

Understanding the Role of Cultural Safety in Indigenous Health Care Contexts

@ACHHInitiative

Margot Latimer &
Diane Obed

Pharmacy Lunch and Learn
March 5, 2019



Sensitive Material

- Content in this presentation will include videos that individuals may find sensitive and/or emotional, and may be triggering. If you prefer to leave prior to the videos, please feel free to do so.

Land Acknowledgement

- ▶ ***Nova Scotia is located in Mi'kma'ki, the ancestral, traditional and unceded territory of the Mi'kmaq. The Mi'kmaq word for this area is K'jipuktuk, meaning the great harbor.***
- ▶ ***"We are all Treaty people"***



Ownership & Control

- ▶ We have the consent from community members and all data, photo images and video footage are owned by the First Nation community members who participated in this initiative.

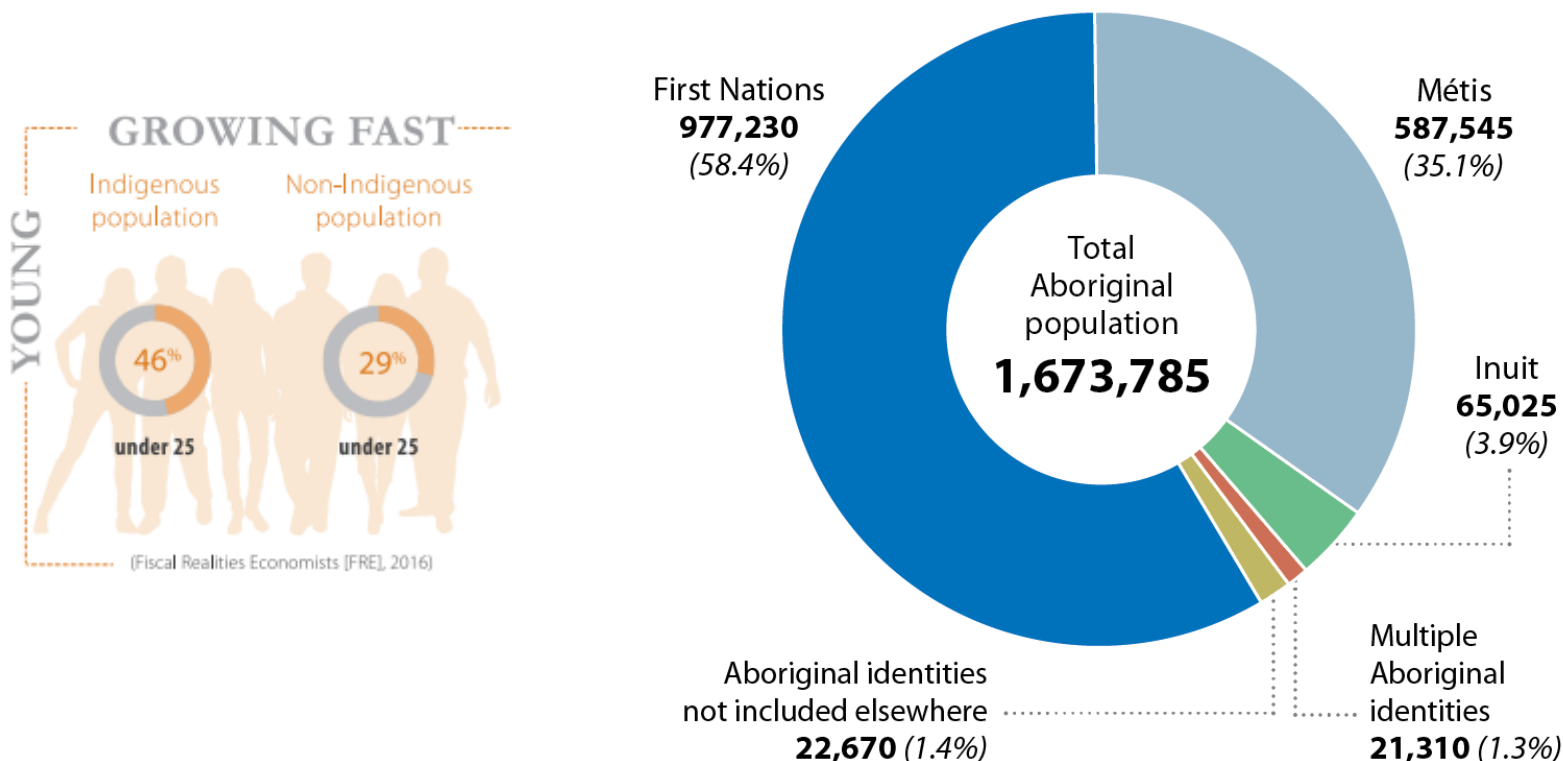
Overview of presentation

- ▶ Population demographics
- ▶ Background – Determinants of Health Framework
- ▶ Historical influences on population health
- ▶ Contextualizing current research and health disparities
- ▶ Conclusion

Indigenous Peoples in Canada

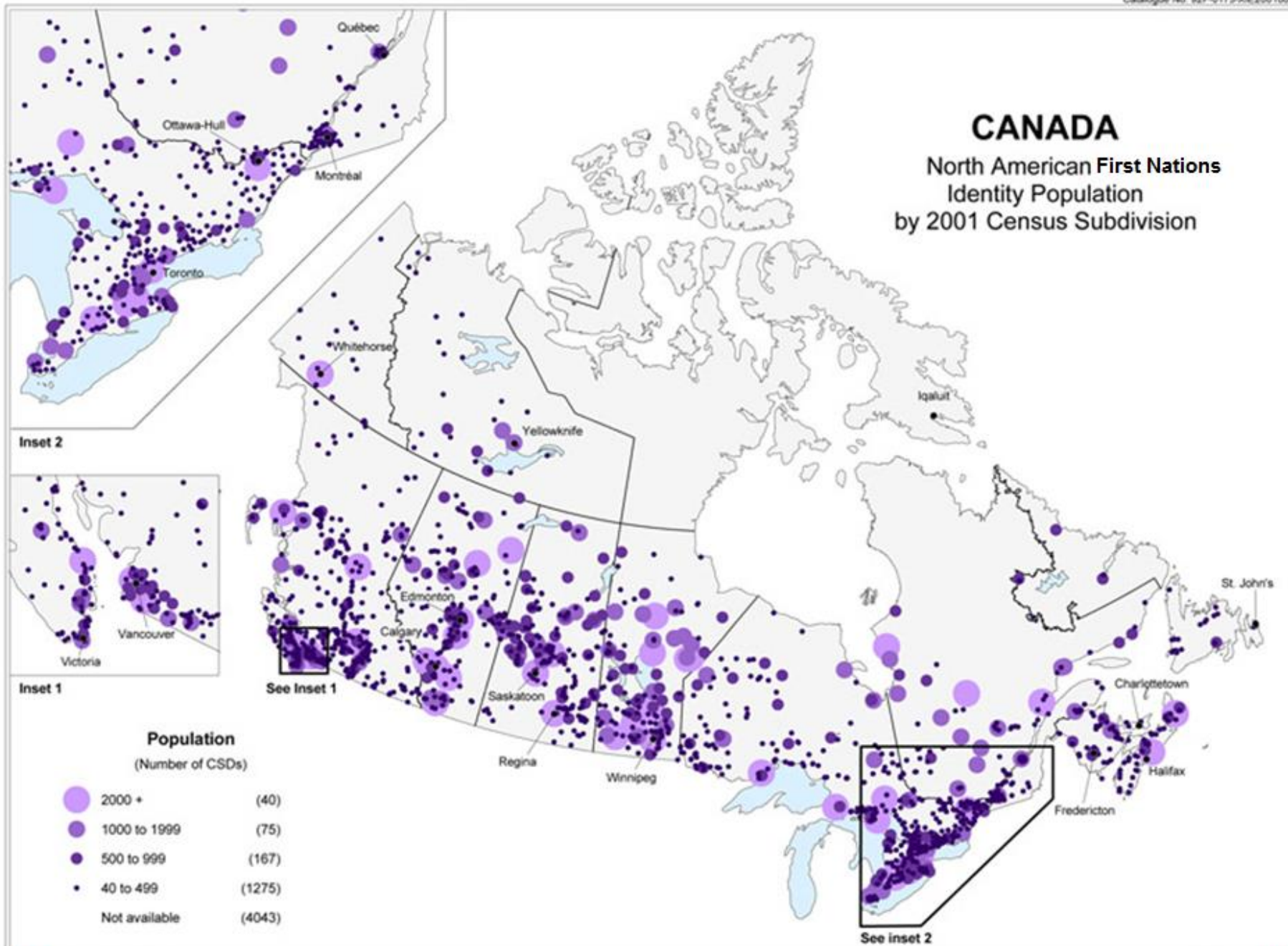
THE ABORIGINAL POPULATION IN CANADA

A breakdown of the Aboriginal identity population in Canada in 2016:



CANADA

North American First Nations Identity Population by 2001 Census Subdivision



Population (Number of CSDs)

