healthy and happy life with adequate health resources
• Visit and engage with urban/rural/remote Indigenous community(ies), activities
• Educate others on what you learned – your family, your trainees, your colleagues and health care team members
• Address and stop stereotyping/assumptions/SYSTEMIC RACISM
Implications for practice

• Helping Indigenous patients, their families and communities is the most challenging, yet rewarding and enriching experience.
  – Social, ethical and moral responsibility
  – Practice effective communication, cultural competent and safe care
  – You are important advocates for Indigenous peoples in improving their health status in all aspects.

• Time to walk together for reconciliation!
Recommended Reading
First Peoples, Second Class Treatment

• Launched March 2015
• Addresses colonization, racism, residential school experience
• Portrays examples of services and programs that give culturally safe care

Systemic Racism

- Health and health care implication of systemic racism on Indigenous peoples in Canada

Recommended Reading

• NAHO 2008 Cultural Competency and Safety: A Guide for Health care administrators, providers & educators


• SOGC consensus guideline for Aboriginal Health:
Recommended Reading


Recommended Reading

• Kitty, D. 2014. Indigenous Cultures and Health In Canada: A Primer For Rural Physicians and Health Care Professionals (Chapter 1.3.4). In WONCA Rural Medical Education Guidebook, Section 1.3 Gender and Cultural Considerations in Rural Practice. Retrieved Sept. 8, 2014 from: http://www.globalfamilydoctor.com/groups/WorkingParties/RuralPractice/ruralguidebook.aspx