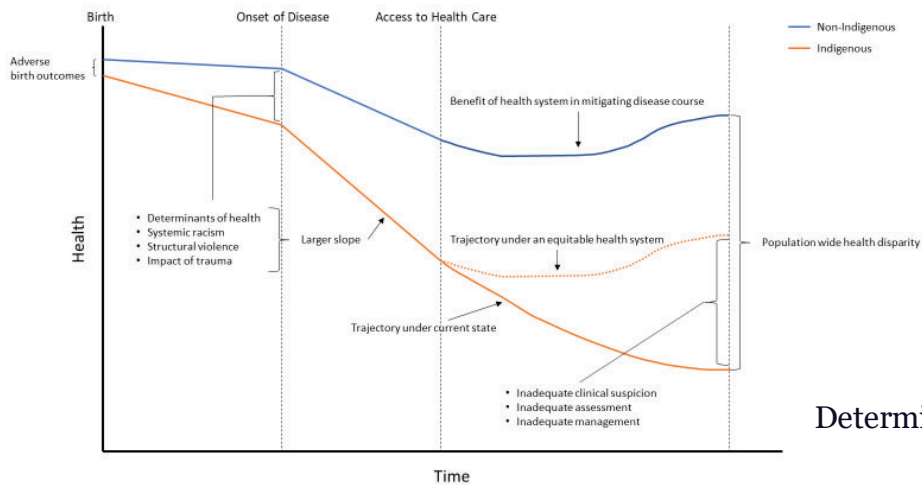


Indigenous Health in BC

Quick Reference Guide



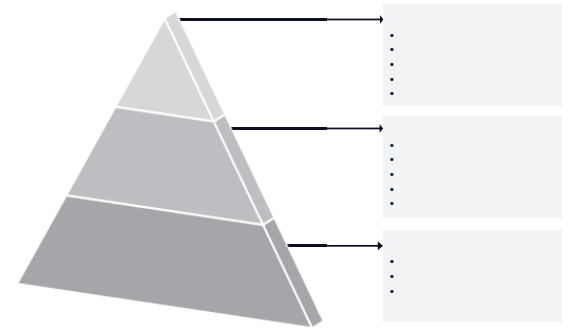
Adverse birth outcomes create disparities starting at birth

Adverse determinants of health accelerate the onset and progression of disease

Health care disparity weakens the ability of health care to mitigate the course of the disease

Cumulative effect is seen as population level health disparity

Determinants of Health



Improve clinical suspicion

- Recognize the possibility of external bias
- Be aware of common stereotypes and how this may affect clinical suspicion
- Consider the higher prevalence of chronic conditions among Indigenous patients
- Consider determinants of health as risk factors in assessing pre-test probability of disease

Improve patient assessment

Mitigate implicit bias

- Evidence shows that implicit bias is common among health care providers
- Implicit bias adversely affects communication, patient-provider interactions, and adherence
- Assume bias is always present
- Cognitive forcing strategy: mentally handover a patient to an imaginary colleague at the end of the encounter
- Focus on seeing each patient as a unique individual rather than a representative of a population by focusing on social history, building relationships, and involving family members
- Recognize stereotypic provider behaviours such as anticipation of poor adherence that may be contributing to adverse outcomes. Replace this with a favourable response such as use of health literacy and patient education resources
- Participate in events and opportunities in your local Indigenous communities in order to foster appreciation of local culture and build meaningful friendships. This may contribute to counter-stereotypic imaging which may help mitigate bias and stereotypes.

Trauma-Informed Practice

- Indigenous peoples may be affected by multiple forms of trauma
- Historical trauma describes the cumulative wounding across generations stemming from the effects of colonialism and structural violence
- Build trust
 - Earn trust over time rather than expect trust from the beginning
 - Empathize with expressions of negative encounters with health care
 - Be responsive to immediate needs and discomforts
 - Ensure that patients can see that you have seen them as a human being
 - Be aware that a strictly biomedically-centered communication can be perceived as uncaring
 - Rather than focusing on providing care that is biomedically correct, ensure that the patient feels cared for
- Be transparent and consistent
 - Be aware of patient perception, and respond to patient concerns if they arise

- Preface sensitive questions and exams with why it is clinically relevant
- Consider longer appointments to allow additional time to address complex issues and to facilitate investment in communication and relationship building
- Consider non-verbal communication: **Eye contact, Muscles of facial expression, Posture, Affect, Tone of voice, Hearing the whole patient, Your response**
- Opportunity for collaboration and choice
 - Explain all investigations and treatments and invite discussion
 - Obtain informed consent for all procedures
 - Invite incorporation of traditional practices
 - Invite family and advocate involvement
 - Avoid authoritative and prescriptive tone
 - Do not assume silence means agreement, consent, or lack of concern. Offer additional time and opportunity for discussion to ensure meaningful consent to move forward.
- Strength-based skill building
 - Congratulate achievements and resiliency
 - Normalize responses and coping mechanisms

Improve management

- Avoid overemphasis on patient behaviour without acknowledging and offering supports of other barriers
- Offer appropriate pain and symptom management
- Demonstrate to the patient that you've been attentive and that you've taken the care to ensure optimal outcome
- Consider barriers in care such as offices fees and booking policies
- Refer patients to available support resources to optimize care
- Provide written material or online resources for patients to refer to
- Consider attaching Indigenous patients or referring the patient for attachment
- Create follow up actions and proactively call patients back for missed appointments and incomplete actions
- Use de-escalation strategies and address barriers to reduce patient disengagement from care or ejection from care

Clinical Resources

- Poverty Tool: <https://bccfp.bc.ca/why-join/poverty-tool/>
- FNHA Health Benefits: <https://www.fnha.ca/Documents/FNHA-Health-Benefits-Guide.pdf>
- Pharmacare formulary: <https://pharmacareformularysearch.gov.bc.ca>
- OTC Medication coverage: <https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/planw-otc-meds.pdf>
- First Nations Doctor of the Day: 1-855-344-3800 (8:30 to 16:30 7 days a week)

- Engage mental health support
 - Virtual Substance Use & Psychiatry Service
 - Addicti

Learning Resources

- Working with Indigenous patient: <https://youtu.be/5H4yU0G63FY>
- In Plain Sight Report: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf>
- Indigenous Health Primer: <https://www.royalcollege.ca/rcsite/documents/health-policy/indigenous-health-primer-e.pdf>
- EQUIP Equity-Oriented Practice: <https://equiphealthcare.ca/resources/>
- ICS Collaborative Learning Series: <http://www.icscollaborative.com/>
- FNHA Cultural Humility Webinar Series: <https://www.fnha.ca/wellness/cultural-humility>
- U of A Indigenous Canada Online Course <https://www.coursera.org/learn/indigenous-canada#about>
- Cancer Care Ontario – Indigenous Cultural Safety Course
<https://www.cancercareontario.ca/en/resources-first-nations-inuit-metis/first-nations-inuit-metis-courses>
- National Centre for Truth and Reconciliation <https://nctr.ca/>
- National Collaborating Centre for Indigenous Health <http://www.nccah-ccnsa.ca/>
- Statistics Canada: Aboriginal Peoples <http://www.statcan.gc.ca/aboriginalpeoples>
- First Nations Health Authority <https://www.fnha.ca/>