● (Largest)	2000 +	(40)
● (Large)	1000 to 1999	(75)
● (Medium)	500 to 999	(167)
● (Small)	40 to 499	(1275)
● (Smallest)	Not available	(4043)

Inset 2

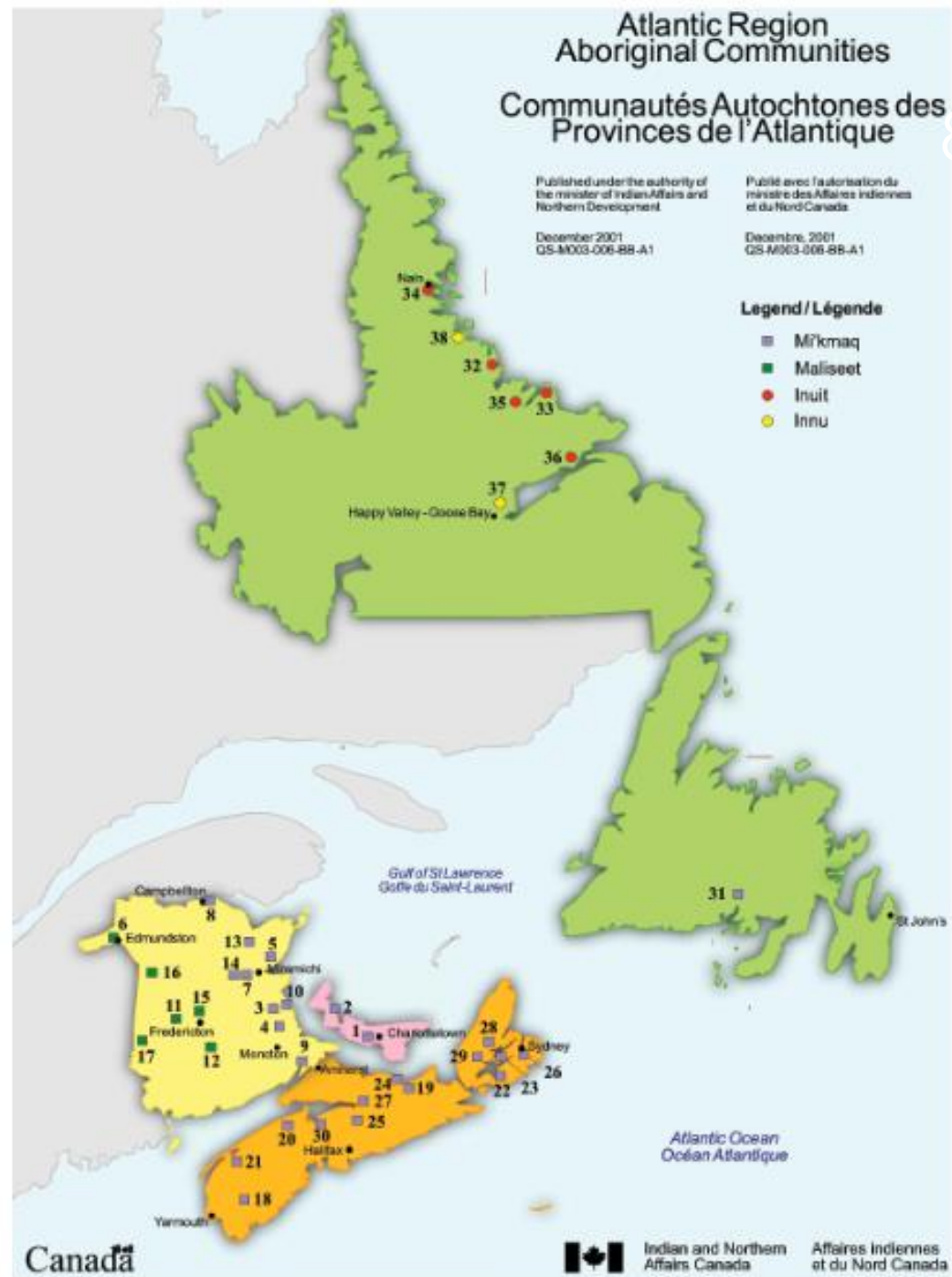


Inset 1

See Inset 1

See inset 2

1. [Abeqweit Band](#)
2. [Lennox Island Band](#)
3. [Elsipogtog First Nation](#)
4. [Buctouche Band](#)
5. [Esgenoôpetitj First Nation](#)
6. [Madawaska Maliseet First Nation](#)
7. [Eel Ground Band](#)
8. [Eel River Bar First Nation](#)
9. [Fort Folly Band](#)
10. [Indian Island Band](#)
11. [Kingsclear Band](#)
12. [Oromocto Band](#)
13. [Pabineau Band](#)
14. [Metepenagiag Mi'kmaq Nation](#)
15. [Saint Mary's Band](#)
16. [Tobique Band](#)
17. [Woodstock Band](#)
18. [Acadia Band](#)
19. [Paqtnkek First Nation](#)
20. [Annapolis Valley Band](#)
21. [Bear River Band](#)
22. [Potlotek First Nation](#)
23. [Eskasoni Band](#)
24. [Pictou Landing Band](#)
25. [Shubenacadie Band](#)
26. [Membertou Band](#)
27. [Millbrook Band](#)
28. [Wagmatcook Band](#)
29. [Waycobah First Nation](#)
30. [Glooscap First Nation](#)
31. [Miawpukek Band](#)
32. [Inuit Community Government of Hopedale](#)
33. [Inuit Community Government of Makkovik](#)
34. [Inuit Community Government of Nain](#)
35. [Inuit Community Government of Postville](#)
36. [Inuit Community Government of Rigolet](#)
37. [Sheshatshiu Innu First Nation](#)
38. [Mushuau Innu First Nation](#)





Lower Health Status/Social Development

Human Development Index (HDI)

- ▶ Canada: 3rd/177
- ▶ First Nations (consideration): 68th/177
- ▶ Academic Achievement Lower
 - Health status tied to colonization
 - Historical events, i.e. IRS



HDI

Unicef (2009). Aboriginal child's health:
No child left behind.



Determinants of Health

Structural

- **History**
- **Colonialism**

Social

Income & Social Status
Social Support Networks
Education
Employment & Working Conditions
Physical Environments
Biology & Genetics
Personal Health Practices & Coping Skills
Healthy Child Development
Health Services & Social Service
Social Environments
Gender
Culture

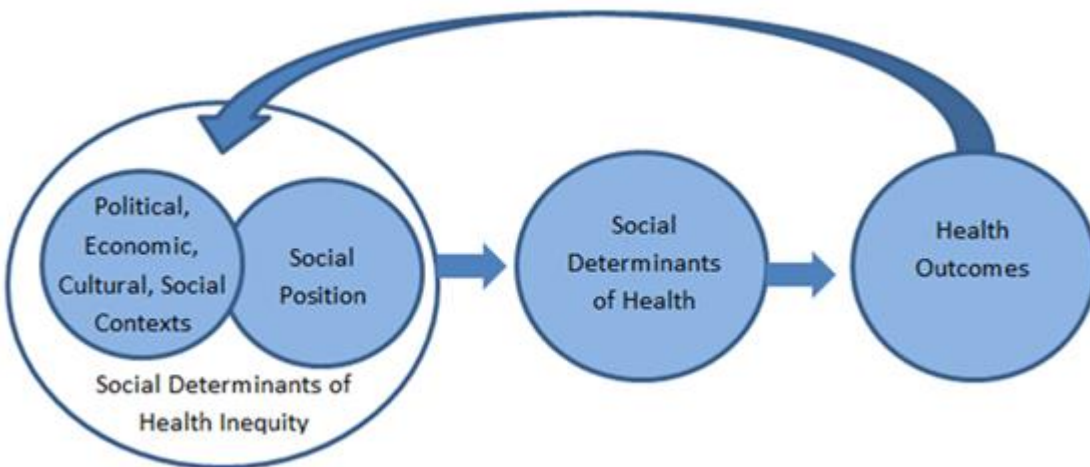


Figure adapted from the National Collaborating Centre for Healthy Public Policy's simplified representation of Solar & Irwin's (2010) CSDH WHO Conceptual Framework (Morrison, 2017).

