



First Nations Health Authority  
Health through wellness

**Cultural Safety & Humility in Health Care**  
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## Required disclosure slide (conflict-of-interest management)

The material presented in this presentation is unrelated to a financial relationship with a commercial entity.



# Partners: DoBC & FNHA



First Nations Health Authority  
Health through wellness

doctors  
of **bc**  
Better. Together.



# Cultural Humility & Cultural Safety

- **Cultural Humility** is a process of self-reflection to understand personal & systemic biases & to develop & maintain respectful processes & relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.
- **Cultural Safety** is an outcome based on respectful engagement that recognizes & strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism & discrimination, where people feel safe when receiving health care.



# Access to respectful health care is an important determinant of health for First Nations people

- First Nations people experience stigma, racism & discrimination in their health care interactions.
- When First Nations people do not access the care they need because of these negative experiences, they are more likely to experience poorer health outcomes.
- Cultural safety can play a key role in improving the quality of health care services for First Nations, which can in turn improves access to care.



# A Culturally Safe Health Care System

- is based on **mutual respect**, **cultural humility**, **kindness**, common understanding and reciprocal accountability;
- provides an understanding of what health & wellness means to First Nations people with **recognition of the diversity** of these understandings;
- achieves a balance of power between health care professionals and the people they serve, **people who deserve respect** and have a right to access the best service we are able to deliver;



# A Culturally Safe Health Care System

- has mechanisms that **proactively and effectively** address actions and behaviours within the operations of the various health institutions;
- recognizes First Nations as **self-determining** individuals, families and communities;
- leads to **increased access** to the health system by First Nations, resulting in improved health outcomes.



# History of Indigenous Health







# History of Indigenous Health





# Segregated hospitals ("Indian hospitals")

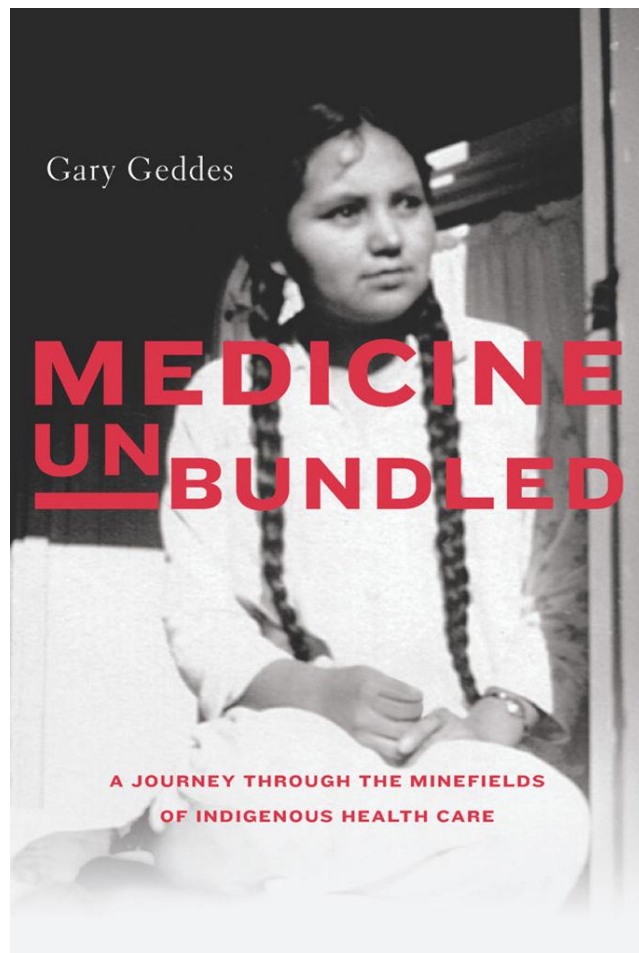


*Separate Beds* is the shocking story of Canada's system of segregated health care by Associate Professor Maureen K. Lux of Brock University.

Operated by the same bureaucracy that was expanding health care opportunities for most Canadians, the "Indian Hospitals" were underfunded, understaffed, overcrowded, and rife with coercion and medical experimentation.



# Segregated hospitals ("Indian hospitals")



- *Medicine Unbundled: A Journey Through the Minefields of Indigenous Health Care* is a “shocking exposé of the dark history and legacy of segregated Indigenous health care in Canada” by retired university professor, author/historian Gary Geddes.
- “Gratuitous drug and surgical experiments, electroshock treatments intended to destroy the memory of sexual abuse [...] truly harrowing, will shatter any lingering illusions about the virtues or good intentions of our colonial past.”



