Intergenerational Trauma & Institutional Avoidance

Dr. Evan Adams
Chief Medical Officer
First Nations Health Authority
WebEx: Chat Overview

• We invite you to introduce yourself in the chat panel.
• Let us know your name and where you are from!

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Session Recorded

• This session is being recorded.
• If you choose to remain anonymous, please type ANON before your question and it will be read out as such.
Slides and Recording

• The link to the video and slides will be distributed via e-mail.
Twitter

• Hashtags:
  – #itstartswithme
  – #culturalhumility

• Twitter handles
  – @doctoreonline
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Sensitive Subject Matter

• Due to the sensitive subject matter and stories shared during the webinar sessions participants may become triggered. Please ensure you have prepared a support system for yourself in advance in which you may have easy access to. This could mean an Elder, trusted mentor/family/friend, Counsellor and/or crisis contact number.

• If you need support please do not hesitate to call the toll free crisis line here in the province of BC (1-800-588-8717). Or if you prefer, have a number prepared in advance locally.

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Opening Prayer
Cultural Safety & Humility Webinar Action Series, Event 4: Intergenerational Trauma & Reconciliation in Health Care

Dr. Evan Adams
Chief Medical Officer
First Nations Health Authority
What is “trauma”?
A wound or injury, often psychic, often cataclysmic
Intergenerational Trauma

**Intergenerational trauma** is what happens when untreated trauma-related stress experienced by survivors is passed on to second & subsequent generations.

One example is the significant trauma inflicted by the institutions known as *residential schools*.

The full scope of the damage can be seen even many years later, psychically & even physically.

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BC has the second-highest number of Residential School Survivors in Canada (about 1400)

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The 2016 Great Canadian Healthcare Debate tabled three topics as the most significant & transformative healthcare issues of our time. 73% of delegates voted for the adoption of the Truth & Reconciliation Commission’s recommendations.

-- Canadian Health Leaders’ Conference, June 7, 2016

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Statement of the Federal-Provincial-Territorial Ministers of Health, January 2016

“We, as Health Ministers, will work together & within our jurisdictions with Indigenous leaders to determine areas of shared priority, & to improve the coordination, continuity & appropriateness of health services for Indigenous peoples as part of a population health approach to improving Indigenous peoples’ health in Canada.”
TRC’s Health Recommendations

- Acknowledge Canada’s role in the poor health of Indigenous people
- Address jurisdictional challenges
- Train more Indigenous health professionals
- Increase cultural safety in health services
  - Mandatory skills-based training in intercultural competency, conflict resolution, human rights, & anti-racism for physicians & nurses
- Resource healing centres & recognize Indigenous healing practices
- Report on progress (specific health indicators)

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“Reconciliation is an ongoing process of establishing & maintaining respectful relationships”
Quality & First Nations health in BC

Three Perspectives of Quality

FNHA Services
Ensuring First Nation customer-owners receive cultural safe and quality care from FNHA-delivered services

Provincial Services
Engaging the broader system and advocating for First Nations interests to receive culturally safe services

FNHA-Funded Community Services
Promoting quality and cultural safety through FNHA funded and supported community services

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Our vision for Cultural Safety & Humility

The FNHA envisions a future where First Nations people have a new relationship with their care providers.

- One that is based on mutual respect, understanding & reciprocal accountability.
- One that provides an understanding of what Health & Wellness means to the First Nations people that are seeking care that we are responsible to provide.
- One that resets the balance of power between a care provider & the client we are here to serve, clients who deserve respect & have a right to access the best service we are able to deliver.
- One that provides for a health system that has mechanisms that proactively & effectively addresses appropriate actions & behaviours within the operations of the various health institutions.

We will know we’ve achieved Cultural Safety when the voice of the people receiving our services tells us we have.

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Our vision for Cultural Safety & Humility

Cultural Safety & Humility Resource Booklet

www.fnha.ca/culturalhumility

#itstartswithme

Creating a culture of change for better health services for First Nations and Aboriginal peoples

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Culturally Safe Physicians

• Foster an understanding of Indigenous health values & model these behaviors (e.g., oppose racism) as part of their clinical behaviour.

• Practise critical thinking & self-reflection to nourish Cultural Safety; this is 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.