Indian Residential Schools (IRS)



- ▶ Not unique to Canada, US, New Zealand, etc.
- ▶ 1892 -1996, 150,000 children attended 80 'schools'
- ▶ 1 School in NS
- ▶ Established to assimilate 'Aboriginal' into current society
- ▶ Children were physically, sexually, mentally, spiritually abused
- ▶ **80,000 people alive today who attended residential school**



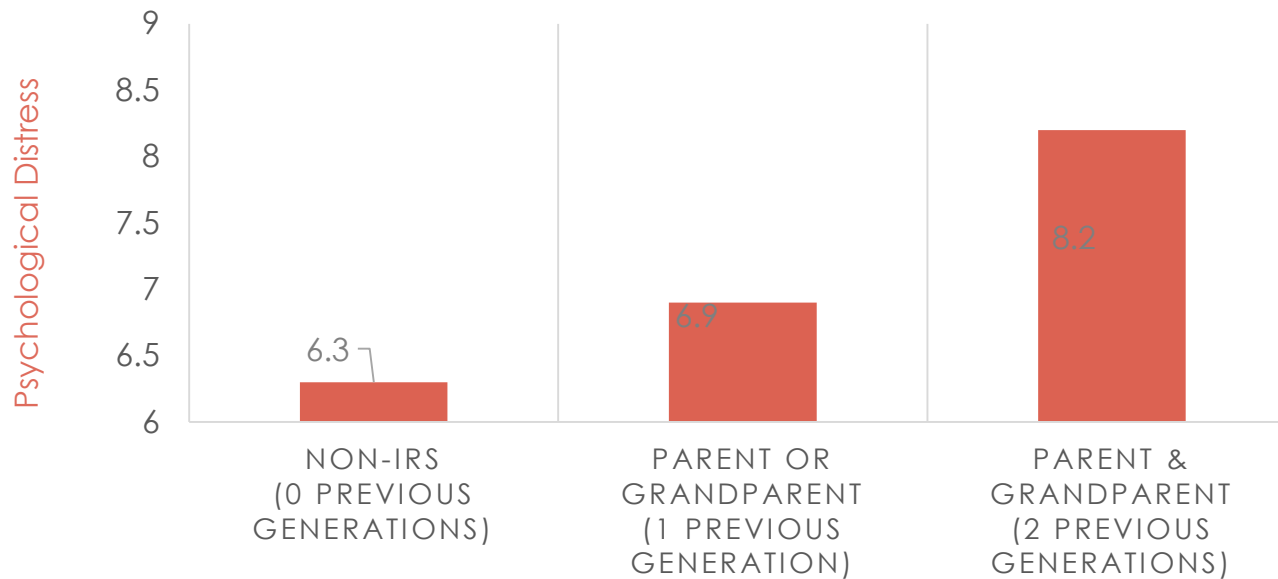
Truth and Reconciliation



<https://www.youtube.com/watch?v=rRZYRIC69Bw>



Current Intergenerational Effects of Residential Schools



Familial IRS Attendance
(no. of previous generations who attended IRS)

Truth & Reconciliation Commission of Canada

- Launched in 2008 as part of the Indian Residential Schools Settlement Agreement (IRSSA)
- A process that would guide Canadians through the difficult discovery of the facts behind the residential school system
- Meant to lay the foundation for lasting reconciliation across Canada
- Final report and Calls to Action released in 2015

2008



TRC

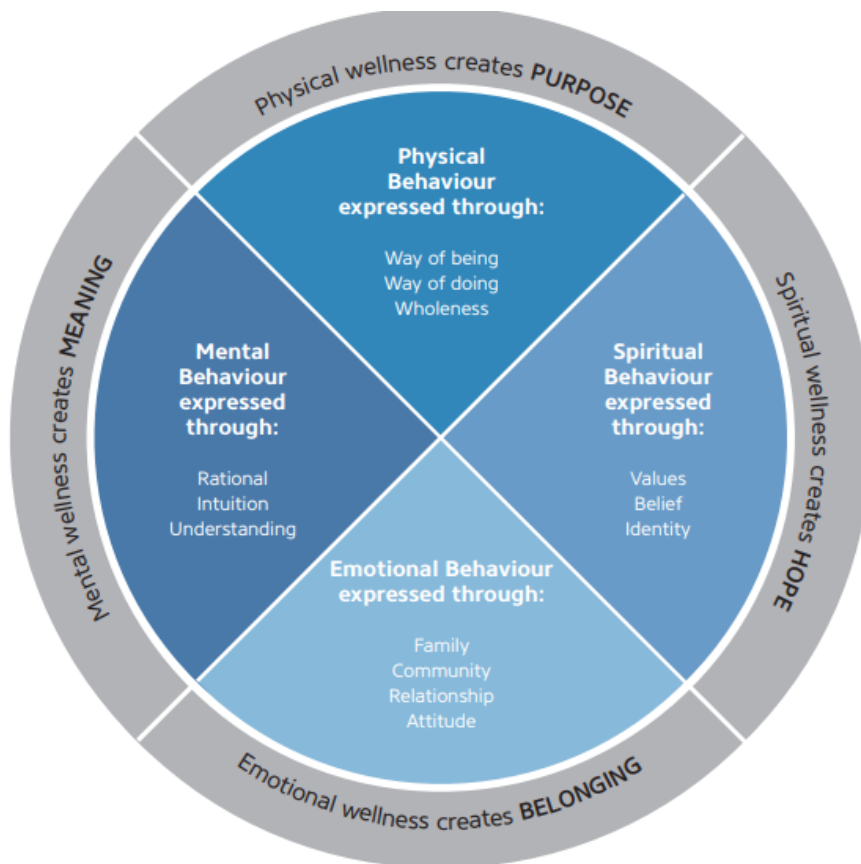
2015



TRC Report

Indigenous Views of Health Traditional Wellness

15



Indigenous views of health is holistic encompassing:

- Spiritual
 - Physical
 - Emotional
 - Mental
-
- Indigenous patients (sometimes) like to explore traditional healing methods as complementary to their biomedical treatments

(Native Wellness Assessment, 2015)



ACHH

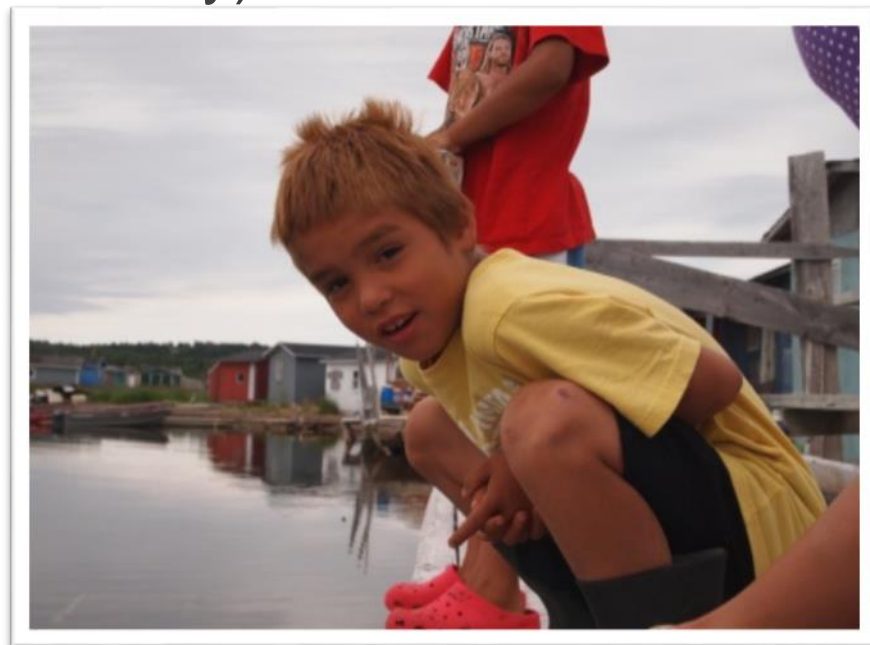
Aboriginal Children's Hurt
& Healing Initiative

The ACHH Initiative is working with communities, clinicians and universities, art gallery to bridge the gap in the understanding of Indigenous children's pain and hurt.



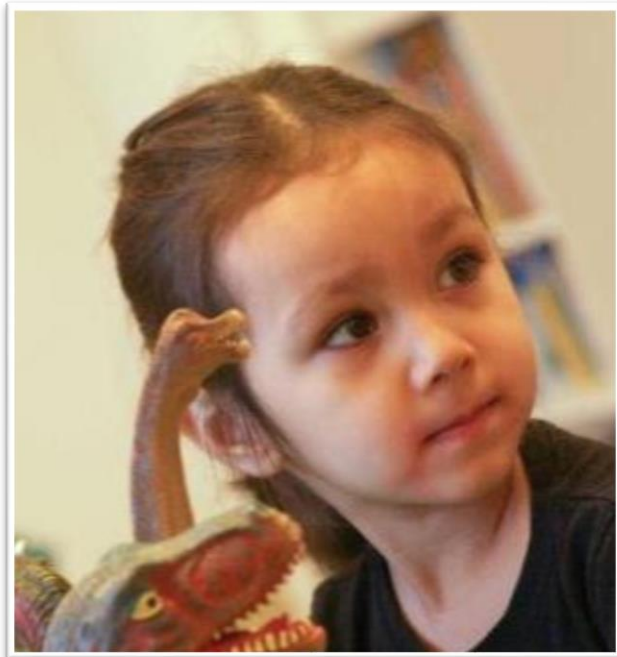
Indigenous Children - High Rates of Pain Conditions

- ▶ Musculoskeletal (Exercise & Play)
- ▶ Dental/Stomach (Eat)
- ▶ Chest (Breathe)
- ▶ Headache (Think)
- ▶ Ear (Hear)





Untreated Pain Negatively Influences...