# Segregated communities: ("Indian reservation system")





# Segregated schools ("Indian residential school system")

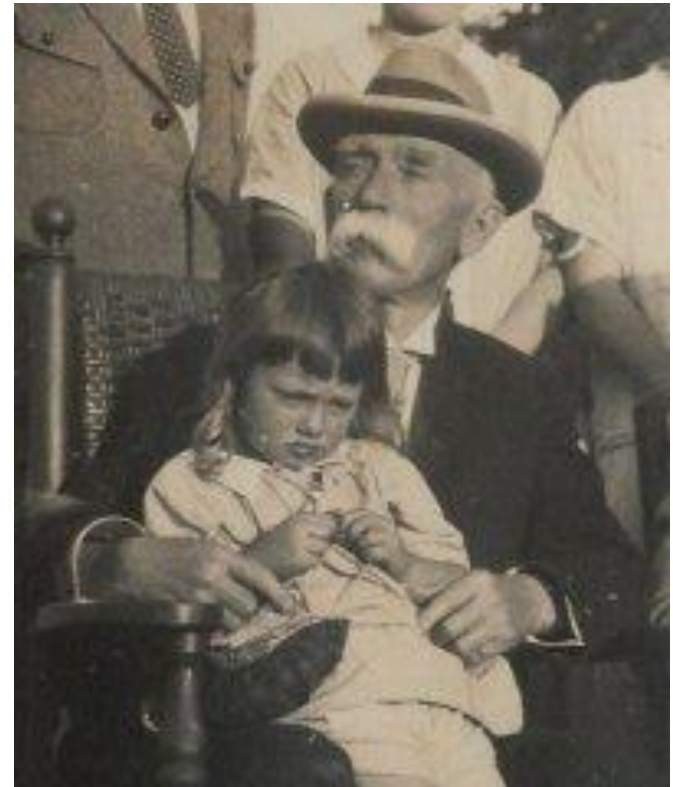




## *“A National Crime”*: Dr. Peter Bryce

Dr. Peter Bryce, Canada’s first Chief Medical Officer, issued a report in 1907 calling on the federal government to **establish proper hospitals and schools for the Indians of Canada**, as it had for non-Indians.

In 1922, after his report was ignored, he published it in his book, *The Story of a National Crime: Being a Record of the Health Conditions of the Indians of Canada from 1904 to 1921.*





# “Children are dying in these schools”: Dr. F.A. Corbett





# Systemic/Structural/Institutional Racism

- First Nations people continue to be impacted by colonization and oppression, both at the individual and system level, and continue to experience stigma, racism and discrimination in health care interactions.
- **“Beyond the acute stress brought about by overt personal discrimination, chronic stress, such as that linked to systemic oppression, has been shown to diminish immunity and resilience to disease”** (Avitsur, Powell, Padgett, & Sheridan, 2009).
- Systemic racism, also known as structural or institutional racism, is enacted through societal systems, structures and institutions in the form of “requirements, conditions, practices, policies or processes that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups” (Paradies, 2006).





# “Ethnostress”

- A response to colonial trauma; it is consistent with the notion that **Indigenous peoples have been injured, oppressed, and dehumanized by colonization.**
- “Their reactions surface as response patterns, feelings of powerlessness and hopelessness that work to disrupt the life of the individual, family, community, and nation [...] **Ethnostress occurs when the cultural joyful identity of a people is disrupted**” (Antone, Miller [Hill] and Myers, 1986 p. 7).



# Types of Trauma

- Complex or repetitive trauma: ongoing abuse, violence, betrayal, feeling of being “trapped,” & “chronic unresolved grief across generations.”
- Historic / Colonial Trauma: cumulative emotional & psychological wounding over the lifespan, across generations, inflicted by a “subjugating dominant population” causing massive group trauma.
- Intergenerational Trauma: experienced by people who live with trauma survivors.



# Impacts of Trauma in First Nations Communities

- PTSD (over & over & over), depression, anxiety, hopelessness.
- Social disconnection / emotional void. Lost between worlds.
- Anomie: a state or condition of individuals or society characterized by a breakdown or absence of social norms and values, as in the case of uprooted people.
- Soul loss: traumatic life experiences, when they are serious enough, can result in the fragmentation of inner, vital essence or soul. Traumatized soul aspects dissociate.
- Repetitive patterns of abuse (echoes of the past): lateral violence.
- Learned helplessness.
- Explosive anger.
- Substance use.