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# Culturally Safe Physicians

## Principles for Culturally Safe Interventions

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
<td>The culturally competent physician embraces Indigenous knowledge.</td>
</tr>
<tr>
<td>Communicator</td>
<td>Honest and respectful dialogue about health is a mutual responsibility between the patient/family/community and the physician.</td>
</tr>
<tr>
<td>Collaborator</td>
<td>The Indigenous patient-physician relationship is sacrosanct and without hierarchy or dominance.</td>
</tr>
<tr>
<td>Manager</td>
<td>Physicians are equipped with the tools, knowledge, training &amp; experience to improve Indigenous health.</td>
</tr>
<tr>
<td>Health Advocate</td>
<td>Indigenous identity promotes holistic health &amp; encourages active participation of Indigenous people as agents of change for health.</td>
</tr>
<tr>
<td>Scholar</td>
<td>Indigenous health is an integral component of medical research, education, training and practice.</td>
</tr>
<tr>
<td>Professional</td>
<td>Physicians are committed to the wellbeing of indigenous patients, their families, communities &amp; cultures.</td>
</tr>
</tbody>
</table>
Practising & Implementing Cultural Safety & Humility: Concrete ideas
Trauma-Informed Practice
The Trauma-Informed Practice (TIP) Guide is intended to support the translation of trauma-informed principles into practice.

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Primary Health Care

Themes from Community Engagement

Culturally safe
Accessible
Sustainable
Wellness focused
Person & Community-Centered
Multi-disciplinary

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• Berlin & Fowkes Jr, “A Teaching Framework for Cross-Cultural Health Care – Application in Family Practice”

• Developed the **LEARN model** for therapeutic encounters (*Listen, Explain, Acknowledge, Recommend, Negotiate*)

• Can be useful in dealing with Intergenerational Trauma, & Reconciliation with Indigenous patients!

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• **Listen** – understand how the patient conceptualizes their issues & what their preferences are.
  – “What do you feel may be causing your problem?”
  – “How do you feel the illness is affecting you?”
• **Explain** – explain / communicate care plan in terms of “Western Medicine” when appropriate
• **Acknowledge** – acknowledgement of patient’s explanatory model occurs next, integrated into previous explanatory step, bridge any gaps
• **Recommend** – using physician / patient models – treatment plan can be developed
• **Negotiate** – this is key to LEARN – resulting plan should be a partnership with the patient, so they are truly involved in reaching conclusions
• **Rapport** - connect on a social level, seek patient’s point of view

• **Empathy** – verbally acknowledge & legitimize feelings

• **Support** – understand barriers to care & compliance

• **Partnership** – be flexible & negotiate

• **Explanations** – check for understanding & clarify

• **Cultural Competence** – respect cultural differences, understand their view

• **Trust** – make sure to establish trust

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Cultural Safety and Humility: Key Drivers and Ideas for Change
First Nations Perspective of Health & Wellness

• The Lens the FNHA works through for everything it does
• Developed from the teachings & culture of BC First Nations
• FNHA - Health & Wellness Champion, Partner & Living it
• Commitment to supporting the health & wellness from the youngest to the oldest
• Commitment to the generations to come
• Our Health & Wellness Journey belongs to each of us & is as unique as we are
• Leading edge of systemic change to move from Health to Wellness

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Thank You

Kukwstsems

Gumessticks

Kwiyam

Gilakta

Hay q’a

Eeshnecsh

Hey chezw

Migwetch

Yokoke

ul-nu-mish-chew

Yontownc

Huna

De’ee

Musicho

Kwiyam

T’oyaksun

Abnakwi

Nega’

Mishl (Ojibwe)

Coast Salish (Seele)

Gwiyam

Kwiyam

Coast Salish (Seele)

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Questions/Discussion
Webinar: Noon – 1:00

FEBRUARY 1, 2017
Pursuing Cultural Safety: From Unearthing Bias to Realizing Reconciliation

• Join Fraser Health’s Aboriginal Health team as they discuss the challenges and successes of unearthing bias in the health care system through their Indigenous Cultural Safety debrief circle sessions. Through a talking circle, participants undertake a personal and professional journey of self-discovery. In this space, buried biases can be unearthed and intentional practices towards reconciliation may be realized.

• Speakers
  – Vishal Jain, Coordinator, Aboriginal Health Initiatives, Fraser Health
  – Carol Peters, Aboriginal Health Liaison, Fraser Health
  – Dina Lambright, Aboriginal Lead, Fraser Health

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Survey