- ▶ future experiences with pain
- ▶ participation in play
- ▶ physical activity
- ▶ academic performance
- ▶ language development
- ▶ sleep patterns
- ▶ growth
- ▶ behaviour
- ▶ social development
- ▶ mental health
- ▶ substance use
- ▶ risk for future illness



Cultural Effects on Pain Expression

AJRH The Australian Journal of Rural Health



Aust. J. Rural Health (2015) 23, 181–184

Original Research

Quiet about pain: Experiences of Aboriginal people in two rural communities

Jenny Strong, PhD, MOccThy, BOccThy,¹ Mandy Nielsen, PhD, BSW (Hons),¹ Michael Williams, MPhil,² Jackie Huggins, BA(Hons), DipEd, AM, FAHA² and Roland Sussex, BA(Hons), PhD, OAM³

¹Health and Rehabilitation Sciences, ²The University of Queensland Aboriginal and Torres Strait Islander Studies Unit and ³Languages and Comparative Cultural Communication, The University of Queensland, Brisbane, Queensland, Australia

Abstract

Objective: This study explores communications experienced by Aboriginal people in health care encounters about pain. It examines barriers that can impact upon effective pain management for Aboriginal patients. (This article refers to Aboriginal people as these were the

KEY WORDS: *Aboriginal health, communication, general Indigenous health, Indigenous health education, pain management.*

Introduction



Expression of pain among Mi'kmaq children in one Atlantic Canadian community: a qualitative study

Margot Latimer RN PhD, G. Allen Finley MD, Sharon Rudderham BA, Stephanie Inglis PhD, Julie Francis BScN, Shelley Young BSc, Daphne Hutt-MacLeod MA

Abstract

Background: First Nation children have the highest rates of pain-related conditions among Canadian children, yet there is little research on how this population expresses its pain or how and whether the pain is successfully treated. The aim of this study was to understand how Mi'kmaq children express pain and how others interpret it.

Methods: We conducted a qualitative ethnographic study in a large Canadian Mi'kmaq community using interviews and conversation sessions. Participants included children and youth ($n = 76$), parents ($n = 12$) teachers ($n = 7$), elders ($n = 6$) and health care professionals ($n = 13$).

Results: Interpretive descriptive analysis was used and themes regarding pain expression, care seeking and pain management were identified. Pain expression included stoicism and hiding behaviour, and, when pain was discussed, it was via storytelling and descriptive language, such as similes. Participants reported feeling unheard, stereotyped and frustrated when they sought pain care. Frustration led to avoidance of seeking further care, perceptions of racism and repeat visits because of unsuccessful previous treatment. Participants voiced concerns about the utility of the numeric and faces pain scales to describe pain meaningfully. Positive encounters occurred when participants felt respected and heard.

Interpretation: Mi'kmaq children are stoic and often hide their pain. Community members feel frustrated and discriminated against when their pain is not identified, and conventional pain assessment tools may not be useful. If clinicians consider cultural context, build trust and allow for additional time to assess pain via storytelling or word descriptions as well as a family-centred approach, better pain care may occur.



Kids Pain Expression

Most Common

- ▶ *Be brave 'tough it out'*
- ▶ *Quiet/Hide/Hold in*
- ▶ *Delay telling /delay treatment*
- ▶ *51% pain regularly keeps them from school/activities*





Community Member Quotes

1) Expression: Communication discrepancies

"Hard to describe in words -it just hurts"

" We paint a picture"

"The more pain the more story"

2) Response: Distrust/Not believed/Don't feel listened to

"Maybe they are listening but not hearing"

"We're story tellers, describe in detail and then they don't believe us"

3) Seeking Care Outcomes: Unsatisfactory experience

Waiting for care, Repeat trips for care, Racism/Discriminated

Words - pain/hurt



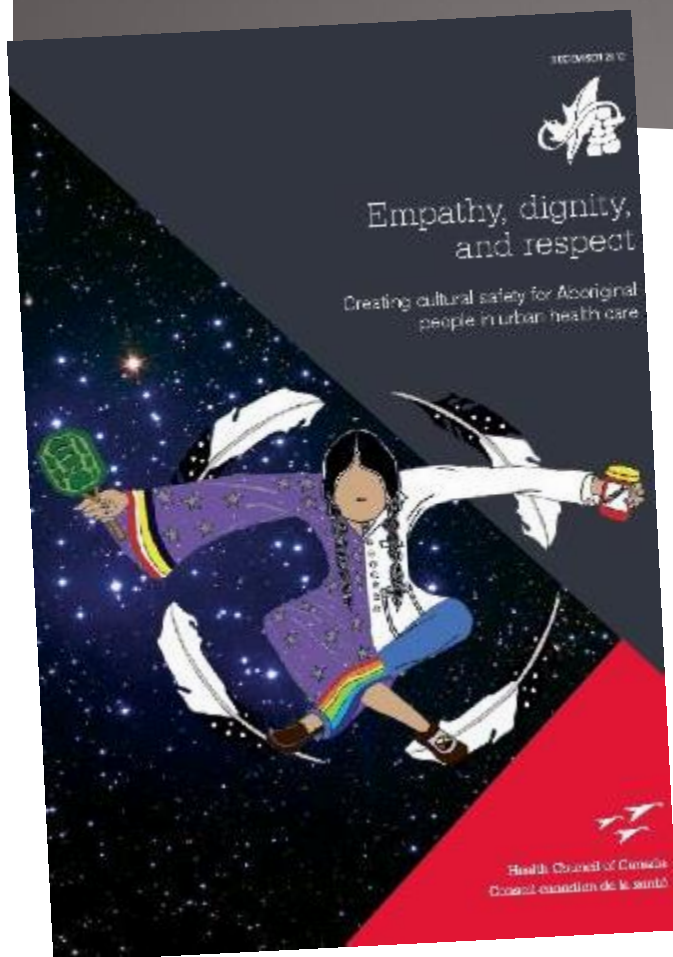
Clinician Assessment

Harder to assess & manage pain

- High tolerance 'stoic'
- Difficult for child/youth to describe
- Need to give them the words
- Sometimes want others talk for them
- May not always be parent

Pain scale not helpful

Health Council of Canada, 2012



Challenges:

- ▶ Aboriginal people fearful, powerless
- ▶ Discriminated, distrust
- ▶ Refused painkillers

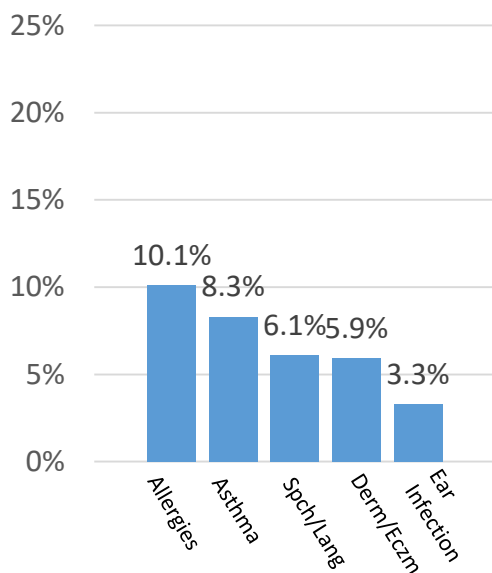
Positive:

- ▶ Interpreters, Patient navigators

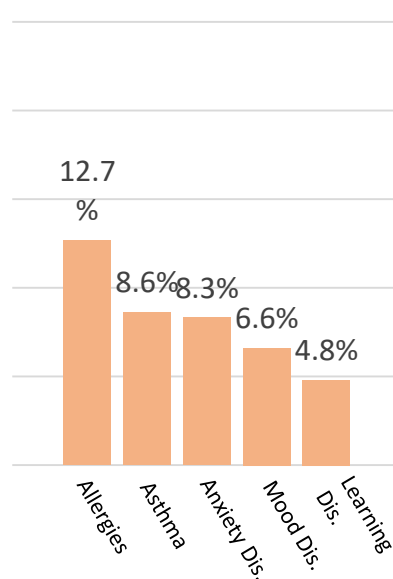
Health Council of Canada. (2012). Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care. Toronto. Health Council of Canada.