# Adverse Childhood Experiences

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Neglect
- Exposure to Substance Abuse in Household
- Exposure to Mental Illness in Household
- Exposure to Domestic Violence in Household
- Parent(s) Sent to Prison
- Parents Divorced
- Parental Abandonment

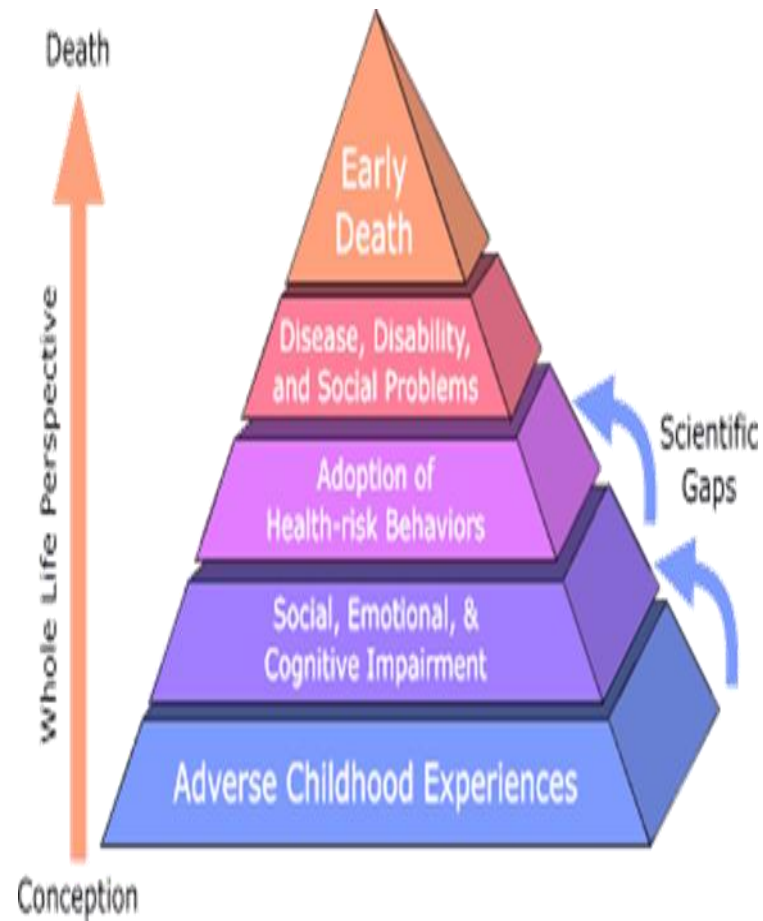


## Negative outcomes associated with Adverse Childhood Experiences

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking / early initiation of
- Suicide attempts
- Unintended pregnancies
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk of sexual violence
- Poor academic achievement



# Adverse Childhood Experiences: Effects of





# Cultural Approaches

“Cultural approaches are essential for Indigenous peoples to move forward in healing from colonization. Over 500 years of contact between the original peoples of the Americas and settler nations has produced extensive displacement and disconnection. The colonial institutions that were manufactured by settlers caused a great deal of damage to the spirits of Indigenous peoples. **We are now in a process of healing from the historical trauma** (Brave Heart, 1998; Brave Heart, 1999; Brave Heart 2004; Brave Heart-Jordan, 1995; Wesley-Esquimaux & Smolewski, 2004) that has visited our lives.” – taken from *Decolonizing Trauma* by Broadbridge Legge Linklater

***Pathologized in a Western World View and re-victimized.***



# Trauma-Informed Approaches

**Cultural Humility** – which could be defined as “the work of addressing historical and ongoing power imbalances in clinical encounters through self-reflection, policy and practice change,” **aligns with a trauma-informed practice approach.**





# Trauma-informed approaches

**Recent research from the Truth & Reconciliation Commission / TRC shows that intergenerational trauma and its impacts on all First Nations people needs to be better understood and that training is necessary for all health professionals in providing appropriate and effective services.**

**The FNHA believes that this mandatory training will better contribute to employees' connection to the work they do and empower them to address the residual trauma that First Nations communities face in a more holistic and effective way.**