First Nations Prevalence of Diagnosed Chronic Health Conditions

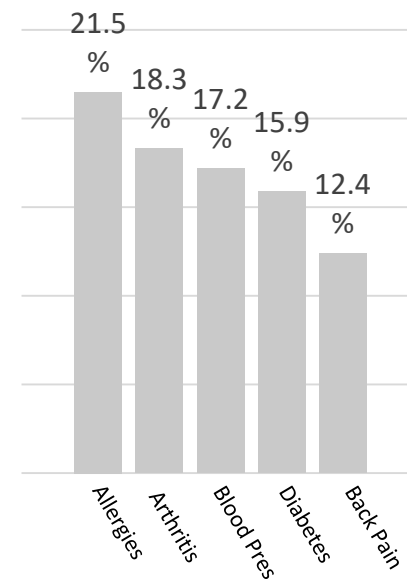
Children
(0-11 years;
n=6,062)



Youth
(12-17 years;
n=4,968)



Adults
(18+ years;
n=12,137)



(FNRHS Phase 3, 2018)

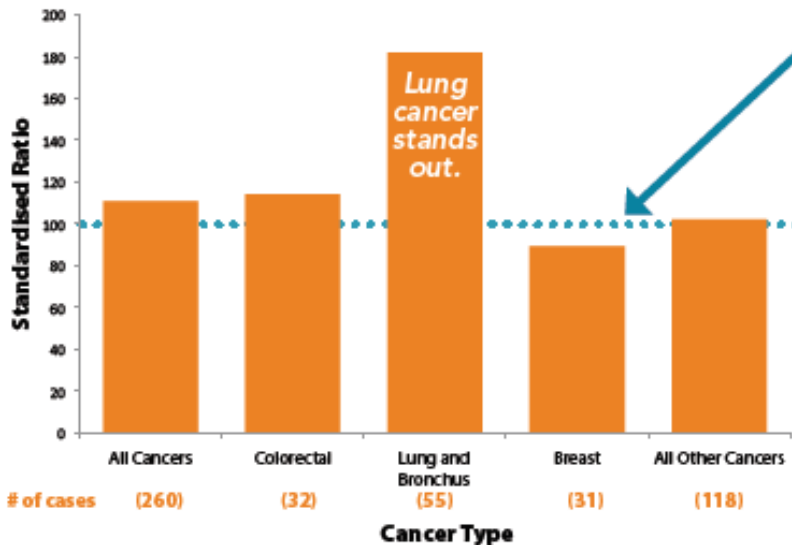
Tui'kn Partnership - Strength In Numbers Project

- ▶ Creation of Nova Scotia First Nations Client Linkage Registry (NSFNCLR)
- ▶ a unique registry of the First Nations population in Nova Scotia that is being linked with provincial health data sources to provide First Nations with better health surveillance data
- ▶ Focus: Cancer; Diabetes; Mental Health & Addictions



Cancer

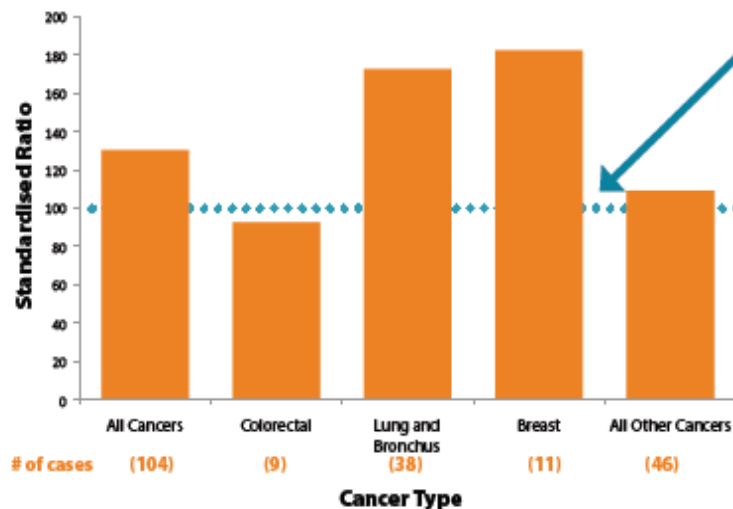
Standardized Incidence Ratio of New Cancer Cases in the First Nations Client Registry, 2004-2013



Anything **below** this dotted line (look at breast cancer) suggests that we are **diagnosed** with that cancer at a lower rate than the rest of the NS population

Anything **above** this dotted line means our rate of cancer **death** is higher than the general NS population.

Standardized Mortality Ratio of Cancer Deaths in the First Nations Client Registry, 2004-2013



So ... our breast cancer incidence rates are similar to the rest of NS but we appear to die from this cancer at a higher rate.

Why?

There were **260** new cases of cancer diagnosed in our communities between 2004-2013 (that's an average of about 26 cases per year).

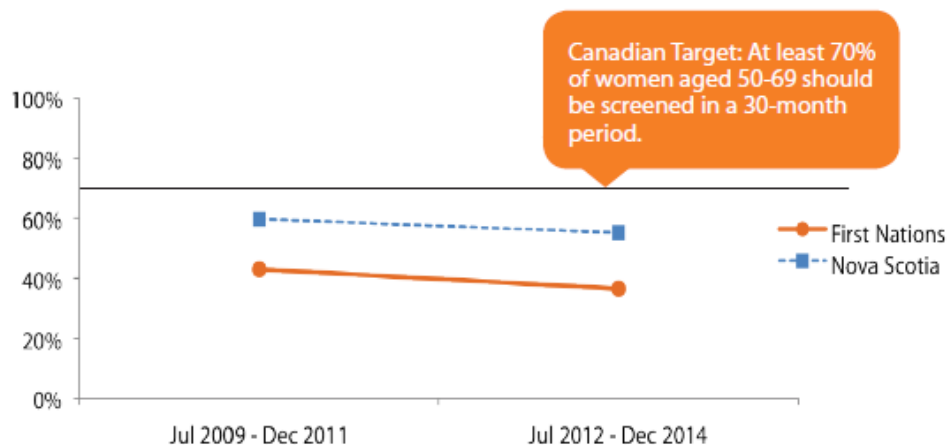
The numbers are telling us
screening can
 save your life.

Just look at breast
 and cervical cancers.

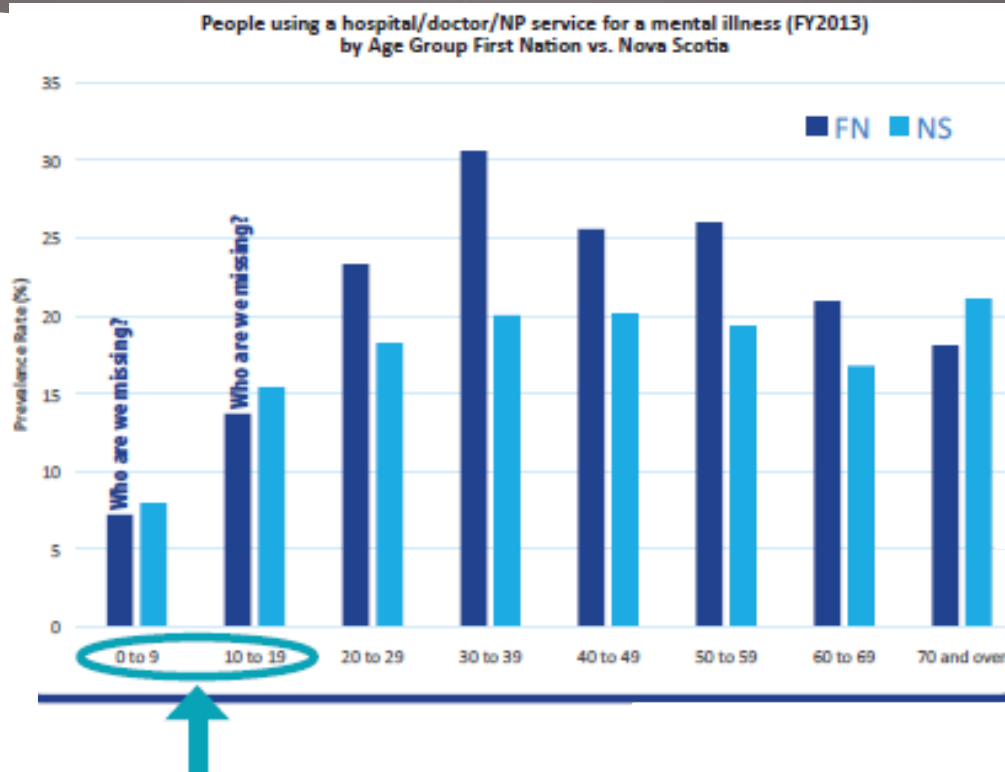
Cancer Prevention & Screening

- ▶ 36.5% of First Nation women who should be going for breast screening actually do
- ▶ Only 25% keep up with screening practices

Breast Screening Participation Rates in First Nations and Nova Scotia Women Aged 50-69



Mental Health



This chart shows all age groups from 20 to 69, have higher rates of mental illness than other Nova Scotians

Data shows low numbers, however the spike in early adulthood may suggest lack of mental health screening

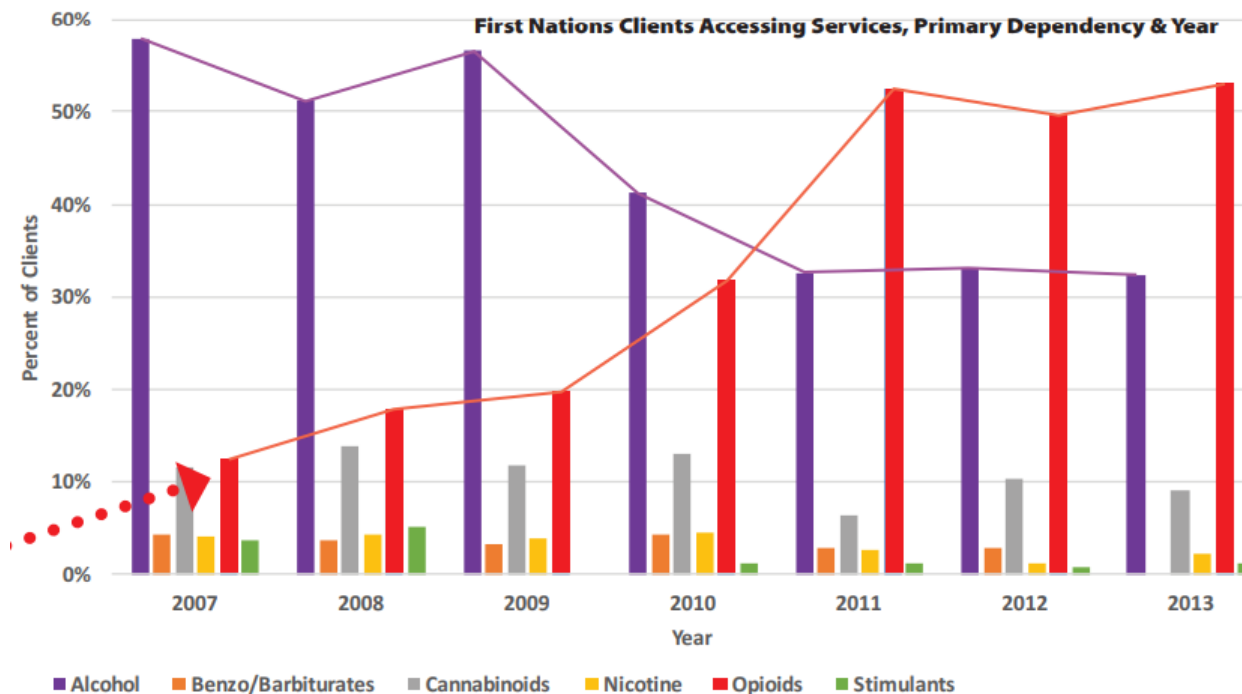
Tuik'n 2016

Addictions

See the patterns?

alcohol ↓
opioids ↑

Opioids (pain medication) are either prescribed by doctors or sold on the street and have become our biggest addiction problem



There are **4 things** to take away from our data about how to **stay ahead of diabetes & kidney disease.**

1

Screening for diabetes and kidney disease is our 1st step to a healthier community.

Diabetes and kidney disease develops at younger ages in our communities and may go undetected for many years.

2

We can prevent diabetes in this and our next generations.

Women under the age of 30 can reduce their risks for diabetes and gestational diabetes by keeping a healthy weight and staying active.

3

We all need to take care of our health – men and women; old and young.

Let's support our people to live healthy lives.

4

Knowing you have kidney disease and/or diabetes means you can do things to manage your health.

Kidney disease is a serious health problem that can be prevented with a healthy lifestyle, early detection and management of conditions like diabetes and high blood pressure.

Check out all the great information at:
nada.ca
(National Aboriginal Diabetes Association)

You can start by talking to your Community Health Nurse.

Strength in Numbers Project © 2014

There are **4 things** to take away from our data about how we can do better with mental health and addictions.

1

We need core funding for community-based programs and services within the provincial health care system.

Our communities are carrying a heavy burden of mental illness.

2

We need better access to early screening, assessment and intervention.

High rates of mental illness in early adulthood might mean kids in our communities are not getting help soon enough in life.

3

We need strategies to make sure prescription drugs intended to help with healing don't do harm.

Over the past ten years, pills have replaced alcohol as our biggest source of addiction.

4

We need addictions programming to live up with a First Nations' approach to recovery and healing.

Once people are referred to addictions programming, culturally appropriate supports are needed to ensure they go, help them stay and see them through.

You can start by talking to your Community Health Nurse.

Strength in Numbers Project © 2014

There are **3 things** to take away from our cancer data about **reducing the effect cancer has on our people.**

1

Many cancers can be prevented. Live healthy.

Eat right. Stay fit. Keep a good body weight. And don't smoke or chew tobacco.

2

Lung cancer is something we can work to prevent. Try to quit, or even to smoke less.

If you can't quit smoking (or even if you just live with a smoker), ask your Health Centre about symptoms to look for.

3

Tell the ones you love to get screened for cancer.

Men and women need to find out about what cancer screening tests are right for them at their stage of life.



Pap Test

You should be screened for cervical cancer within 3 years of becoming sexually active or at the age of 21, whichever comes later, and then every 3 years after that.



Mammogram

Breast screening is recommended every two years for women aged 50-69. Women ages 40-49 are accepted into the program as well. Talk to your health care provider to see if screening is right for you.

FIT Test

If you're between the ages of 50-74, every 2 years you will get a FIT test kit (fecal immunochemical test) in the mail to screen for colorectal cancer.



Talk to your Community Health Nurse.

Strength in Numbers Project © 2014

TAKEAWAY POINTS:

- Healthy lifestyle
- Early screening, assessment and intervention leads to prevention Dal.Pharmacy.Dec10.2018
- Community based & culturally safe and appropriate services



Main Themes

1. Burden of emotional pain from historical factors
2. Reluctance to report physical and emotional pain
 - ▶ *“put on a brave face”*
 - ▶ *“we are quiet about pain because no one listens to us anyways”*
3. Attitudes of health professionals
 - ▶ *“not accorded respect or timely attention”*
4. Communication issues
 - ▶ Difficulty describing their pain
 - ▶ Health professional language complex



'Native patients' told not to ask for pain medication at N.B. doctor's office

By Staff The Canadian Press

Comments

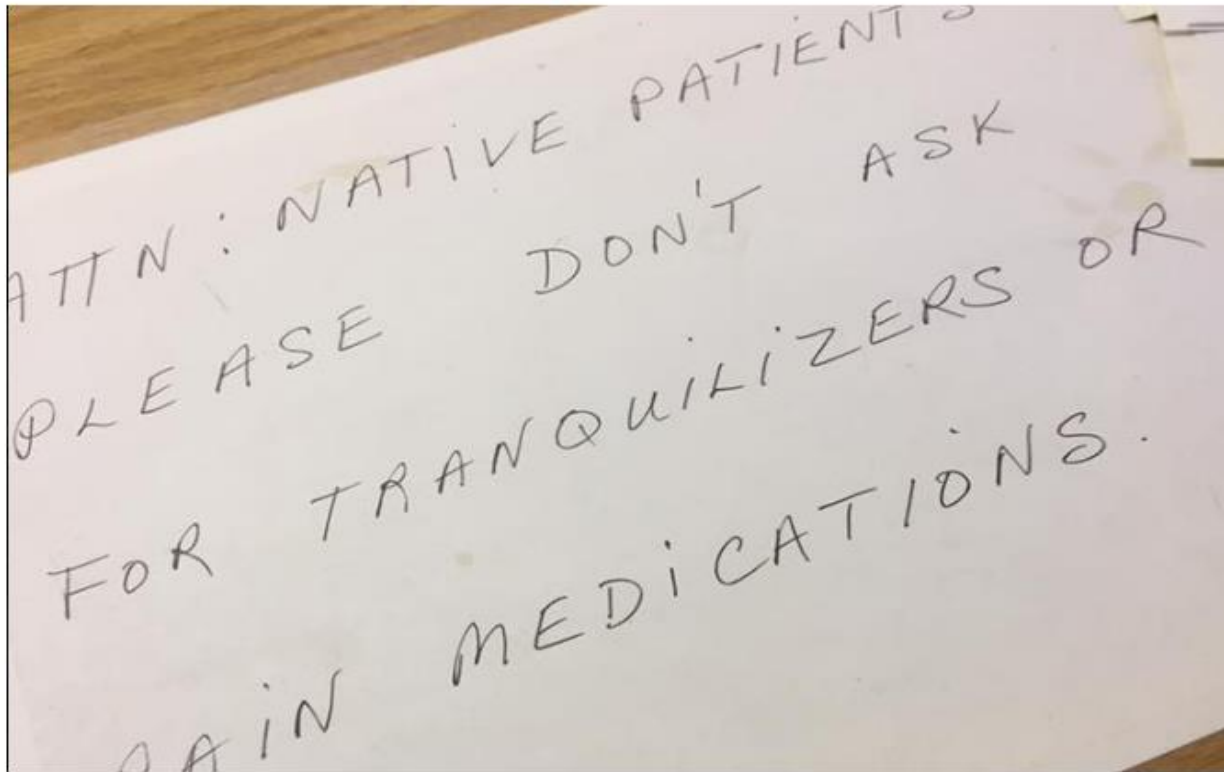
Facebook

Twitter

Email

Print

...



A New Brunswick First Nation is seeking an apology after a doctor's office posted a note asking aboriginals not to request tranquilizers or pain medications.