"Both my mom and my dad were residential school survivors. Our household was shaped by that upbringing—and I know firsthand that **understanding trauma is fundamental to cultural safety in health care for our people.**" -- Joe Gallagher, FNHA CEO



# FNHA's Cultural Humility & Safety Framework





## Where to begin?

- Commit to collaborating with partners to hardwire cultural safety & humility into the health system, including the Patient Medical Home and Primary Care++ Networks initiatives.
- Develop a policy statement in support of providing culturally safe care to First Nations clients and/or a signing of a Declaration of Commitment to Cultural Safety & Humility.
- Embed cultural safety and humility concepts, tools and resources into the Physician Practice Support Program as a part of DoBC's coaching, learning sessions, and learning modules.



## Where to begin?

- Commit to change, to participate, & to work with the FNHA and the regional health authorities' Indigenous health staff to develop Indigenous values-based approaches. Work to change not just attitudes and thinking but actions and practices.
- Provide individual support to support physicians to make practice changes, including encouraging self-reflection, educational and or training opportunities (Cultural Humility & Safety, Trauma, etc.), creating welcoming spaces (e.g., signs like “Culturally Safe Space”), listening and asking questions about experiences, e.g., “What happened to you?” vs. “What’s wrong with you?”
- Support policy & practice changes to reflect Indigenous voice and inclusion.



## Culturally Safe Physicians

- Foster an understanding of Indigenous health values & model these behaviors (e.g. oppose racism) as part of their clinical / classroom behaviour.
- Practise critical thinking & self-reflection to nourish Cultural Safety; a marker of a true 'Professional.'
- Understand the unique historical legacies & intergenerational traumas affecting Indigenous Peoples' health.
- Dialogue rather than interrogate Indigenous ways.
- Find broader implications to other at-risk populations.



# Culturally Safe Physicians

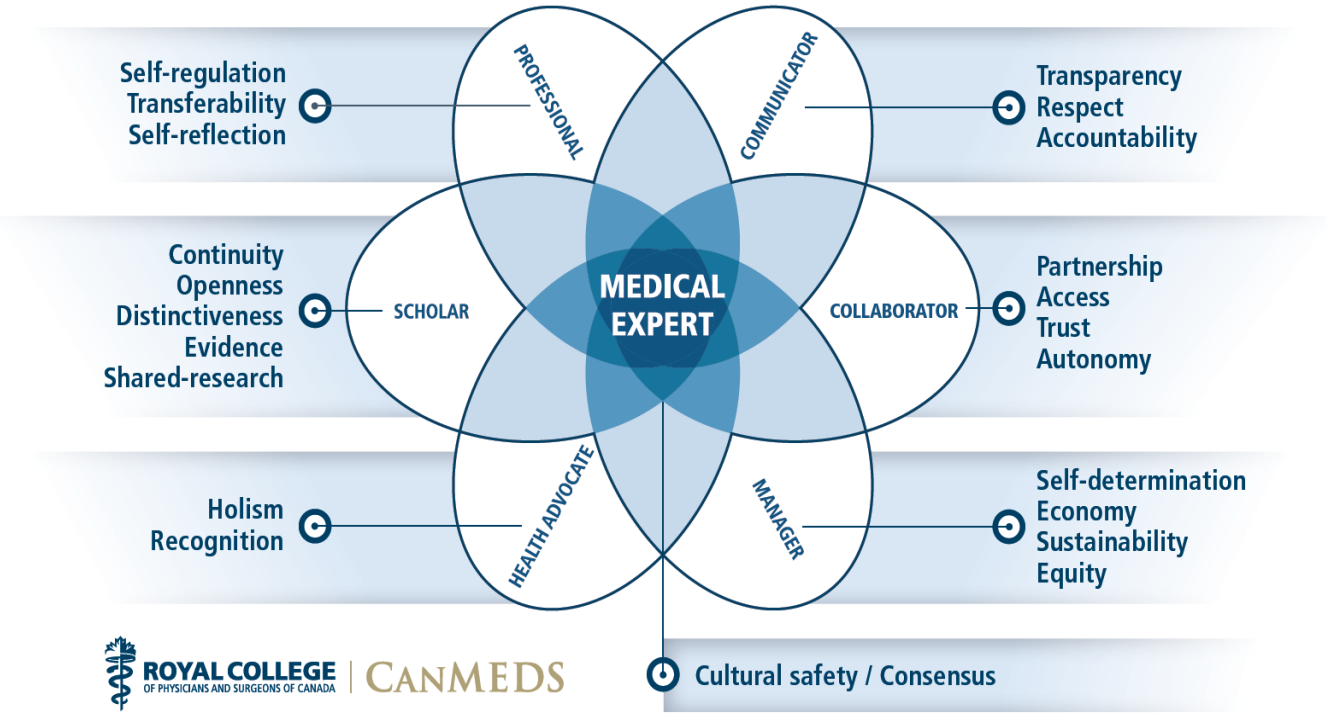
## PRINCIPLES FOR CULTURALLY SAFE INTERVENTIONS