Maxine Ginnish/Facebook

Society of Obstetricians and Gynaecologists of Canada

Mental Health Recommendation

Recommendation

19. Health professionals should recognize that mental illnesses such as mood disorders, anxiety, and addictions are a major public health issue for many First Nations, Inuit, and Métis. (II-3B)
Use of mood-altering substances that lead to addiction is often a mechanism for coping with the pain of their intergenerational trauma. Health professionals should familiarize themselves with culturally safe harm reduction strategies that can be used to support First Nations, Inuit, and Métis women and their families struggling with substance dependence. (II-2A)

(Society of Obstetricians & Gynaecologists of Canada , 2013)



Two-Eyed Seeing Approach



Two-Eyed Seeing is the merging of two ‘ways of knowing’ – Indigenous and Western – to view and overcome challenges and barriers. This approach takes the best from both worldviews, acknowledging that neither approach is superior.

(Established by Elders Albert & Murdena Marshall)

ACHH Maritimes-8 Communities Research Methods



ART
SESSIONS
39 Youth



SHARING CIRCLES
146 Youth
25 Parents
13 Elders
36 Clinicians

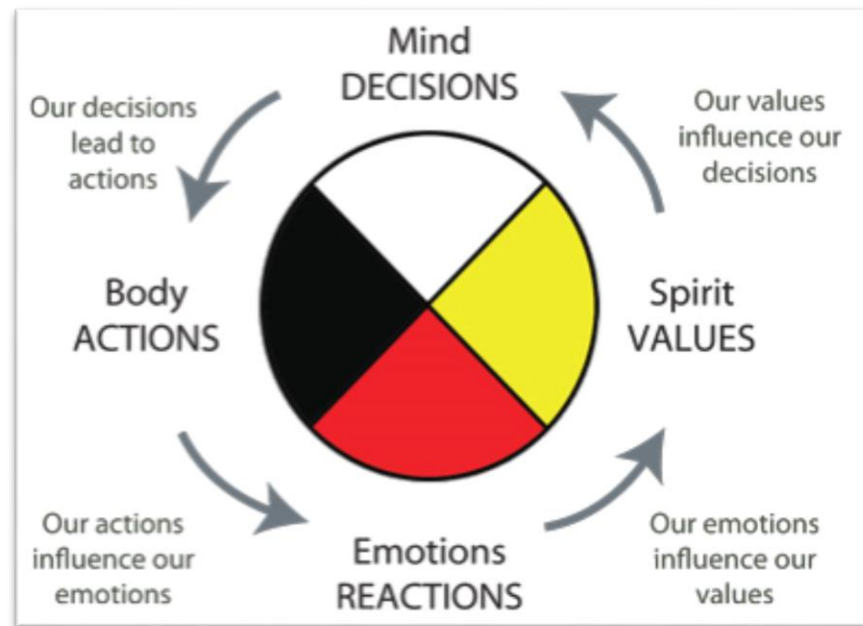


HEALTHCARE
UTILIZATION
DATA



Art Sessions

- ▶ **Emotional** 74%
- ▶ **Physical** 54%
- ▶ **Mental** 31%
- ▶ **Spiritual** 30%



N=39

- ▶ Subthemes:

- ▶ *Persistence, sharing, tribal consciousness, stoicism, sadness, happiness will conquer, loneliness, darkness*



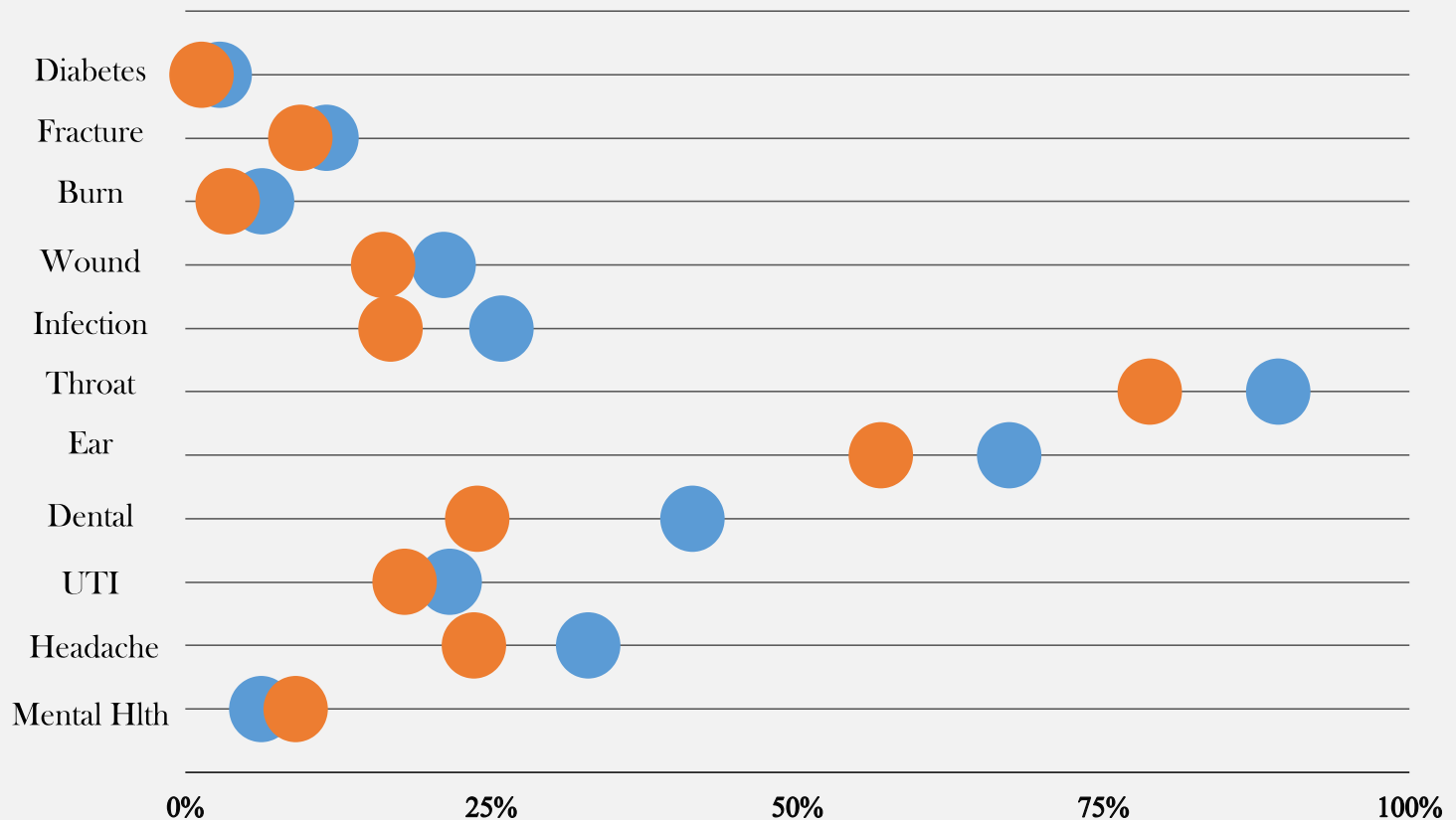
Art Sessions



<https://www.youtube.com/watch?v=KwCFJ2KzMZ4>



Percentage of **First Nations** versus **Non-First Nations** Children That Experienced Pain Related Conditions Since Birth





Physical Pain, Mental Health & Referrals

- ▶ FN who had chronic ear infections as child were 1.8X more likely to have abdominal & headache pain as teens *Same not true for Non FN
- ▶ Newborns or children (0-9) with a physical pain diagnosis were more likely to have a MH diagnosis as teens (10-17 year olds). But only evident in the Non First Nation group*
- ▶ FN significantly more likely to be admitted to NICU
- ▶ FN were **significantly less likely** to be referred to ENT, pain and wound specialist.



*Recurrent ear infections can lead to hearing loss, language & literacy issues, concentration, behavior, and learning disabilities, and problems with socialization and overall academic performance.

Bidadi et al., 2008; Bowd, 2005; Langan, et al., 2007; Thorne, 2004; Zumach et al., 2010



First Nations Regional Health Survey Self-Report Dental Pain & Wellness

21% of 4700 First Nations youth reported dental pain
in the month prior to the survey. Of these 4700
youth ...

- ▶ **More** were not attending school than were (31% vs. 19%)
- ▶ **More** had problems learning at school (28% vs. 17%)
- ▶ **More** had self-rated fair/poor mental health vs excel/good (35% vs. 24%)
- ▶ **More** felt depressed for 2+ weeks in a row in the last 12 mths (35% vs. 16%)

FNRHS, 2012



Youth Self-Management- 'Hide pain' 'Cope on own'



- ▶ “but just deal with it’ , ignore,
- ▶ “cope on own”
- ▶ “you suck it up”
- ▶ “if I forget about it my mind thinks it’s gone’
- ▶ “I tell no one” “don’t talk about it”
- ▶ “if it’s mental no one to talk about how I feel inside’
- ▶ “food for physical and emotional’
- ▶ “mental pain I used to hurt myself, but physical I deal with on my own’

Traditional

Smudge

Prayer

‘sage cleanses you’

‘sage, or sweetgrass’

Distraction

Video games

TV

‘Lie down’

‘Rub it’

Tylenol, Advil

Weed, drugs, alcohol



Sharing Circles



Clinicians need to know our history to understand our care needs.