| Medical Expert  | Communicator   | Collaborator  | Manager  | Health Advocate   | Scholar   | Professional  |
|---|--|---|--|---|---|---|
| The culturally competent physician embraces Indigenous knowledge. | Honest and respectful dialogue about health is a mutual responsibility between the patient/family/community and the physician. | The Indigenous patient-physician relationship is sacrosanct and without hierarchy or dominance. | Physicians are equipped with the tools, knowledge, training & experience to improve Indigenous health. | Indigenous identity promotes holistic health & encourages active participation of Indigenous people as agents of change for health. | Indigenous health is an integral component of medical research, education, training and practice. | Physicians are committed to the wellbeing of indigenous patients, their families, communities & cultures. |

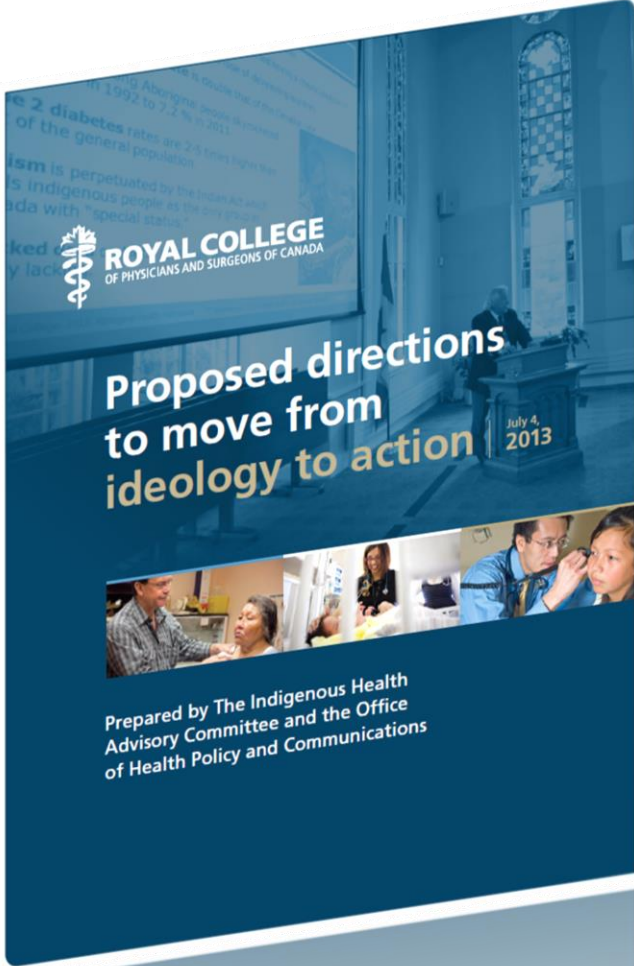


# Culturally Safe Physicians

'Mapping' Indigenous Health Values as Interpreted Through the CanMEDS Framework







**Practising & Implementing Cultural Safety & Humility: Concrete ideas**





## Questions & Discussion

# Thank you

Gayaxsixa (Hailhzaqvla)

Huy tseep q'u (Stz'uminus)

Dun'kwu (Haida)

Gila'kasla (Kwakwaka'wakw)

Kleco Kleco (Nuu-Chah-Nulth)

k<sup>w</sup>uk<sup>w</sup>stéyp (Nlaka'pamux)

Snachailya (Carrier)

Megwetch (Ojibway)

Mussi Cho (Kaska Dena)

Tooyksim niin (Nisga'a)

Kukwstsétsemc (Secwepemc)

čěčəhaθεč (Ayajuthem)

Sechanalyagh (Tsilhqot'in)

kw'as ho:y (Halqeméylem)

T'oyaxsim nisim (Gitxsan)

Hai Hai (Cree)