HISTORY



Don't Judge "meet us where we are" from a social context, language, geography

HUMILITY in Healthcare



Intergenerational Trauma
Emotional pain and hurt transcends physical pain, time and permeates communities way of being

Dimensions of HEALTH
Tribal Consciousness,
Resilience



Communication
Attention to communication may improve trust, relationships & care

Importance of
COMMUNICATION-
Story, Stoicism

Health Professionals Working with First Nations, Inuit, and Métis Consensus Guidelines

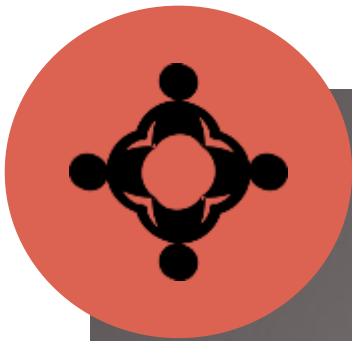
Recommendation #22

- Health professionals should seek guidance about culturally specific communication practices and should tailor communications to the specific situations and histories of their patients

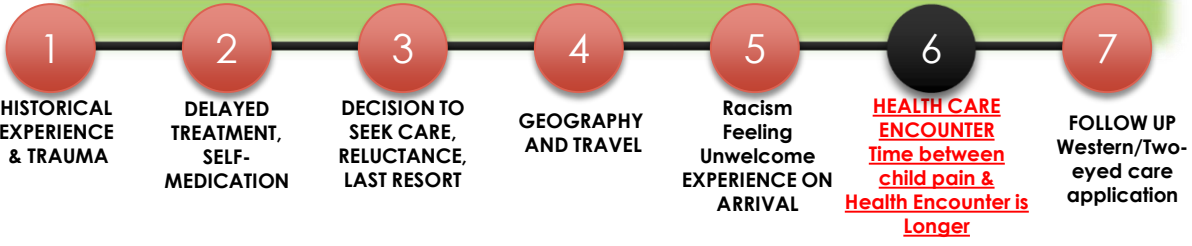
Clinical Tips

- Understand that there can be large cultural variations between patients. Get to know your First Nations, Inuit, and Métis patients individually and do not make assumptions.
- For many First Nations, Inuit and Métis a positive experience from first entering the clinic or hospital is critical to feeling welcome and safe. Educate front-line staff, including front desk staff, on key principles of cultural safety... Being able to provide culturally safe care involves a learning process. It takes time to build and refine effective relationships with First Nations, Inuit, and Métis. Patience, compassion, curiosity, and genuine interest are needed.





Themed Considerations in Steps Towards Wellness Community Professionals





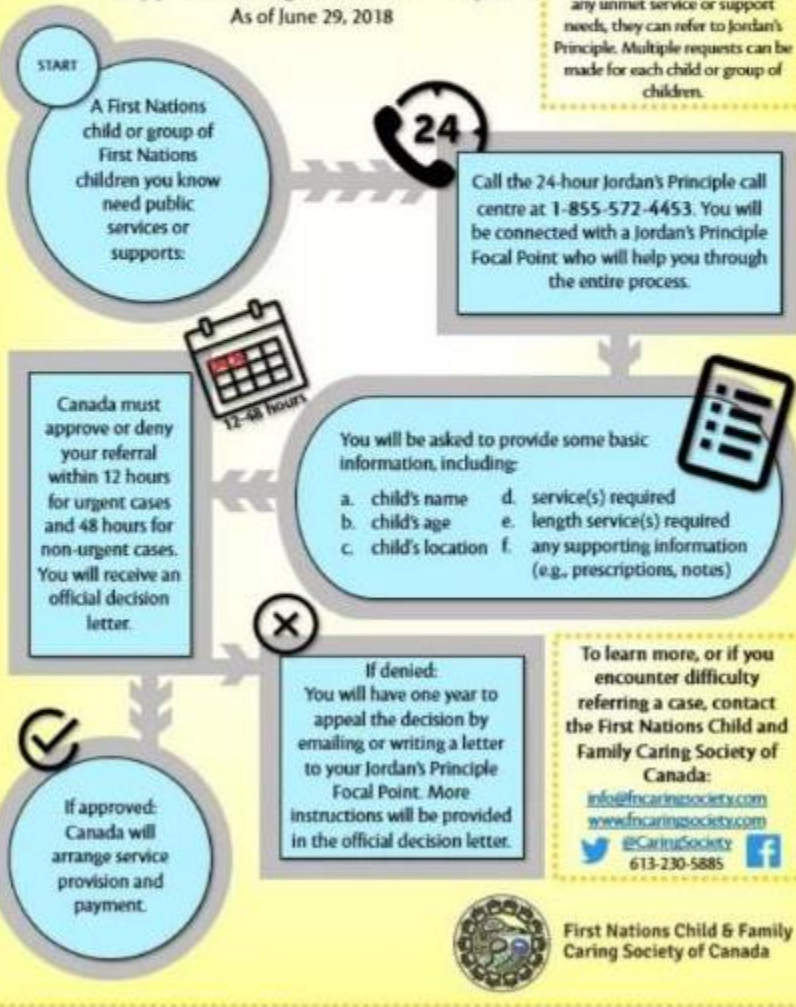
What is Jordan's Principle?
Jordan's Principle is a child first principle named in memory of Jordan River Anderson. It ensures First Nations children receive the public services they need when they need them. Canada is legally responsible for Jordan's Principle.

Who is eligible?
All First Nations children (0-19 years old) who live on or off reserve. A referral to Jordan's Principle can be made for a single child or a group of children. Requests for reimbursement can be made dating back to April 2009.

What is covered?
All public services and supports. If a First Nations child you know has any unmet service or support needs, they can refer to Jordan's Principle. Multiple requests can be made for each child or group of children.

How to access public services and supports through Jordan's Principle

As of June 29, 2018



Health Professionals Working with First Nations, Inuit, and Métis Consensus Guidelines

Recommendation #8

- Health professionals should recognize that they have a vital role in advocating for First Nations and Inuit patients and assisting with obtaining these benefits. Health professionals should be aware that Métis do not have access to the Non-Insured Health Benefits and may face unique challenges accessing health care.

(Society of Obstetricians & Gynaecologists of Canada, 2013)

First Nations Caring Society. (2019).
<https://fncaringsociety.com/jordans-principle>

Recommendations for health professionals

The 'FIRST' Approach

- 1 Consider **Family**
 - ▶ It's beyond immediate kinship
 - ▶ Provide a family-clinician approach
 - ▶ Tribal consciousness is source of empathy
- 2 Consider how **Information** is shared
 - ▶ Pain expression: Verbal & non verbal
 - ▶ Stoicism, anger, story
 - ▶ Ask questions
 - ▶ *Listen to Understand*
- 3 Build trustful **Relationships**
 - ▶ Take interest to show you care, share a story
 - ▶ Gauge when ready - take a 'permissive approach'
 - ▶ "I would like to examine your belly, is that ok?"
- 4 Create a culturally **'Safe' space**
 - ▶ Through language
 - ▶ Greet in first language if possible
 - ▶ 'Welcoming' environment
- 5 Make a feasible **Treatment & follow up plan Together**
 - ▶ Incorporate 'Two-Eyed Seeing' care
 - ▶ Who will support and facilitate this plan?



Non-Insured Health Benefits (NIHB)

Federal funded health benefit plan that pays for medicine and services not covered by provincial health plans prescribed to recognized First Nations and Inuit individuals

- ▶ Does not cover Métis or non-Status
- ▶ Hospital care and physician fees are covered by provincial and territorial health plans
- ▶ Difference in opinion on why these benefits are provided
 - Federal government - National policy not based on treaty right
 - First Nations - Inherent Indigenous and Treaty rights and thus constitutionally protected

Coverage

- Eye and vision care
- Dental
- Medical supplies and equipment (restricted list)
- Medical transport
- Mental health counselling
- Drug benefits
- Prescription (majority are covered)
- Some over the counter medications if written as a prescription
- NIHB Navigator Contact: **1-800-565-3294**

(Government of Canada, 2018)



Deliverables



ACHH App



Training Modules



Indigenous Health Research Advisory Committee



FIRST Approach



Training and Mentorship



Art From the Heart

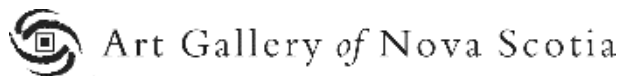


Impact

- ▶ Knowledge of history and social context
- ▶ Cultural safety: what does it look like in your setting?
- ▶ Understanding of interplay between colonization, culture and health conditions
- ▶ Recognition of **strengths** and challenges
- ▶ Compassion and caring to work in partnership
- ▶ Traditional Healing, what is valued by community?
- ▶ Two-Eyed Seeing and cultural understanding
- ▶ Advocacy



Wela'in - Thank you!



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